Los Alamos County Community Mapping

National Center for State Courts

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Cover Photo: View looking northeast from White Rock Scenic Overlook toward the Otowi Bridge and San Ildefonso Pueblo. Taken June 24,2025.

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Overview

In 2022, the Supreme Court of New Mexico established the New Mexico Supreme Court Commission on Mental Health and Competency with a mission to improve access to the justice system and treatment services based on an individual's mental health status. The objectives of the Commission were to promote fair treatment of affected individuals, to improve public safety through appropriate and meaningful behavioral health interventions, and to provide proper education and training to judges, lawyers, court staff, and cross-system partners at the intersection of behavioral health and criminal justice. To meet the objectives, the Commission envisioned that counties and judicial districts across the state would complete community mappings based on the Sequential Intercept Model (SIM).

The National Center for State Courts was contracted to provide training to provide facilitator trainings to New Mexico Administrative Office of the Courts staff and provide community mappings to counties in the First and Fourth Judicial Districts. In June 2025, NCSC and members of the NMAOC Behavioral Health Programs facilitated the Los Alamos County Community Mapping Workshop, which was the fourth workshop in the series throughout the state. Approximately 35 representatives from Los Alamos and the 1st Judicial District participated in the two-day event.

About Community Mapping

The goal of community mapping is to improve collaboration and coordination to build upon a community's strengths and partnerships in order to develop and implement a shared vision that improves the justice system and community response to individuals with behavioral health disorders. NCSC's community mapping model is based upon **recommendations** and **resources** developed during a three-year national initiative to improve justice system responses to those with mental health issues.

Leading Change[1]

Without access to treatment and other services, the answer to a behavioral health crisis is often police and justice system involvement, which can have broad-reaching and lasting implications. Incarceration negatively affects mental health outcomes, housing stability, employment, and community integration. A robust community response can prevent justice system involvement, recidivism, and the associated negative outcomes for many individuals with mental health issues. As leaders of their courts and communities, judges are in a unique position to expand and improve the response to individuals with behavioral health needs. The Leading Change Guide is a tool to help court leaders create real change in how their communities respond at the intersection of justice and behavioral health.

Judicial Leadership

For decades, courts have gained experience in convening diverse collaborators to tackle complex problems both within and outside of the justice system. From the evolution of problem-solving courts to dependency dockets, courts are often at the vanguard of responding to societal issues. This reality has paved the way for an independent but involved judiciary. At the national level, state court leadership has recognized the important role courts play in addressing the behavioral health crisis. The Conference for State Court Administrators (COSCA) has adopted the stance that "court leaders can, and must...address the impact of the broken mental health system on the nation's courts—especially in partnership with behavioral health systems."

Coordinated Court & Community Responses[2]

Certain court and community responses must be developed to address behavioral health needs in your community. As a starting place, COSCA recommends using the Sequential Intercept Model (SIM), which identifies appropriate responses at several intercept points that can keep an individual with behavioral health disorders from continuing to penetrate the criminal justice system.

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[1] Information in this section is taken from The Leading Change Guide for Trial Court Leaders (2022) developed by NCSC for the Conferences of Chief Judges and State Court Administrators and funded by the State Justice Institute. https://ncsc.contentdm.oclc.org/digital/collection/spcts/id/485/rec/6

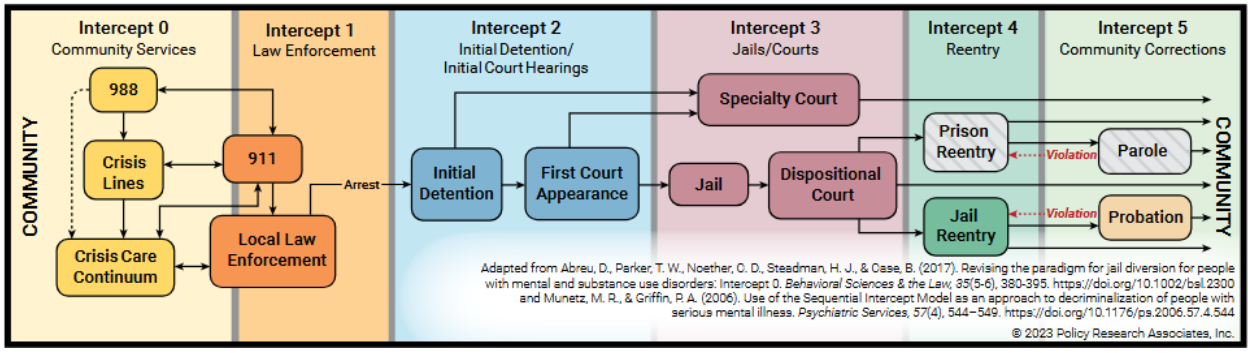
[2] NCSC (2022). Strategic Planning through Sequential Intercept Mapping. https://ncsc.contentdm.oclc.org/digital/collection/ctadmin/id/2491/rec/6

The Sequential Intercept Model is designed to facilitate cross-system communication and collaboration. By convening and engaging justice and community partners to identify resources and opportunities to enhance diversion pathways at each sequential intercept, courts can take the lead in developing a shared responsibility for public safety and well-being.

Overview of the Sequential Intercept Model

The Sequential Intercept Model (SIM), developed by Policy Research Associates, is a "conceptual model to inform community-based responses to the involvement of people with mental and substance use disorders in the criminal justice system."[3] It is a framework that can be utilized to examine the intersections of behavioral health and justice in a community, and strategically design interventions and responses along six distinct points to intercept individuals and divert them from advancing further into or returning to the justice system. The SIM model depicts the justice system as a series of intercept points, from no justice system involvement (Intercept 0) progressing deeper into the justice system through law enforcement involvement, initial detention and hearing, jails and courts, reentry from jail or prison, and community corrections, back to the community with no justice involvement.

Figure 1: The Sequential Intercept Model



Each of these intercepts is seen as an opportunity to intervene to redirect the individual away from the justice system and back into the community. Key issues for consideration for each intercept[4] are provided in Table 1 below.

[3] Policy Research Associates (2025). The Sequential Intercept Model. https://www.prainc.com/wp-content/uploads/2025/03/PRA-SIM-One-Pager-2025-508.pdf

[4] ibid

Table 1: Key Issues at Each Sequential Intercept

Intercept 1 	**Mobile crisis outreach teams and co-responders.** Behavioral health practitioners who can respond to people experiencing a mental or substance use related crisis or co-respond to a law enforcement encounter. **Emergency Department (ED) diversion.** ED diversion can consist of a triage service, embedded mobile crisis, or a peer specialist who provides support to people in crisis. **Law enforcement-friendly crisis services.** Law enforcement officers can bring people in crisis to locations other than jail or the ED, such as stabilization units, walk-in services, or respite centers. **Dispatcher training.** Dispatchers should coordinate with 988 and understand triage protocols.
Intercept 1 	**Dispatcher training.** Dispatchers can identify mental or substance use crisis situations and pass that information along so that Crisis Intervention Team officers can respond to the call. They should coordinate with 988 and understand triage protocols. **Specialized law enforcement responses.** Law enforcement officers can learn how to interact with people experiencing a crisis in ways that promote engagement in treatment and build community partnerships. **Intervening with people who have frequent behavioral health crises and/or jail contact and providing follow-up after the crisis.** Law enforcement officers, crisis services, and hospitals can provide specialized responses to people who frequently use 911 and ED services.
Intercept 2 	**Screening for mental and substance use disorders.** Brief screens can be administered universally by non-clinical staff at jail booking, holding cells, court lock ups, and prior to the first court appearance. **Data matching initiatives between the jail and community-based behavioral health providers.** Jail-led efforts to share information with community-based providers may be effective due to more restrictive rule related to information sharing for behavioral health providers. **Pretrial supervision and diversion services to reduce episodes of incarceration.** Risk-based pre-trial services can reduce incarceration of people with low risk of criminal behavior or failure to appear in court.
Intercept 3 	**Treatment courts for high-risk/ high-need individuals.** Treatment courts or specialized dockets can be developed, examples of which include adult drug courts, mental health courts, and veterans' treatment courts. **Jail-based programming and health care services.** Jail health care providers are constitutionally required to provide behavioral health and medical services to persons needing treatment. **Collaboration with the Veterans Justice Outreach specialist (VJO) from the Veterans Health Administration (VHA).** VJO specialists can support Veterans by connecting them with VHA-provided services and other benefits to support recovery.

Intercept 4 	**Transition planning by the jail or in-reach providers.** Transition planning improves reentry outcomes by organizing services around a person's needs in advance of release. **Medication and prescription access upon release from jail or prison.** People should be provided with a minimum of 30 days' medication at release and have prescription in hand upon release. **Warm hand-offs from corrections to providers increase engagement in services.** Case managers and peer support specialists can play an important role in supporting individuals in their recovery and community reintegration. They can assist with navigating the myriad demands placed on an individual, including transportation and scheduling, increasing positive outcomes.
Intercept 5 	**Specialized community supervision for people with mental and substance use disorders.** Officers trained on the complexities of mental and substance use disorders can support connection to community-based services and supports. **Medication-assisted treatment (MAT) for people with substance use disorders.** MAT approaches can reduce relapse episodes and overdoses among individuals returning from detention. **Access to recovery supports, benefits, housing, and competitive employment.** Housing and employment are as important to criminal legal system-involved individuals as access to treatment services. Removing barriers to access is critical.

The Sequential Intercept Model is a useful tool for organizing community discussions on how to best address the behavioral health needs of justice-involved individuals at the local level. It provides a common framework and structure for a community to identify local resources and opportunities, decide priorities for change, and develop targeted strategies to deflect and divert individuals with behavioral health disorders to treatment and recovery support services in the community.

PRA has also identified best practices that should be utilized for interventions at all intercepts.[5] Incorporating these practices into action planning will improve outcomes for all individuals with behavioral health disorders that become involved in the justice system.

[5]SAMHSA's GAINS Center (2019). The Sequential Intercept Model: Advancing Community-based Solutions for Justice-involved People with Mental and Substance Use Disorders. https://library.samhsa.gov/sites/default/files/pep19-sim-brochure.pdf

Figure 2: Best Practice Across the Intercepts

Cross-systems collaboration and coordination of initiatives. Coordinating bodies serve as an accountability mechanism and improve outcomes by fostering community buy-in, developing priorities, and identifying funding streams.

Routine identification of people with mental health and substance use disorders. Individuals with mental health and substance use disorders should be identified through routine administration of validated, brief screening assessments and follow-up assessments as warranted.

Access to treatment for mental health and substance use disorders. Justice-involved people with mental health and substance use disorders should have access to individualized behavioral health services, including integrated treatment for co-occurring disorders and cognitive behavioral therapies addressing criminogenic risk factors.

Linkage to benefits to support treatment success, including Medicaid and Social Security. People in the justice system routinely lack access to healthcare coverage. Practices such as jail Medicaid suspension (vs. termination) and benefits specialists can reduce treatment gaps. People with disabilities may qualify for limited income support from Social Security.

Information sharing and performance measurement among behavioral health, criminal justice, and housing/ homelessness service providers. Information-sharing practices can assist communities in identifying frequent utilizers, provide an understanding of the population and its specific needs, and identify gaps in the system

Mapping Summary

Overview

Systems mapping is based on SIM and brings together collaborators from various disciplines and systems to identify strategies to divert people with mental health and substance use disorders away from the justice system and into treatment. SIM is a strategic planning tool used to assess available resources, identify opportunities, and plan for community change. Mapping aims to identify a cross-systems task force responsible

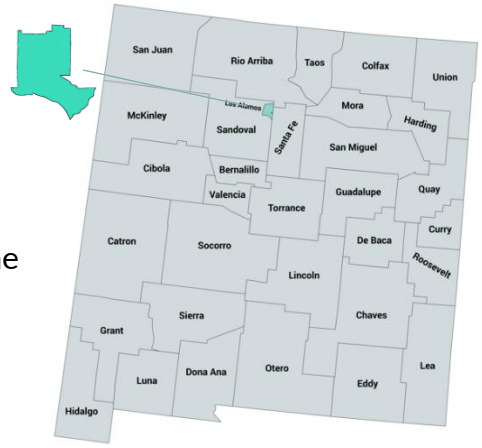
for ensuring the priorities identified during the mapping workshop are addressed through community collaboration.

Community Survey

Prior to the workshop, NCSC surveyed the prospective attendees of the Community Mapping, which encompasses Los Alamos County, to ascertain the court and community's level of collaboration and capacity building, as well as the availability and accessibility of behavioral health and community services and supports for persons with mental or substance use disorders. Results from the survey were utilized to assist in planning for the workshop and to inform efforts to identify opportunities for improving systems and responses for persons with mental health and substance use disorders. Results in their entirety may be viewed in **Appendix C**.

Workshop

The NCSC project team facilitated the Los Alamos County Community Mapping Workshop over the course of two days in June 2025. Judge Jason Lidyard welcomed participants and set the stage for how the community would utilize the information from the workshop to address areas of need in Los Alamos County for people with behavioral health disorders. Parent and advocate Amie Baca spoke passionately to attendees about her son's journey to wellness while involved in the New Mexico criminal justice system. The NM AOC reviewed national, state, and Los Alamos County statistics to define the issues and provide the context for discussions. NCSC provided an overview of Leading Change and the Sequential Intercept Model, then worked with Los Alamos County collaborators to map how people with mental and substance use disorders flow through the criminal legal system at each intercept, identify resources, gaps, and opportunities for adults with mental and substance use disorders at each SIM intercept, determine priorities for action to improve system and service-level responses, and action planning the top three identified priorities. First Judicial District Chief Judge Bryan Biedscheid wrapped up the mapping with a call to action for participants to take their action plans and make real change for people with behavioral health disorders in Los Alamos.



The Community Landscape

Relevant data and statistics on Los Alamos County were gathered by the Behavioral Health Team at the New Mexico Administrative Office of the Courts. The slides presented are provided and summarized below.

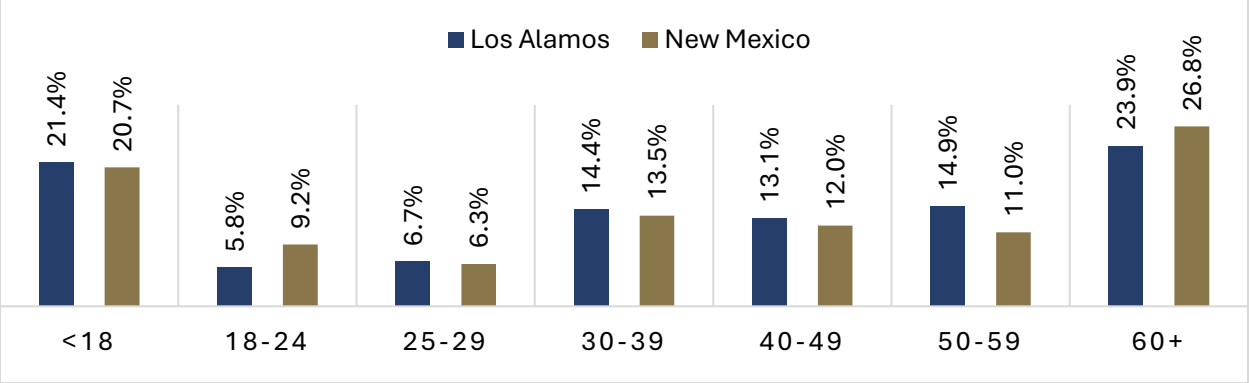
Population

Out of 33 counties in New Mexico, Los Alamos ranks 20th in population.[6] The total population for the county is 19,675 over 109.3 square miles, for a population density of 180 people per square mile.[7] Los Alamos has seen an 8.3% population increase since 2016, about half the rate of New Mexico's overall growth of during that same time period.

Demographics

While Los Alamos County has a slightly higher median age (41.1 years) than New Mexico (39.9), Los Alamos has more residents in the 30-59 age range (42.4%) than the state (36.5%) and fewer in the 60+ age range.[8]

Figure 3: Age of Residents



[6] US Census Annual Estimates of the Resident Population for Counties: April 1, 2020 to July 1, 2024 (CO-EST2024-POP). https://www.census.gov/data/tables/time-series/demo/popest/2020s-counties-total.html

[7] Los Alamos County Wikipedia Page accessed June 29, 2025 https://en.wikipedia.org/wiki/Los_Alamos_County,_New_Mexico

[8] US Census American Community Survey Los Alamos County Age and Sex web pages accessed June 29, 2025. https://data.census.gov/table/ACSST5Y2023.S0101?q=los%20alamos%20County%2C%20New%20Mexico https://data.census.gov/table?q=age%20and%20sex&g=040XX00US35

Los Alamos County trends more male (52.5%) and white (86.3%) than New Mexico as a whole, and has significantly fewer residents that identify as Hispanic or American Indian and significantly more residents that identify as Asian than the rest of the state.[9]

Figure 4: Age of Residents

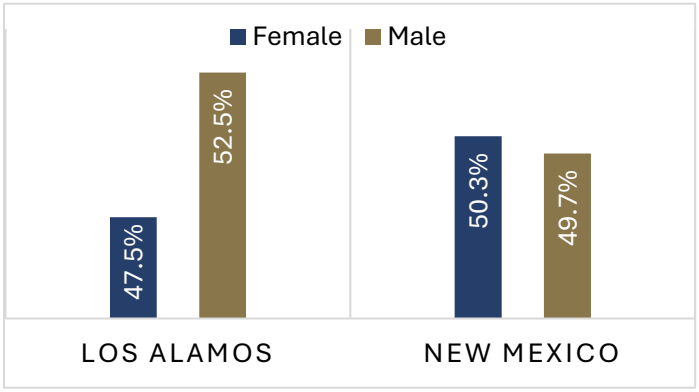
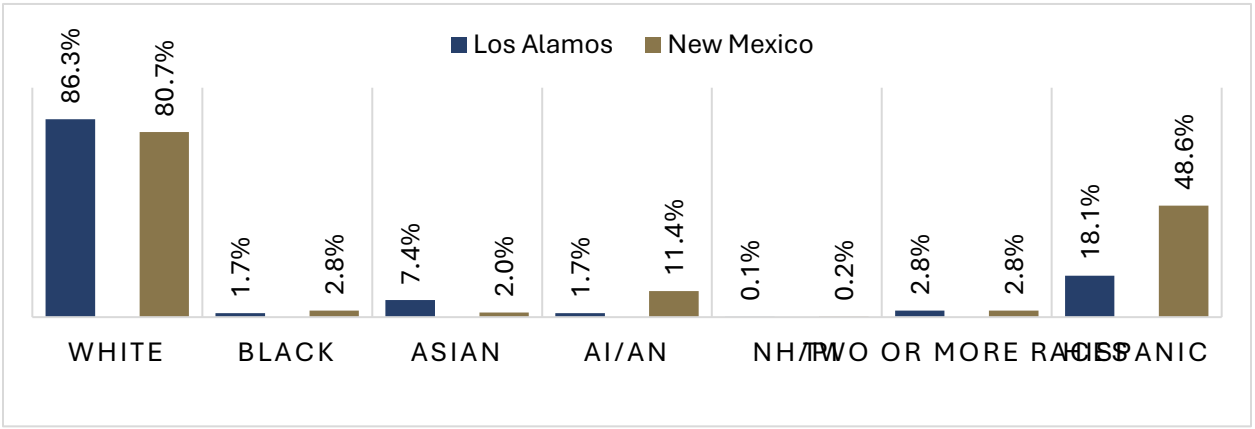


Figure 5: Race and Ethnicity of Residents

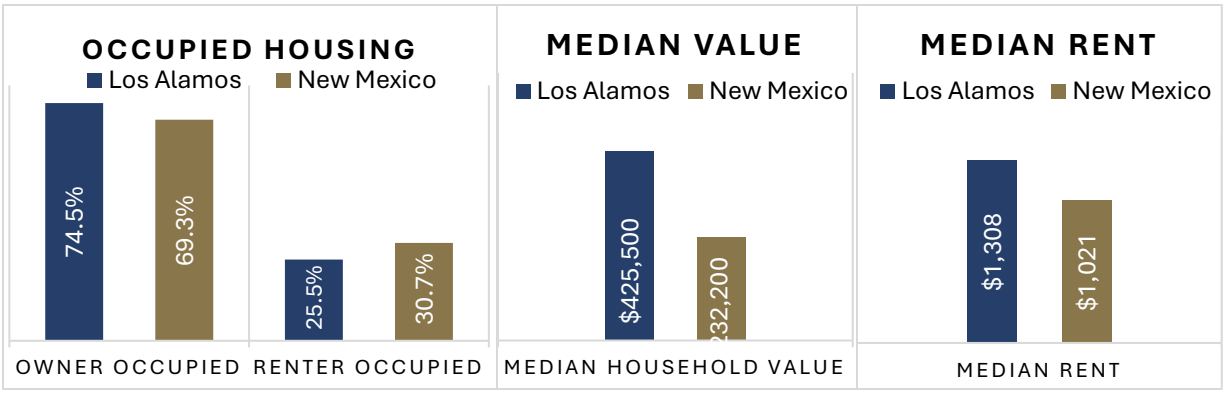


Housing, Education, Technology, Employment, and Income

Los Alamos County has the second highest median home value in the state after Santa Fe County at $425,500, more than 1.8 times that of the median home value in New Mexico. Median rent in Los Alamos is 1.3 times the state median, and there is a smaller percentage of rentals available in Los Alamos County (25.5%) than in the state in general (30.7%).

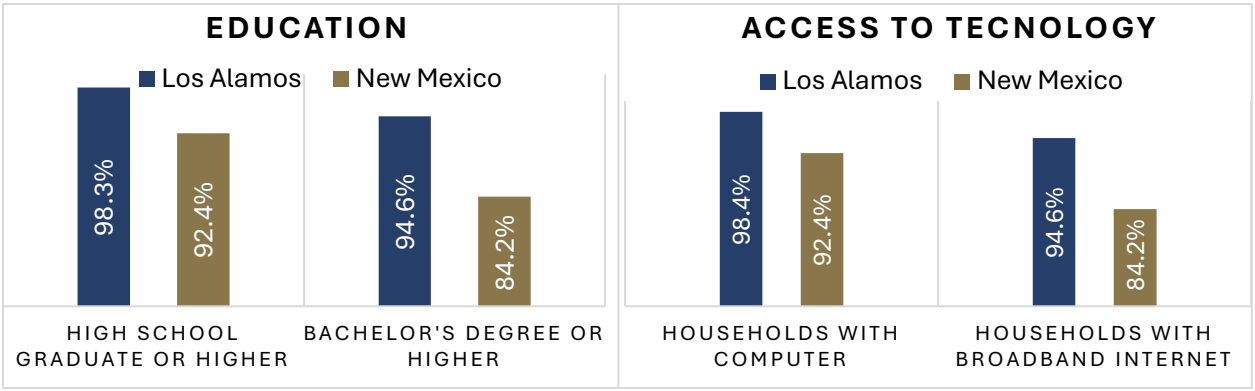
[9] US Census American Quick Facts Population Estimates V2024 web page accessed June 29, 2025 https://www.census.gov/quickfacts/fact/table/losalamoscountynewmexico,NM/PST045224

Figure 6: Housing



Nearly all people age 25+ in Los Alamos county (98.4%) have a high school diploma, and the majority have a bachelor's degree or higher (68.2%). This outpaces high school graduates in the state as a whole by 10.6% and college graduates by 38%.[10] Most households in the county have computers (98.4%) and broadband Internet (94.6%) in the household.[11]

Figure 7: Education and Access to Technology by County



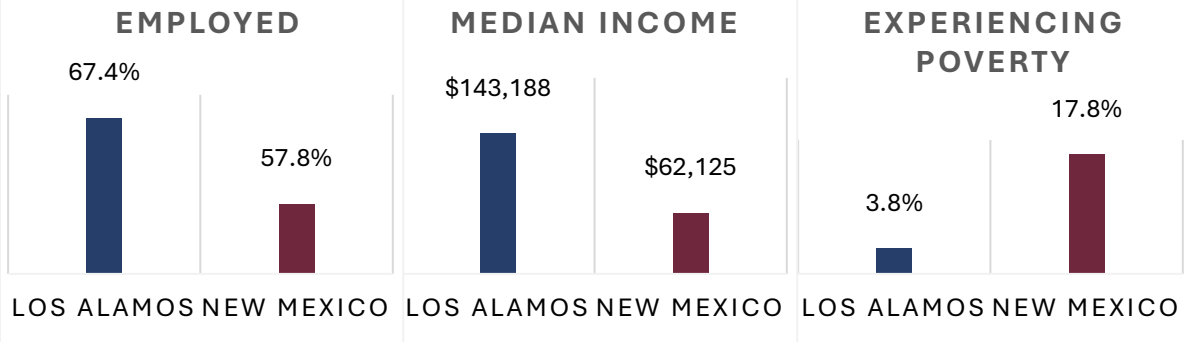
The percentage of residents 16 years of age and older participating in the workforce is well above the state average. Median income in Los Alamos is more than twice the state median income, and the percent of people experiencing poverty in New Mexico is 4.7 times higher than in Los Alamo.[12]

[10] US Census American Community Survey Quick Facts V2024, web page accessed June 30, 2025 https://www.census.gov/quickfacts/fact/table/losalamoscountynewmexico,NM/PST045224

[11] ibid

[12] ibid

Figure 8: Employment, Income, and Poverty

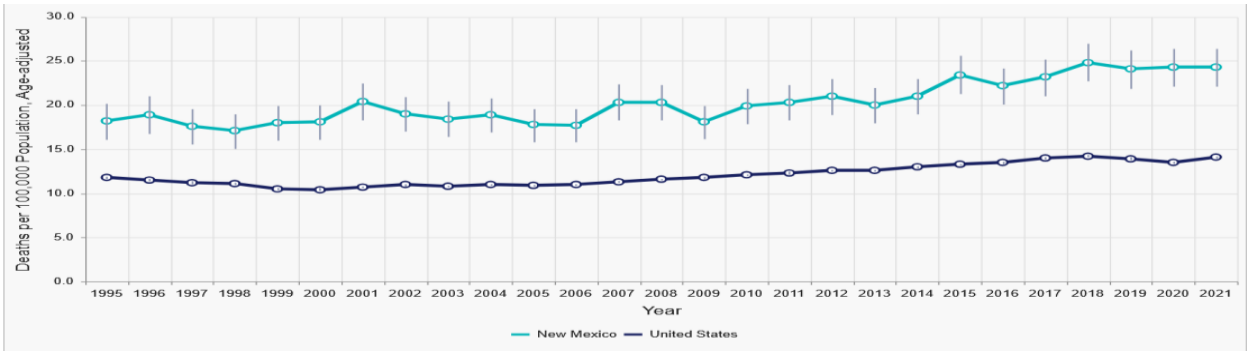


Behavioral Health

According to Mental Health America, New Mexico's rate of prevalence for any mental illness (AMI) was 25.67%, ranking 44th among all the states in 2024. The prevalence for adults with substance use disorders was 23.55%, ranking 49th among states.[13] Additionally, according to the Centers for Disease Control and Prevention, New Mexico had the 4th highest rate of suicide among all U.S. states in 2020.[14]

Since 1995, suicide rates in NM have been consistently 1.5 times higher than national rates. From 2006-2016, suicide deaths increased in NM by about 25%, compared to 23% nationally. Los Alamos County suicide death rates between 2016 & 2020 was 13.3 per 100,000 people.

Figure 9: Suicide Deaths by Year, New Mexico and US, 1995 to 2021

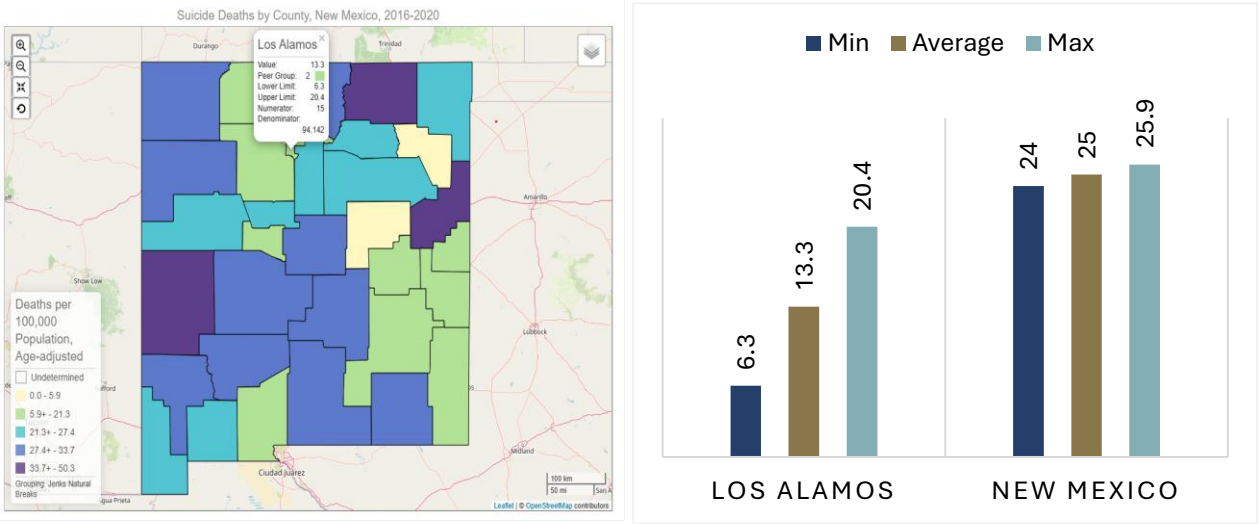


[13] Reinert, M, Fritze, D & Nguyen, T (July 2024). "The State of Mental Health in America 2024." Mental Health America, Alexandria VA.

[14] Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 1999-2020 on CDC WONDER Online Database, released in 2021.

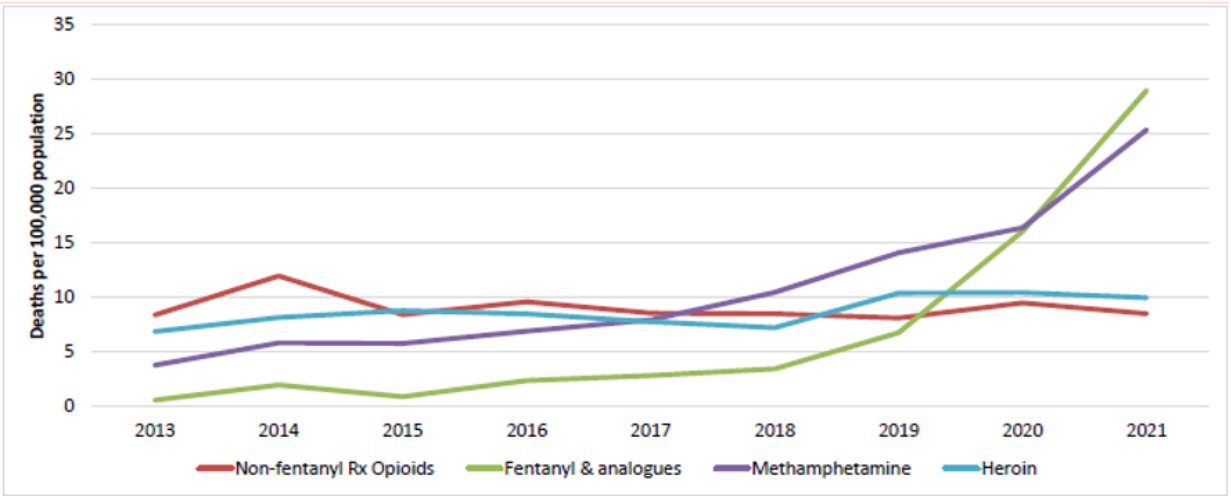
2019 Youth Risk and Resiliency Survey (NM); NMDOH and NM PED 3. 2019 and 2020 Behavioral Risk Factor Surveillance System (NM); NMDOH 4. 2019-2020 National Survey on Drug Use and Health; SAMHSA

Figure 10: Suicide Deaths by County, 2016-2020 (Deaths per 100,000 Population, Age Adjusted)



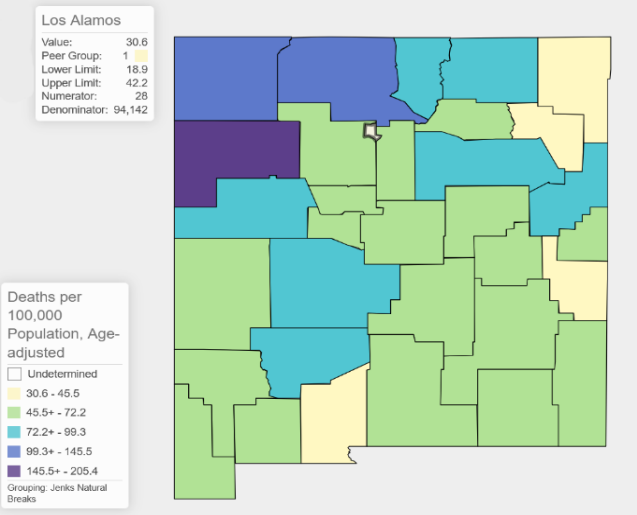
In 2021, New Mexico had the sixth highest total drug overdose rate in the nation. In 2021, fentanyl and analogues were the number one substance identified, followed by methamphetamines, heroin, and non-fentanyl prescription drugs. Fentanyl rates were highest among the 25-64 year old age group, with males twice as likely to have died from a fentanyl overdose. Los Alamos had the fourth lowest 5-year rate in the state, just behind Harding, Union, and Roosevelt counties.

Figure 11: New Mexico Overdose Deaths 2013 to 2021 by Substance[15]



[15] Drug categories in this chart are not mutually exclusive – many deaths involve more than one class. Rates are age adjusted to the US 2000 standard population. Bureau of Vital Records and health Statistics: UNM-GPS population files; SUES.

Figure 12: Alcohol Related Deaths by County, New Mexico, 2016-2020

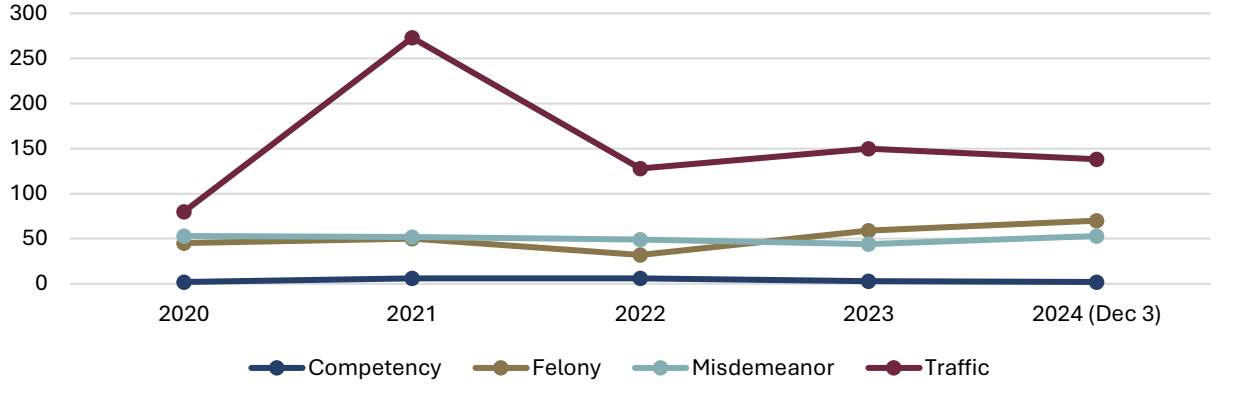


Los Alamos had the lowest number of alcohol-related deaths in the state between 2016-2020, with a rate of 30.6 deaths per 100,000 people. This is led than half the state rate of 70.1 per 100,000 people for the same timeframe.

Court Filings[16]

Competency cases were minimal over the 5-year period, ranging from 2 to 6 per year. Traffic cases saw a spike in 2021, likely due to due to the handling of backlog cases from the pandemic. While criminal filings were relatively steady over time, there was a spike in felony filings in 2023 and 2024 that saw them surpassing misdemeanor filings.

Figure 13: Los Alamos Annual Court Filings from 2020 through 2024 by Type



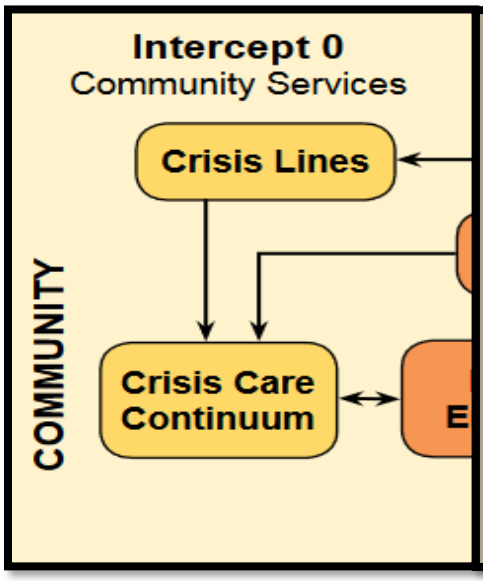
[16] All data taken from the Odyssey case management system. Case types included for each category include:

- Competency: measured by competency flag, events, hearings statutes or dispositions
- Felony: DV Felony, DWI Felony, Felony, Felony Drug, Felony Homicide, Felony Misc., Felony Public Safety, Felony Sexual Offenses, Felony Vehicular Homicide
- Misdemeanor: Misdemeanor DV, Misdemeanor DWI, Misdemeanor (Magistrate)
- Traffic: All Cases with Traffic Case Type

Resources and Opportunities at Each Intercept

As each intercept was discussed, the resources and opportunities were identified and recorded. This process is important since the justice and behavioral health systems are ever changing, and the resources and opportunities provide contextual information for understanding the local map.

Intercept 0 – Community & Crisis Services



- **Mobile crisis outreach teams and co-responders.** Behavioral health practitioners who can respond to people experiencing a mental health or substance use crisis or co-respond to a police encounter.
- **Emergency department diversion.** Emergency departments (EDs) can provide triage with behavioral health providers, embedded mobile crisis staff, and/or peer specialist staff to provide support to people in crisis.
- **Police-behavioral health collaborations.** Police officers can build partnerships with behavioral health agencies along with the community and learn how to interact with individuals experiencing a crisis.

Resources & Opportunities

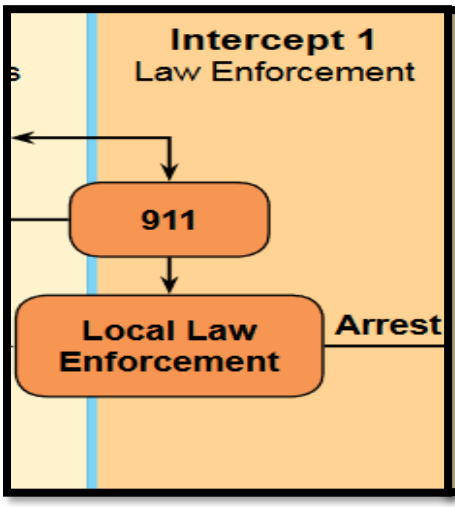
Resources	Gaps
• 988 • 911 • 1-855-662-7474 (NM Crisis Line) • High school hotline See Something, Say Something 1-844-5-SAYNOW • 741741 Texting (National) • Youth Mental Health First Aid • Family Council • Health Council mental health articles, movie theater events, senior events, working with Veteran's Affairs	• Police frustrated with the lack of places to send people who need connections to services – can cause the person to be less engaged the next time • They have people with acute needs but not in the numbers to provide certain services such as group substance use treatment. Most have to go to Espanola and transportation is a barrier

- Employee assistance programs through the 1st Judicial District Court, Los Alamos County, and Los Alamos National Laboratory
- County social services has two case coordinators and one health specialist to work on Medicaid eligibility, SNAP, utilities, etc.; holds hours at the library twice a month
- City/county support nonprofit with contracts for services
- JJAB case management for youth in town for referrals to treatment, assistance with insurance, etc.
- Public health department
- CHESS Health Connections app (National)
- Darrin's place has a contract in place with the county for two bed and are willing to provide transportation
- County naloxone program in response to a spate of overdoses. Did a train the trainer and have done outreach for police, fire, traffic and streets, public health, bus drivers at summer concert series, JJAB, library, etc.
- 14 locations in Los Alamos and White Rock where the public can get Narcan
- Youth summit for high schoolers with someone in recovery to answer questions, another for older adults
- Pretrial/probation case manager notified by police if there was an incident with someone who was having difficulty or using but were not charged so they can do outreach
- EMS/Fire provides stabilization and transports to the emergency room
- Los Alamos Medical Center emergency department has rapid telehealth consult available directly after triage and nurse assessment and consult ordered.
- There are fire stations available on lab properties to deal with emergencies
- LANL and other employers are part of the Behavioral Health Response Team through the county. It is chaired by Occupational

- MH services are all private and not connected, no community mental health center
- Family Council is the only non-profit service provider
- Only county in the area that doesn't meet HPSA requirements for provider shortage
- Lack of youth aftercare/ support groups for stepdown from in patient
- Service industry and other such employers do not have robust employee services
- Those not working at LANL or the County have trouble making ends meet, means high turnover
- Services do not keep waiting lists
- Not great communication to new residents on where to go for help
- Only a few places take Medicaid for mental health services
- Hard to qualify for transport if in crisis at the ER—must be chemical and physical restraint free, physical aggression free for 24 hours, and by that time they don't qualify for inpatient
- Have to be transported as far away as El Paso, TX and Colorado Springs, CO, and it must be medical transport
- All doctors at the hospital are on contract. No in-house psychiatrist, must get tele-consult out of UNM

Medicine. The team is Critical Incident Stress Management (CISM) trained; help support grief management, MHFA trainings, raising awareness, breaking stigmas, and monthly speakers. • LAN active shooter and other trainings • Suicide prevention county-wide • Care coordination/navigation available through county social services • CJCC looking into a navigator for the hospital • Assisted outpatient pilot program • Workforce Solutions (Espanola) • Free local transportation (bus system) M-F; dial-a-ride also available. Both on the hill only.	• Fire/EMS only transports to the hospital. Contractual obligations with LANL may interfere with availability to transport • High income and lack of affordable housing means can't bring in providers because they don't make enough to live here • No shows to referred services • No adult case management services available after hospitalization or crisis • Need SUD treatment options in the community • Need a local psychiatrist as well as community mental health center

Intercept 1 – Law Enforcement



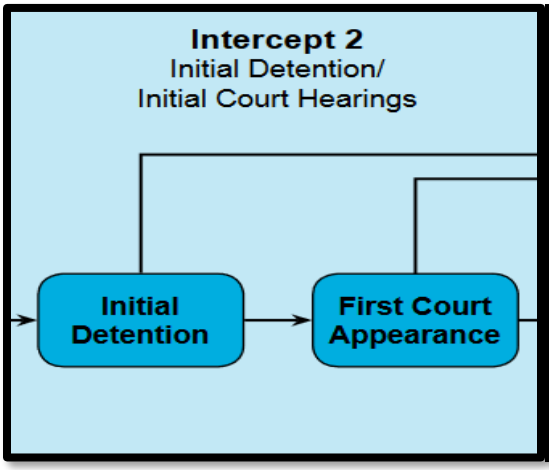
- **Dispatcher training.** Dispatchers can identify mental health or substance use crisis situations and pass that information along so that Crisis Intervention Team officers can respond to the call.
- **Specialized police responses.** Police officers can learn how to interact with individuals experiencing a crisis in ways that promote engagement in treatment and build partnerships between law enforcement and the community.
- **Intervening with frequent utilizers and providing follow-up after the crisis.** Police officers, crisis services, and hospitals can reduce frequent utilizers of 911 and ED services through specialized responses.

Resources & Opportunities

Resources	Opportunities
Los Alamos Police Department • Officers do have some discretion unless there is a serious crime (then arrest needs to be made) • Can refer them to social service office or victim advocate instead of arresting them • Can take them to the E.R. (Los Alamos Medical Center) • Track response time, narrative on event, paperwork if medical hold • 45 officers slated, 38 current officers • More than ½ are CIT trained, almost all have Mental Health First Aid • Responding officer will be whoever is assigned to that area, regardless of type of call and/or CIT training • Share information with State Police, Rio Arriba, etc. Also shares information with Social Services • Can drive them over to the social service office to be seen right away • Can release on a citation, if allowed within the state statute. L.E. do use that option	• Do not have the numbers to justify a co-responder model • State gives police a very strict box in which they can work in and when nothing is done, police get pushback or disenfranchised from the system. Individual gets more and more confrontational the more they have to respond. • 988 is confidential, but when they refer to dispatch they need location information and they can't always get it. Public gets upset that they are calling 988 for help and then the police have to respond. • Utilizing peer support who is certified and has been trained; have put out solicitation for peer support • Difficult to get people who have capacity to live up here, work full time, etc.

and are encouraged by D.A. to use that discretion. • Over half the calls that they respond do would fit within MH or SUD, including the crimes that they arrest for (could have 2-3 calls/day where it would be good to have expert on scene) • Police have computers in their cars and have internet access, not sure about getting telehealth through police • If police suspect they are under the influence , they will take straight to the hospital for medical clearance prior to taking to detention center. New Mexico State Police do not actively patrol, but will come if requested Los Alamos Sheriff is part time and maintains the sex offender registry Los Alamos Detention Center • 32 beds • Isolation cell for suicidal ideation/MH • Medical through ER Los Alamos Fire Department/EMS can transport to Los Alamos Medical Center Los Alamos Dispatch • Some are CIT trained but focus on response time and following the 911 Training Institute protocol • Required to do 4-hour mandatory “Handling a mentally impaired person” training annually • Building a community health center with kiosk/cubicles for telehealth services	

Intercept 2 – Initial Court Hearings and Initial Detention

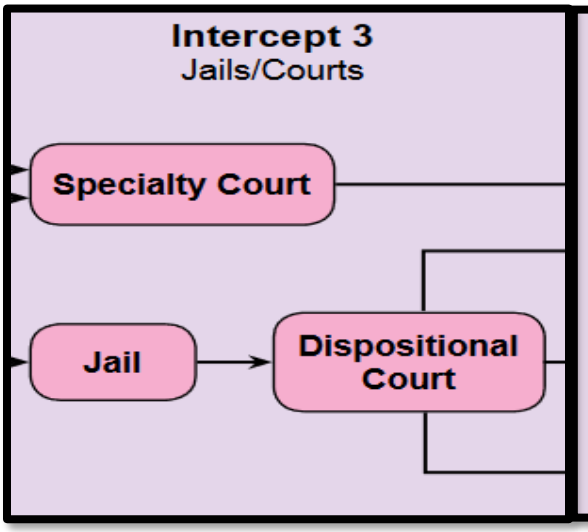


- **Screening for mental health and substance use disorders.** Brief screens can be administered universally by non-clinical staff at jail booking, police holding cells, court lock ups, and prior to the first court appearance.
- **Data-matching initiatives between the jail and community-based behavioral health providers.**
- **Pretrial supervision and diversion services to reduce episodes of incarceration.** Risk-based pre-trial services can reduce incarceration of defendants with low risk of criminal behavior or failure to appear in court.

Resources & Opportunities

Resources	Opportunities
Los Alamos Detention Center • **Initial assessment including medical** question, RX's, drug use, suicidal ideations, MH- all asked by corrections officer. Home grown questionnaire. • Suicide watch- 15 minute staggered rounds in an isolation cell • Will transport to the hospital if suicidal or going thru withdrawal • All officers trained in CIT and some even trained in advanced CIT • Have contracted doctor for the jail, but not 24/7 • House people tribal nations, high-profile cases, etc. only have 3 that are Los Alamos cases; have bail reform act that allows for much more people being ROR'd Pretrial Services ▪ Municipal (individual seen w/in 24 hours of arrest); sent to pretrial after seeing the Judge upon referral. Does validated assessment, does phone contact, referrals for services, PSA , UA's First Appearance ▪ PD may raise competency questions ▪ If attorney thinks that a person is incompetent, they are required to file a motion; district court is the only court that can deal with competency- judge issues order for evaluation, supported to be made within 45 days	• Lack of medical staff in the detention center; officers have to give out meds and sometimes doctors won't give them any meds. Would love telehealth within the jail • No access to prescriptions on Sundays and on certain hours; only contract with one drug provider

Intercept 3 – Jails and Courts

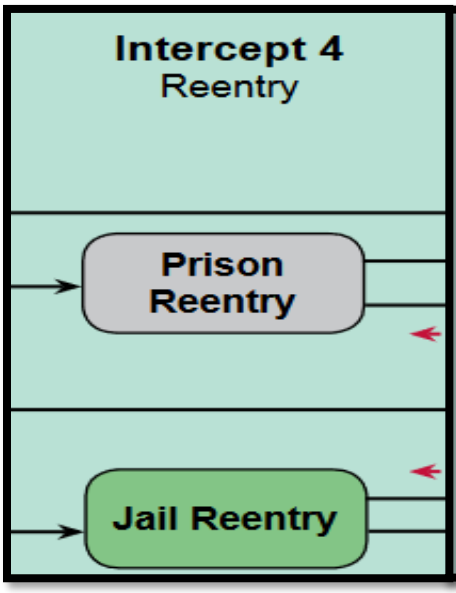


- **Treatment courts for high-risk/high-need individuals.** Treatment courts or specialized dockets can be developed, examples of which include adult drug courts, mental health courts, and Veteran's treatment courts.
- **Jail-based programming and health care services.** Jail health care providers are constitutionally required to provide behavioral health and medical services to detainees needing treatment, including providing access to medication-assisted treatment (MAT) for individuals with substance use disorders.
- **Collaboration with the Veteran's Justice Outreach specialist from the Veterans Health Administration.**

Resources & Opportunities

Resources	Opportunities
Los Alamos Detention Center • Family Counsel, busy with the town itself • Will call Chaplain in if in the middle of the night • Detainees can receive meds if previously prescribed • Anything the inmate is prescribed and they have leftover medication for, they get those when they leave • Ministry services through volunteers from the community **Prosecutorial Diversion** • Bespoke intervention plan can include diversion of serious charges • Pretrial monitors- UAs, case manages (municipal and district), referrals • LOPD caseworker Treatment Courts • Sent to Espanola—nothing in LA District Court • Defense Continuance Program- diversion program includes treatment, compliance, etc. both Felony and Misd. Open to anything that doesn't have any mandatory time (DVs, drug offenses, etc. can be diverted. No DUIs,	No mental health resources for those in the jail; especially pretrial • No recovery groups, but would like to start them • Waitlists due to lack of providers

Intercept 4 – Reentry

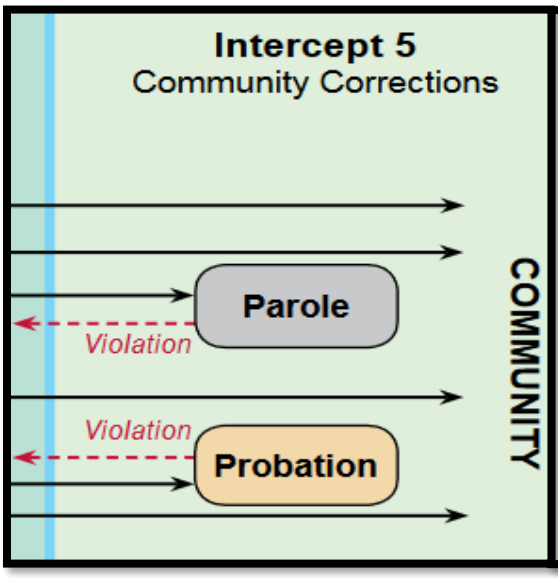


- **Transition planning by the jail or in-reach providers.** Transition planning improves reentry outcomes by organizing services around an individual's needs in advance of release.
- **Medication and prescription access upon release from jail or prison.** Inmates should be provided with a minimum of 30 days' medication at release and have prescriptions in hand upon release, including MAT medications prescribed for substance use disorders.
- **Warm hand-offs from corrections to providers increase engagement in services.** Case managers that pick an individual up and transport them directly to services will increase positive outcomes.

Resources & Opportunities

Resources	Opportunities
• Los Alamos Detention Center gives releasees assistance on applying for rehab, referrals to treatment, etc. Not formal- up to the guards. • No felony probation in Los Alamos- they have to report to Espanola • Have 12-step groups, nothing for youth, Smart Recovery	• Lack of assistance that are bound by confidentiality • No local felony probation/parole- have to go to Espanola • Don't have any resources for people who are released from incarceration; have done it in the past where they would wait in the lobby and give out information when people were released. Need more sober activities especially those for emerging adults. No local DWI school; people without a license cannot drive to Espanola.

Intercept 5 – Community Corrections



- Specialized community supervision caseloads of people with mental health disorders.
- **MAT for substance use disorders.** MAT approaches can reduce relapse episodes and overdoses among individuals returning from detention.
- **Access to recovery supports, benefits, housing, and competitive employment.** Housing and employment are as important to justice-involved individuals as access to mental health and substance use treatment services. Removing criminal justice-specific barriers to access is critical.

Resources & Opportunities

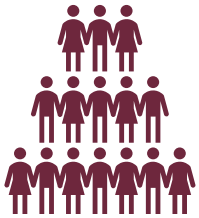
Resources	Opportunities
Municipal Probation: NOBLE assessment, DUI-specific assessment (IDA), intake, go over the court order, meet weekly (check in on community service work progress, DWI school progress, referrals. DUI- 1 year, other offenses (DV, Retail Theft) 6 months. Can ask for early release District Court Probation and Parole: • Run by DOC in Espanola • Do home checks, but for office visits the client has to go to Espanola Violations- they lean more towards treatment responses than jail or punitive sanctions. Sometimes have to use the jail to detox people or have them wait until there is an opening and/or they get approved for indigent insurance.	No local DOC probation/parole

Overall Priorities

Facilitators encouraged participants to think about the identified opportunities through a lens of effort and impact. Opportunities that had a high impact were to be prioritized. In addition, a balance of low effort and high effort opportunities were to be selected. After discussion, the priorities were determined through a voting process; workshop participants were asked to identify a set of priorities followed by a vote where each participant had three votes. The top three overall priorities identified by the mapping sessions regardless of intercept were:

Increase Behavioral Health Supportive Services (e.g., case management, employment, education, peer support)

Develop and Implement Mobile Crisis Response / Co-Responder Model



Institute Community Mental Health & Substance Use Treatment

Action Planning

Mapping Workshop participants were given instructions on action planning and an action plan template. Participants were then divided into five breakout groups to create action plans for each of the five priority areas listed above. The action plans were designed to have participants ask themselves the following questions:

- What are our objectives? What do we want to achieve?

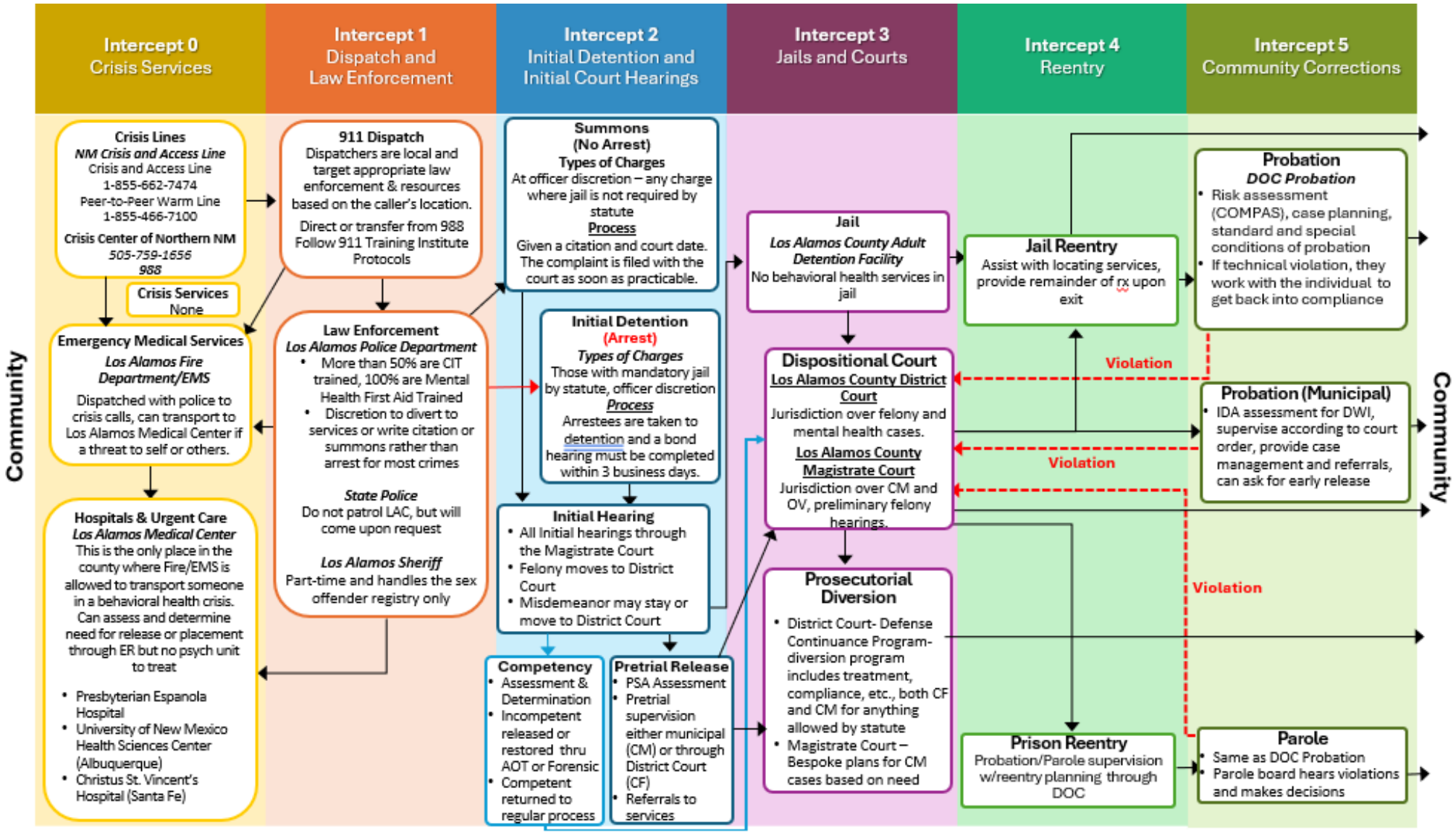
- What do we have to do to meet those objective(s)? What are the specific activities/tasks necessary to meet the objective(s)?
- What resources are necessary to complete the identified activities?
- How much time is required for each activity/task? When can action begin on each activity/task?
- What are the potential barriers to consider?
- Who will take the lead on this activity/task? Who should be involved in the collaboration? Who is already engaged in this activity?

All completed action plans can be viewed in **Appendix E**.

Development of the Local Map

The prevalence of mental health and substance use disorders has greatly impacted our nation, each of our states, and our communities and has had a disproportionate impact on our nation's courts and justice system. New strategies must be developed to ensure people receive appropriate, evidence-based services in their communities and are diverted from the justice system. Determining priorities for a community requires collaboration and identifying resources and opportunities to systematically solve existing and emerging problems. The mapping process serves as a dynamic, interactive tool for developing partnerships within the community by assessing resources and identifying opportunities at each of the points that individuals seek or obtain services as they move through the criminal justice system.

The project team drafted a Los Alamos County Process Map that identifies the processes and workflow at each sequential intercept based on the information gathered through the mapping workshop and action planning session.


Intercept 0
Crisis Services
Intercept 1
Dispatch and
Law Enforcement
Intercept 2
Initial Detention and
Initial Court Hearings
Intercept 3
Jails and Courts
Intercept 4
Reentry
Intercept 5
Community Corrections
Community
Crisis Lines
NM Crisis and Access Line
Crisis and Access Line
1-855-662-7474
Peer-to-Peer Warm Line
1-855-466-7100
Crisis Center of Northern NM
505-759-1656
988
Crisis Services
None
Emergency Medical Services
Los Alamos Fire Department/EMS
Dispatched with police to crisis calls, can transport to Los Alamos Medical Center if a threat to self or others.
Hospitals & Urgent Care
Los Alamos Medical Center
This is the only place in the county where Fire/EMS is allowed to transport someone in a behavioral health crisis. Can assess and determine need for release or placement through ER but no psych unit to treat
Presbyterian Espanola Hospital
University of New Mexico Health Sciences Center (Albuquerque)
Christus St. Vincent's Hospital (Santa Fe)
911 Dispatch
Dispatchers are local and target appropriate law enforcement & resources based on the caller's location.
Direct or transfer from 988 Follow 911 Training Institute Protocols
Law Enforcement
Los Alamos Police Department
More than 50% are CIT trained, 100% are Mental Health First Aid Trained
Discretion to divert to services or write citation or summons rather than arrest for most crimes
State Police
Do not patrol LAC, but will come upon request
Los Alamos Sheriff
Part-time and handles the sex offender registry only
Summons
(No Arrest)
Types of Charges
At officer discretion – any charge where jail is not required by statute
Process
Given a citation and court date. The complaint is filed with the court as soon as practicable.
Initial Detention
(Arrest)
Types of Charges
Those with mandatory jail by statute, officer discretion
Process
Arrestees are taken to detention and a bond hearing must be completed within 3 business days.
Initial Hearing
All Initial hearings through the Magistrate Court
Felony moves to District Court
Misdemeanor may stay or move to District Court
Competency
Assessment & Determination
Incompetent released or restored thru AOT or Forensic
Competent returned to regular process
Pretrial Release
PSA Assessment
Pretrial supervision either municipal (CM) or through District Court (CF)
Referrals to services
Jail
Los Alamos County Adult Detention Facility
No behavioral health services in jail
Dispositional Court
Los Alamos County District Court
Jurisdiction over felony and mental health cases.
Los Alamos County Magistrate Court
Jurisdiction over CM and OV, preliminary felony hearings.
Prosecutorial Diversion
District Court- Defense Continuance Program- diversion program includes treatment, compliance, etc., both CF and CM for anything allowed by statute
Magistrate Court – Bespoke plans for CM cases based on need
Jail Reentry
Assist with locating services, provide remainder of rx upon exit
Prison Reentry
Probation/Parole supervision w/reentry planning through DOC
Probation
DOC Probation
Risk assessment (COMPAS), case planning, standard and special conditions of probation
If technical violation, they work with the individual to get back into compliance
Probation (Municipal)
IDA assessment for DWI, supervise according to court order, provide case management and referrals, can ask for early release
Parole
Same as DOC Probation
Parole board hears violations and makes decisions
Violation
Violation
Violation
Community

Next Steps

To prepare for planning and implementing your behavioral health diversion policy, practice, or program, complete several key steps.

Planning Considerations

Select Project Champions to Initiate the Effort

Finding project champions that are well respected and influential in the community is essential to partner buy-in. Consider judicial leadership when appropriate, but champions can also include other influential justice leaders and individuals interested in new implementation efforts and can motivate others to join. These champions will play a pivotal role in developing and sustaining the program.

Hire or Appoint a Project Coordinator

A project coordinator should be determined as soon as possible to manage project development and implementation. With the support of the jurisdiction champion, this individual will take a leadership role in convening partners, engaging in community outreach, ensuring the fidelity of best practices, and overseeing data collection and utilization practices to guide project modifications. Examples of program data and key data to collect include:

- Number of behavioral health screenings, orders, and completed evaluations
- Number and type of services/treatment and diversions recommended and being provided.
- Number and type of service providers available.
- Number of partners who received training.
- Changes in policy and practice in the response to people with mental health needs in the jail.
- Increase in the number of collaborative partners in the county.

As the interventions are still in their infancy, they are not yet ripe for a formal evaluation of outcomes and impacts. Once the interventions are well-established and stable, a formal evaluation can be conducted to answer these questions:

- Are activities achieving the desired objectives (outcomes)?
- What long-term effects are these efforts having in achieving our goals (impacts)?

Identify Initial Key Partners

The early identification of leaders, planners, doers, and partners can help project champions and the project coordinator know who their key actors will be for purposes implementation. These may include any of the following listed below and more:

- City Council
- Continuum of Care – Homelessness Outreach
- County Administrator &County Board Members
- Disability Services
- Jail Superintendent
- Judicial Officers
- Mayor
- Mental Health Authority/Board
- Mental Health Providers
- Peers and other People with Lived Experience
- Police Chief
- Prosecutor
- Public Defender
- Schools, Colleges, and Other Educators
- Housing Authority
- Sheriff or Chief Deputy
- Substance Use Treatment Providers
- Veterans Services

Additional partners can be identified and invited throughout the implementation process, especially if workgroups are formed during action planning.

Convene Partners For a Kick-Off Meeting

- ✓ Send an agenda prior to the meeting, including any information you would like to share.
- ✓ Share any work completed on the project thus far.

Set Recurring Key Partner Planning Meetings

- ✓ Determine a frequency that will allow you to achieve your implementation schedule.
- ✓ Ensure each partner identifies a representative to participate in meetings and report back if they are unavailable.
- ✓ Key partners or a designee will become a member of the oversite committee once programming begins.

Develop Memoranda of Understanding[17]

- ✓ Institutionalize agency/key partner roles and responsibilities through cooperative agreements.
- ✓ Include information and data collection and sharing policies that define the types of information and data to be collected, how it will be shared, and by whom. Ensure it is compliant with HIPAA, 42 CFR Part 2 and New Mexico confidentiality laws.

Utilize the Behavioral Health Diversion Implementation Guide

- ✓ The NMAOC Statewide Behavioral Health Program Team has a guide to help keep your momentum going during the implementation process. Use the guide and Statewide Team to stay organized and on track!

Ongoing Considerations

Consider the following three factors as partners are working through the planning and implementation process are as follows:

1. Partner engagement or changes
2. Formulation of the vision
3. Re-defining goals

Partner Engagement/Changes

As the planning process is underway, partners may change with turnover, shifting demands and priorities, and as new partners engage. This is common in longer-term planning, but the champion and coordinator will have to consider how to onboard new partners and bring them up to speed. They will also need to consider the impact of a partner transitioning off the project and how that impacts the rest of the team's capacity.

[17] Memorandums of understanding are important for the long-term success and program fidelity. When key players change the cooperative agreement will ensure role and responsibilities are clearly stated for the new member. When questions arise about data collection and information sharing, a data sharing agreement will safeguard continuity and clarity.

Formulation of the Vision

The champion and coordinator may have a very different vision of where the project needs to go compared to other key partners. The formulation of the vision needs to be very thoughtful in terms of what the District can reasonably accomplish and what is aspirational and more futuristic. Communication among the team will be important regarding transparency and the tools put in place will be able to assist in identifying if the vision needs to shift based on resources.

Redefining Goals

During the planning goals may change, and this is to be expected. A goal that was discussed at the beginning of the process may have been determined unachievable due to resources or external challenges. Throughout the process, goals may be modified or removed completely, and this is to be expected as resources and challenges are evaluated.

Recommendations

The attendees of the Los Alamos County Community Mapping were engaged, enthusiastic, and committed to improving outcomes for individuals with behavioral health issues in Los Alamos County. After reviewing the responses to the community survey and spending two days with mapping participants, NCSC offers the following recommendations for improving the justice and behavioral health system responses in the Los Alamos County in addition to the action planning already under way:

Preserve Your Collaborative Spirit

Facilitators were impressed with the collaborative spirit discussed and exhibited by the attendees of the mapping workshop. As noted by the Center for Effective Public Policy, "It is the effort to improve the capacity of others that makes collaboration a unique enterprise…Collaboration changes the way we work and requires a profound shift in our conception of how change is created. Collaboration shifts organizational focus from competing to consensus building; from working alone to including others; from thinking about activities to thinking about results and strategies; and from focusing on short-term accomplishments to demanding long-term results."[18] NCSC applauds the creative

[18] CEPP (2005). The Emergence of Collaboration as the Preferred Approach in Criminal Justice. https://cepp.com/wp-content/uploads/2021/04/The-Emergence-of-Collaboration-as-the-Preferred-Approach-in-Criminal-Justice-2005.pdf

thinking and commitment to collaboration Los Alamos has already shown through its many innovative programs and committees, and encourages the Los Alamos community to continue fostering the spirit of innovation and collaboration.

Consider Regional and Other Resource Sharing Solutions

Los Alamos has many resources other rural counties do not share, but also retain some of the challenges common to rural communities. The lack of census for specific interventions was mentioned frequently, noting that Los Alamos simply does not have the number of people in need of specific services that would be necessary to sustain full time employment of providers of those services. Many rural areas have innovated in surprisingly successful ways to address these challenges through resource sharing:

- Union, De Baca, Quay, Curry, and Roosevelt counties, along with the Cities of Clovis and Portales and Village of Fort Sumner have come together to develop a regional behavioral health crisis triage center to serve most of Eastern New Mexico. Learn more about their process here: https://www.horizonbhcenter.com/
- Peer specialists in Southern Illinois came together to develop their own nonprofit Recovery Community Organization whose services have grown to cover five counties. Learn more about what peers can do: https://takeactiontoday.net/
- Rural Public Health has been innovating for decades to ensure the health and well-being of their residents through initiatives like staff sharing, pooling funds and other resources, and getting legislators on board: https://phaboard.org/wp-content/uploads/Rural-Service-Resource-Sharing-Arrangements-report-2.pdf

Consider Expanding Jail Medical Services

Currently Los Alamos Detention Center is relying upon Los Alamos Medical Center for routine and emergent medical assessments, and corrections officers for daily medical activities such as triaging medical emergencies, monitoring detainee health during non-medical detoxification from substances, and medication distribution. Detainees are only allowed medication continuity if they currently have a prescription and it is provided to the jail, or the medication is prescribed and initiated by LAMC while they are detained. Additionally, the only behavioral health services provided to detainees assessed to have a mental or substance use disorder are suicide watch/isolation, medication if prescribed and provided to the facility, and, potentially, drug and alcohol counseling provided by volunteers.

As noted in *Bell v. Wolfish*, jails must provide the same constitutional rights to pre-trial inmates and those convicted and serving a sentence.[19] The lack of qualified medical personnel in person at the jail may put LADC at risk of not fulfilling detainees' Eighth Amendment Rights.[20, 21, 22, 23, 24] These protections also apply to behavioral health care. The use of non-medical personnel to perform medical functions increases the likelihood that mistakes could be made that harm detainees. Coupled with New Mexico's elimination of qualified immunity for anyone acting in an official government capacity, the burden is great for correctional officers who perform medical duties for which they are not trained. NCSC recommends examining options to bring medical personnel into the facility either in person or via a combination of in person and telehealth services.

[19] *Bell v. Wolfish*, 441 U.S. 520, 545 (1979)
[20] *Estelle v. Gamble*, 429 U.S. 97, 97 S. Ct. 285, 50 L. Ed. 2d 251 (1976)
[21] https://www.justice.gov/sites/default/files/crt/legacy/2012/09/14/piedmont_findings_9-6-12.pdf
[22] https://www.mcleancountyil.gov/DocumentCenter/View/6193/Jail-Mental-Health-Assessment?bidId=
[23] *Mandel v. Doe*, 888 f.2d 783, 789-90 (1989). In: Toone, p. 80.
[24] *Sherrod v. Lingele*, 223 F.3d 605, 611-12 (7th Cir. 2000). In: Toone, p. 84

Appendix A: Mapping Attendance

Name	Agency	Invited	Attended
Monica Abeita		✓	
Elizabeth Allen		✓	
Robert Apodaca		✓	
Crystal Archuleta	NM Department of Health	✓	✓
Eli Argo		✓	
Marcella Armijo	1st Judicial District	✓	✓
Julie Ball	Law Office of the Public Defender	✓	✓
Sylvia Barela		✓	
Iven Benavidez	1st Judicial District	✓	✓
Steve Berkshire		✓	
Judge Bryan Biedsheid	1st Judicial District	✓	✓
Liz Birocco	Los Alamos Medical Center	✓	✓
Erika Bustos	Los Alamos Detention Center	✓	
Susan Cave		✓	
Kristine Coblentz		✓	
Elizabeth Counce	1st Judicial District Attorney's Office	✓	✓
Theresa Cull		✓	
Kathy Davis		✓	
Casey Dexter		✓	
Jailyn Dominguez		✓	
Daniel Duran		✓	
Kateri Eisenberg		✓	
Deni Fell	Los Alamos Social Services	✓	✓
Kate Field		✓	
Jon Fischer		✓	
Arwin Gaddis		✓	
Brendon Gould		✓	
Adam John Griego	Justice Advisory & Accountability Board	✓	✓
Jennifer Guy		✓	
Lisa Hampton		✓	
Melanee Hand		✓	

Name	Agency	Invited	Attended
Susie Havemann		✓	
Ryn Hermann		✓	
Kimberly Horan		✓	
Benjamin Irving		✓	
Eva Jacobson		✓	
Alicia Justus		✓	
Gwen Kalavaza		✓	
Kevin Kamplain		✓	
Krista Kelley	Criminal Justice Coordinating Council	✓	✓
Brad Kerwin		✓	
Henry Koehn		✓	
Anne Laurent		✓	
Alvin Leaphart		✓	
Judge Jason Lidyard	1st Judicial District	✓	✓
Michelangelo Lobato	LANL Occupational Medicine	✓	✓
Anthony Long		✓	
Esperanza Lucero		✓	
Suzanne Lujan	Darrin's Place	✓	✓
George Marsden		✓	
Andrea Martinez		✓	
Sara Martinez		✓	
Seth Martinez		✓	
Jeramay Martinez		✓	
Linda Matteson	Law Office of the Public Defender	✓	✓
Mary McCleary		✓	
Juanita McNiel	Los Alamos Municipal Court	✓	✓
Elijah Meason	Darrin's Place	✓	✓
Anita Mesa		✓	
Rachel Morh-Richards		✓	
Dena Moscola		✓	
Beverly Neal-Clinton		✓	
Jennifer Padgett Macias		✓	
Lori Padilla		✓	

Name	Agency	Invited	Attended
Carter Payne		✓	
Christal Quintana	Los Alamos Police Department	✓	✓
Shaheen Rassoul		✓	
David Reagor	Los Alamos City Council	✓	✓
Jordan Redmond	Los Alamos Family Council	✓	✓
Joyce Richins		✓	
Chris Ross		✓	
Annette Rougemont		✓	
Randall Ryti		✓	
Hilaro Salinas		✓	
Veronica Savage		✓	
Monica Schwiner	Los Alamos Courts	✓	✓
Felix Sena		✓	
Windy Servey		✓	
Chief Dino Sgmbellone	Los Alamos Police Department	✓	✓
Timothy Shields		✓	
Beverly Simpson		✓	
Michael Sisneros		✓	
Katherine Stoddard		✓	
Tracie Stratton		✓	
Jessica Strong	Los Alamos Social Services	✓	✓
Cory Styron	Los Alamos Community Services	✓	✓
Judge Catherine Taylor	Los Alamos Magistrate Court	✓	✓
Witter Tidmore		✓	
Kathleen Vigil		✓	
Bryan Vigil		✓	
Jose Villegas		✓	
Jason Wardlow Herrera		✓	
Kimberly Weston		✓	
Valentina White		✓	
Kirk Williamson	Los Alamos Police Department	✓	✓

Appendix B: Mapping Agenda

Community Mapping

Strengthening Communities through Prevention and Intervention Strategies:

A Court and Community-Based Approach

LOS ALAMOS COUNTY

COMMUNITY MAPPING WORKSHOP

LOCATION

City Hall

Council Chambers

1000 Center St, Los s, NM 87701

AGENDA DAY 1

June 23, 2025

8:00AM – 4:30PM

8:00 - 8:30	**Registration and Networking**
8:30 - 8:45	**Welcome and Opening Remarks** Hon. Jason Lidyard, First Judicial District Court
8:45 - 9:45	**Setting the Stage** Introductions, Overview SIM and Goals of Mapping Community Mapping based on the Sequential Intercept Model (SIM) and Leading Change brings together stakeholders from various disciplines and systems to identify strategies to divert adults with mental health and substance use disorders away from the justice system and into treatment. Community Mapping is a strategic planning tool used to identify available resources and opportunities and plan for community change.
9:45 - 10:15	**Learning from Experience** Amie Baca People with lived experience play a critical role in system improvement efforts. Their personal experiences provide a tangible glimpse of how community resources and system processes interface. Incorporating their perspectives throughout systems improvement efforts enables communities to effectively design processes and deliver services that best meet the actual needs of those with behavioral health diagnoses.
10:15 - 10:30	**Break**

Community Mapping

Strengthening Communities
through Prevention and Intervention Strategies:
A Court and Community-Based Approach

10:30 – 11:00	**Defining the Community Landscape through Data** Examining national and community data is an important step to understanding and evaluating resources, gaps, and opportunities. This work is essential to successful mapping.
11:00 - 12:15	**Identify Resources and Opportunities Across the Intercepts** Identifying resources at each of the points that individuals seek or obtain services and move through the justice system. This process serves as a dynamic, interactive tool for participants to understand all that is offered in their community for people with behavioral health issues, while also identifying opportunities for partnerships to better serve individuals with behavioral health issues.
12:15 – 1:00	**Break for Lunch (provided)** Please be ready to begin on time at 1:00PM
1:00 – 2:15	**Identifying Resources and Opportunities Across the Intercepts (cont.)** Identifying opportunities at each of the points that individuals seek or obtain services and move through the justice system. This process serves as a dynamic, interactive tool for participants.
2:15 – 3:15	**Process Mapping** Mapping the process of how people enter and move through the systems is an important step in identifying areas for opportunities to improve processes and build collaboration.
3:30 – 4:00	**Review of Day, Questions, and Homework** Determining gaps and opportunities is just the beginning. Identifying potential solutions and prioritizing those efforts is the next step to ensure improved responses for individuals with mental health and substance use disorders. Mapping next steps will be discussed.
4:00 - 4:30	**Identifying Priorities** Determining priorities for a community requires collaboration to systematically solve existing and emerging problems. How to prioritize opportunities will be discussed.

Community Mapping

Strengthening Communities
through Prevention and Intervention Strategies:
A Court and Community-Based Approach

AGENDA DAY 2

June 24, 2025
8:00AM – 1:00PM

8:00 - 8:30	**Registration and Networking**
8:30 - 8:45	**Welcome and Review of Day One and Homework**
8:45 - 9:00	**Review of Priorities** Collectively selecting priorities is critical to move work forward. A review of the selected priorities and confirmation of the priorities will be discussed.
9:00 – 11:45	**Action Planning** Considerations for establishing priorities will be discussed and workgroups will discuss priorities and action plan solutions.
11:45 - 12:30	**Presentation of Action Plans** Workgroups will present their action plans and participants will be able to ask questions and provide feedback.
12:30 – 12:45	**Next Steps: Implementing Your Action Plan** Tips for implementing action plans, sustaining momentum, and being successful will be discussed. Specific next steps for the Fourth Judicial District.
12:45 – 1:00	**Closing Remarks** Hon. Bryan Biedscheid, First Judicial District Court
1:00	**Adjourn**

Appendix C: Community Survey Results

Los Alamos County SIM Community Survey

NCSC and NMAOC surveyed the prospective attendees of the Community Mapping of the Los Alamos County which encompasses San Miguel, Mora, and Guadalupe Counties. This survey helped ascertain the Los Alamos County's level of collaboration and activities relating to the local behavioral health system. The survey also went over the availability of community resources and support for people with mental health or substance use disorders. The survey was conducted as part of the planning for the Los Alamos County Community Mapping Workshop. Responses were used to inform efforts to identify opportunities for improving systems and responses for people with mental health and substance use disorders. Individual responses are confidential, so all information is reported in aggregate.

Respondents

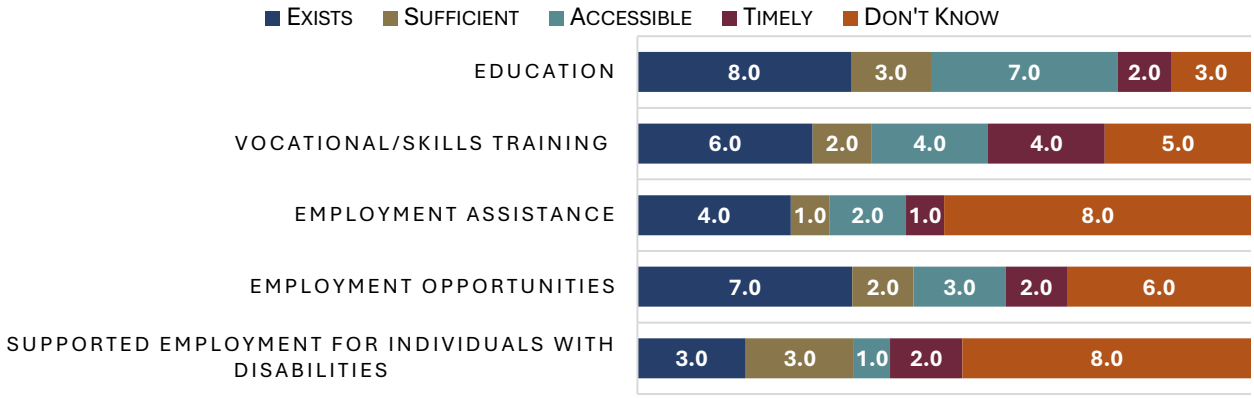
There were 16 total responses. Respondents represented a wide range of community members including justice partners and behavioral health, health, and social service providers.

Access to Services

Respondents were asked about 48 types of services across seven categories regarding accessibility of services in terms of if the services in the Los Alamos County 1) exist, 2) are sufficient for the population, 3) are accessible to everyone, and 4) are accessible in a timely manner. Respondents were also given the opportunity to provide additional commentary or feedback about each service category.

Education and Employment Services

Respondents were asked to reflect on the types of education and employment services available in the Los Alamos County and indicate if they exist in their community, are sufficiently available to meet their needs, are accessible to all who need it, and can be accessed in a timely manner.

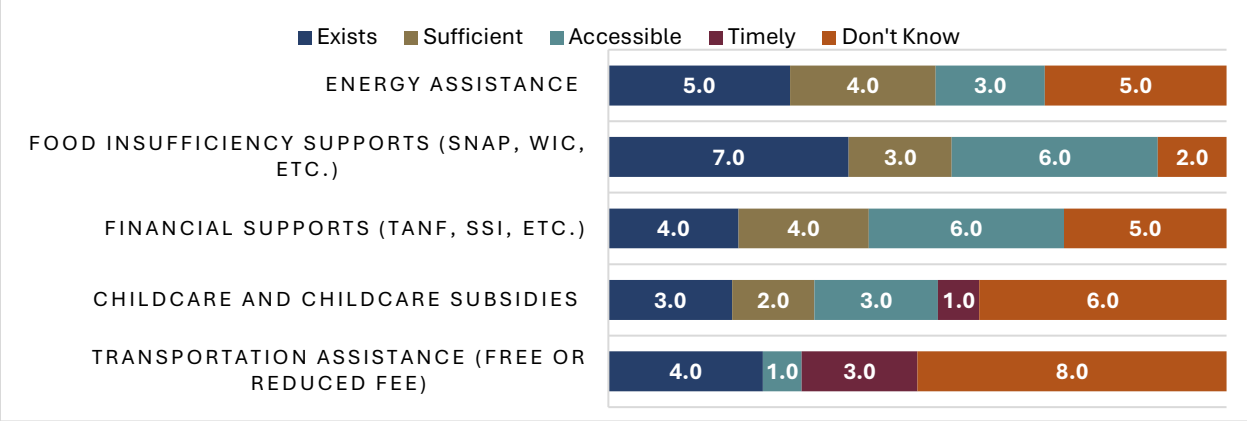


Respondents were then asked to provide any comments regarding the educational and employment services in the Los Alamos County. Comments provided include:

- Opportunities are available, but at times there are waiting lists for everything from education to health care services as universities and state agencies tend to focus more on metropolitan areas.
- This rural area has some education opportunities. However, transportation is difficult.
- Sufficient educational services exist in our district; however, candidates typically require mentorship. As to employment, the workforce does have a few programs available that will subsidize employers.
- Need support and funding most likely.
- We need loan repayment programs for new hires, especially in healthcare. This would help recruitment for our rural community.
- The New Mexico K-12 education underperforms in state evaluations compared to other states. There are limited employment opportunities in rural areas. We need employment assistant programs with extended wait times.
- Opportunity coupled with the need exists, however without accommodation or support, it is not viable.

Public Assistance and Childcare Services

Respondents were asked to reflect on the types of public assistance and childcare services available in the Los Alamos County and indicate if they exist in the district, are sufficiently available to meet their needs, are accessible to all who need it, and can be accessed in a timely manner.

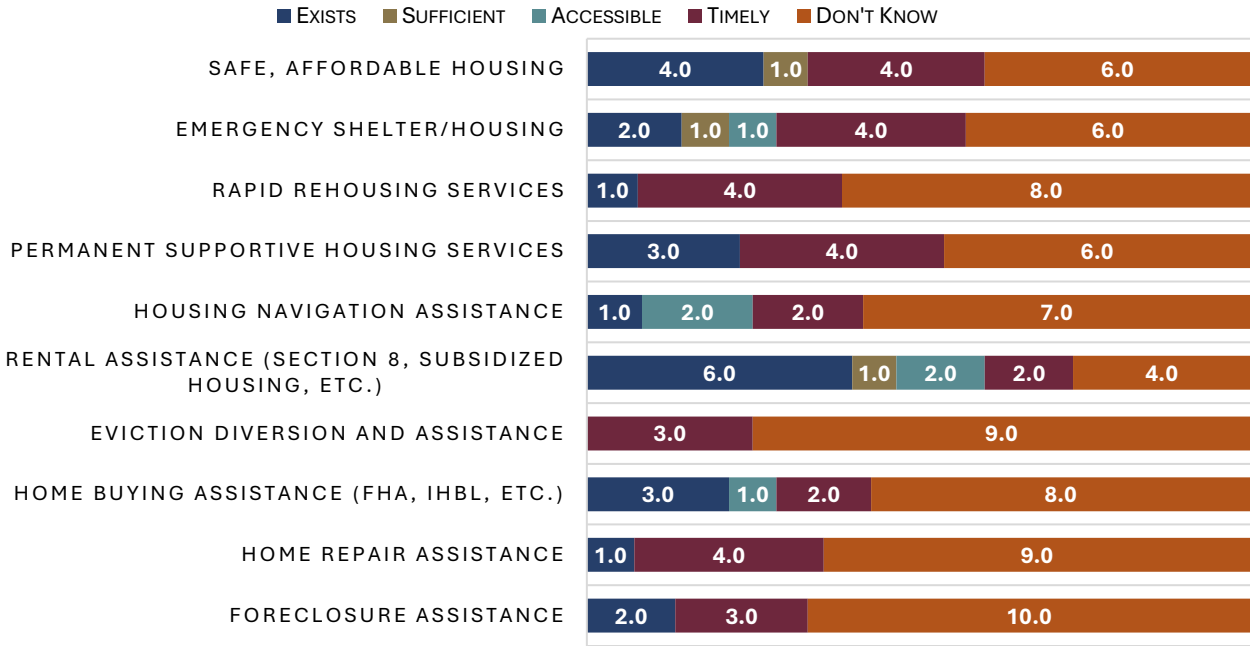


Respondents were then asked to provide any comments regarding the public assistance and childcare services in the Los Alamos County. Comments provided include:

- Services are available; however, recent changes in federal guidelines may limit some populations and ultimately put people at risk for food insecurity, and further poverty.
- Transportation is available but at an emerging level.
- There needs to be more advertising and discussion around to help educate the public on how and where to access these resources. We also need more daycares that accept infants.
- Our community is lacking housing, especially low-income housing.
- Transportation problems exist throughout rural areas. Childcare and other assistance programs are limited in accessibility and timeliness.
- There are sufficient resources for emergency food, energy assistance, and TANF. However, these systems are often used in the manner they were intended.

Housing and Housing Services

Respondents were asked to reflect on the types of education and employment services available in the Los Alamos County and indicate if they exist in their community, are sufficiently available to meet their needs, are accessible to all who need it, and can be accessed in a timely manner.



Respondents were then asked to provide any comments regarding housing and housing services in the Los Alamos County. Comments provided include:

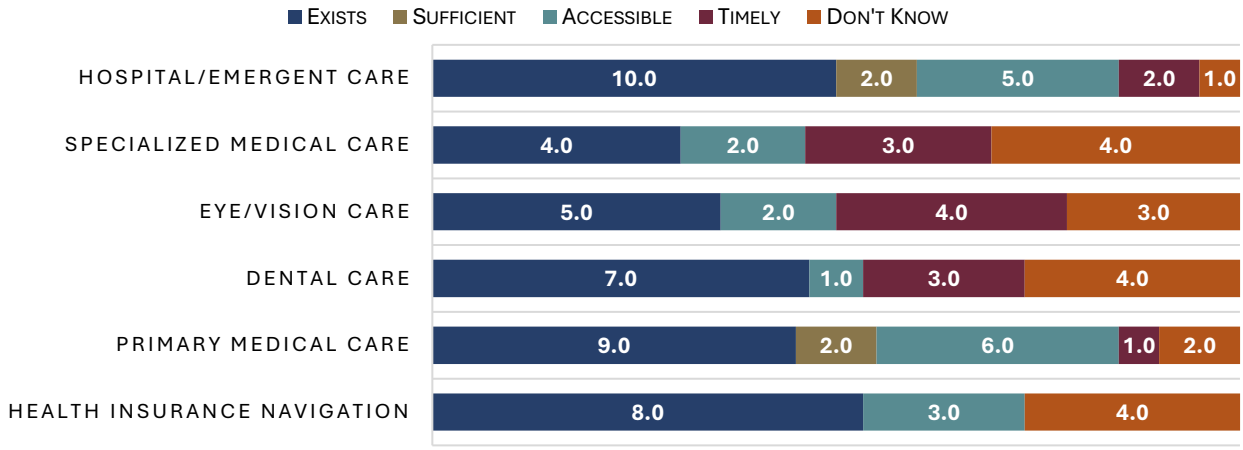
- Housing assistance is available to some degree in our communities; however, it is exceedingly limited and cannot meet the demands, especially post fire. The ongoing issues with inflation and our economy also make it difficult for families to take on the ownership of a home.
- I am uneducated about the hosing situation in District 4. I know in my district; all these choices would fall under 'Timely.'
- For the items where I checked as both 'Exists' and 'Don't Know,' I mean to say those services exist. However, it is uncertain as to the availability or level of services that are provided.
- The rapid rehousing and permanent supportive housing programs are HUD and MFA programs that do not work for a population that is actively mind altering.
- The housing issues in our community are very hard to navigate, especially with a felony on your record.
- If we have these resources, then we need to be more informed about them and know how to help people access them.
- Our community is in dire need of housing support in all the areas listed above. I don't believe any of these exist in our communities. Housing is especially

challenging when it comes to recruiting new healthcare professionals, students, and residents to the area. There is very little inventory available here.

- Housing assistance programs appear limited in sufficiency, accessibility, and timeliness.
- There are big time issues with housing in Mora County.
- For years PSH, Rapid Rehousing, and several other programs existed and failed because the underlying issues people are experiencing of mental health or addiction were never addressed.

Medical and Physical Health Services

Respondents were asked to reflect on the types of education and employment services available in the Los Alamos County and indicate if they exist in their community, are sufficiently available to meet their needs, are accessible to all who need it, and can be accessed in a timely manner.



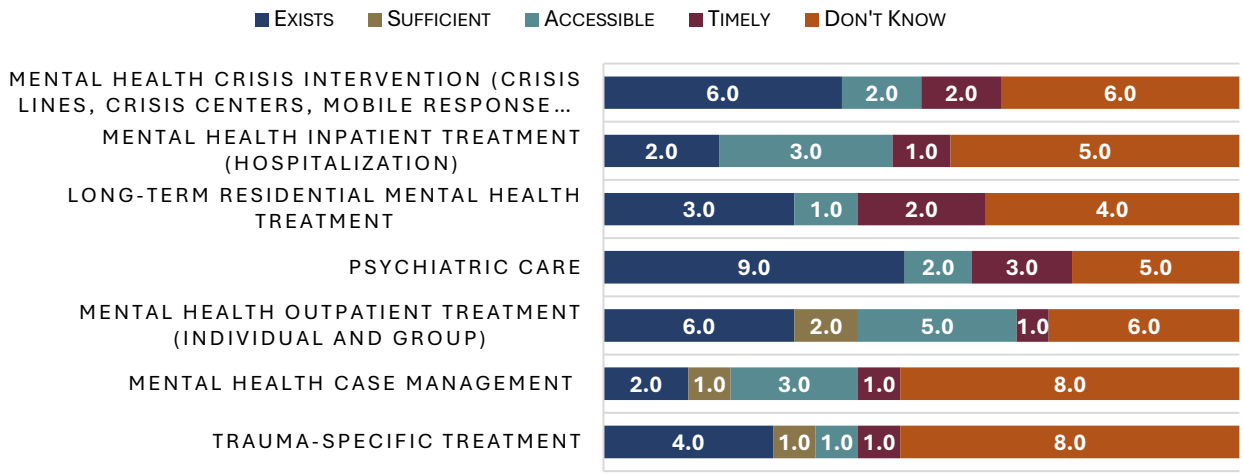
Respondents were then asked to provide any comments regarding the medical and physical health services in the Los Alamos County. Comments provided include:

- Our community has access to healthcare; however, we have a high turnover rate amongst providers which negatively impacts the quality of care. There are often long waiting times for specialty care.
- We need an urgent care clinic. Not just an ER where bills are unreasonable and unaffordable for people who do not have Medicaid. We need more access to specialized care as well. We need more dentists that accept Medicaid, and we need eye specialists.

- Due to the remote nature of our community, and the population density, specialty care is very challenging. We really need urgent care and services dedicated to women's health.
- Medical services are limited in sufficiency, accessibility, and timeliness.
- The closest ER or hospital is 30 to 110 miles away.
- Medical services are available, but mental health services are at a much lower quality and are less accessible.

Mental Health Services

Respondents were asked to reflect on the types of mental health services available in the Los Alamos County and indicate if they exist in their community, are sufficiently available to meet their needs, are accessible to all who need it, and can be accessed in a timely manner.



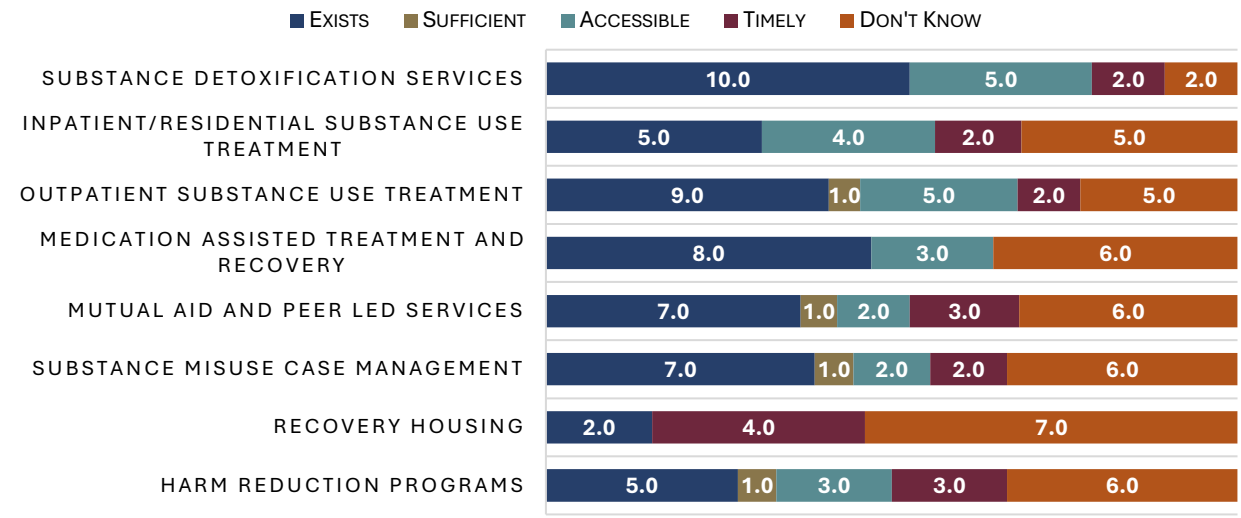
Respondents were then asked to provide any comments regarding the mental health services in the Los Alamos County. Comments provided include:

- Very few mental health resources exist in Los Alamos.
- These services are very much needed in the County, but not really available.
- No mental health resources.
- JJAB does a great job with case management for juveniles. The services widely vary depending on ages.

Substance Misuse Services

Respondents were asked to reflect on the types of substance misuse services available in the Los Alamos County and indicate if they exist in their community, are sufficiently

available to meet their needs, are accessible to all who need it, and can be accessed in a timely manner.

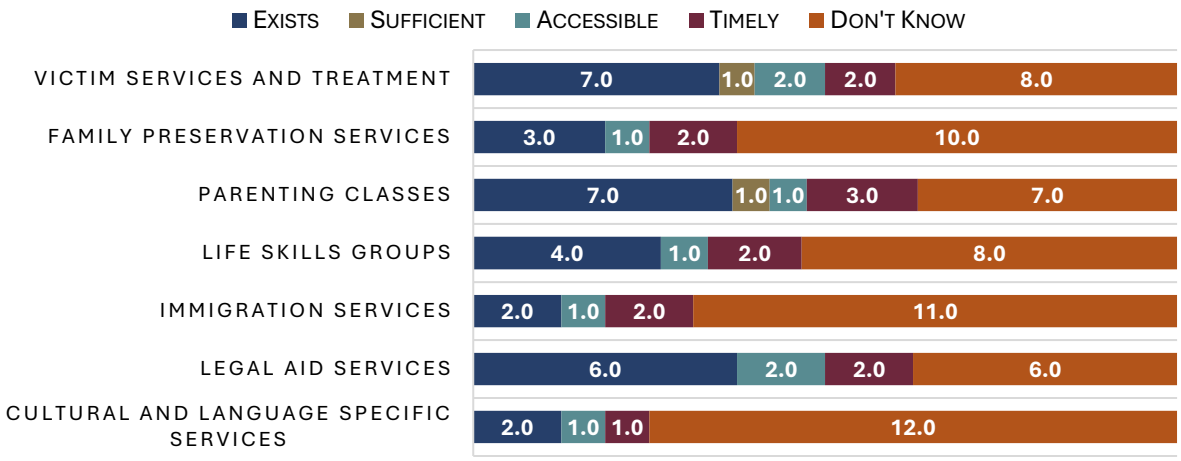


Respondents were then asked to provide any comments regarding the substance misuse services in the Los Alamos County. Comments provided include:

- For the items checked as both “Exists” and “Don't Know,” is meaning to say those services exist, however, it is uncertain as to the availability or level of services that are provided.
- Programs are often fragmented. They tend not to play well with each other. They are misaligned or timed in the care of the patient.
- We need more substance use disorder treatment and resources. We need the rehab facility to open.
- Krossroads has opened at Alta Vista Regional Hospital, but their census is usually not to capacity. Not sure if the existing resources are being fully utilized.
- Minimal, if any, inpatient substance use disorder or recovery housing services in this area.
- Harm reduction is underutilized possibly from competing interests and ideas. Only short term detoxification services are available and outpatient treatment services are heavily slanted in a punitive environment. This makes participation difficult for active users.

Other Services

Respondents were asked to reflect on other types of relevant services available in the Los Alamos County and indicate if they exist in their community, are sufficiently available to meet their needs, are accessible to all who need it, and can be accessed in a timely manner.



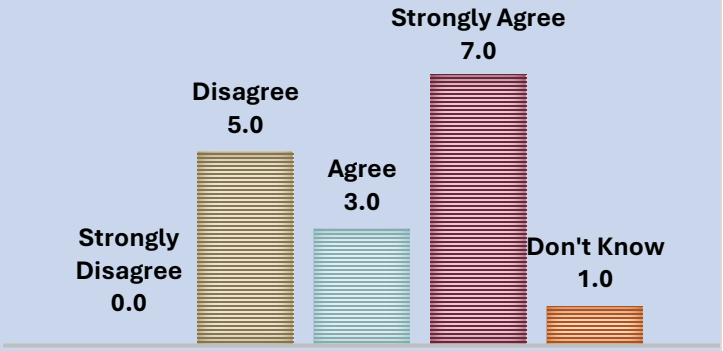
Respondents were then asked to provide any comments regarding other relevant services in the Los Alamos County. Comments provided include:

- Some of our local agencies that are tasked with supporting victims can be very disjointed and difficult to reach. This is concerning given that most of these outreaches are during times when families are in crisis and need support the most.
- These services are often tied to a penalty or court order. It reduces their effectiveness and are discontinued. Today legal aid is provided by phone.
- More of these services would be useful. Need to be more accessible and well known in the community.
- Our district, like most, is underserved. These are important issues due to the lack of funding.

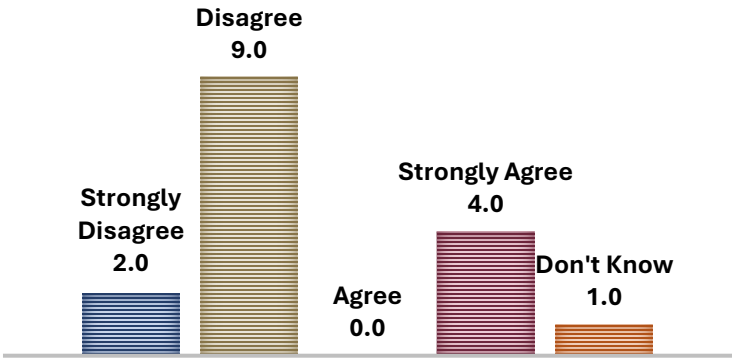
Collaboration and Capacity Building

Respondents were provided with 13 statements regarding the degree of collaboration and capacity building that is present between agencies in the Los Alamos County. These statements were surrounded based on themes of behavioral health and justice. Respondents were asked to choose their level of agreement with each statement on a 5-point scale ranging from Strongly Disagree (1) to Strongly Agree (5), with 'Don't Know' as an additional option. The results of that survey are provided below.

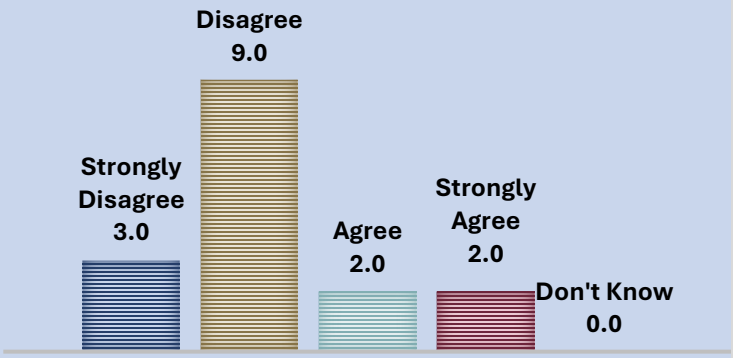
There is cross-system recognition that many adults involved with the justice system experience mental health and substance use disorders. (N=16)



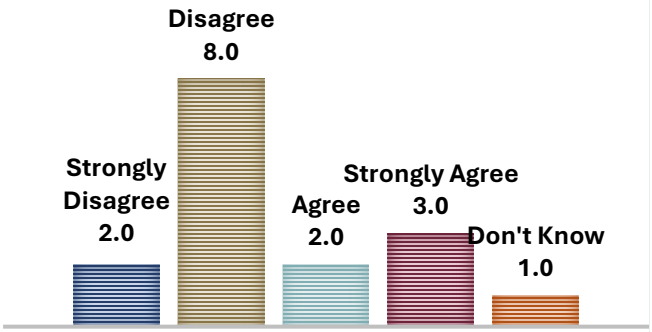
There is cross-system recognition that responding to adults with mental health and substance use disorders is the responsibility of all systems. (N=16)



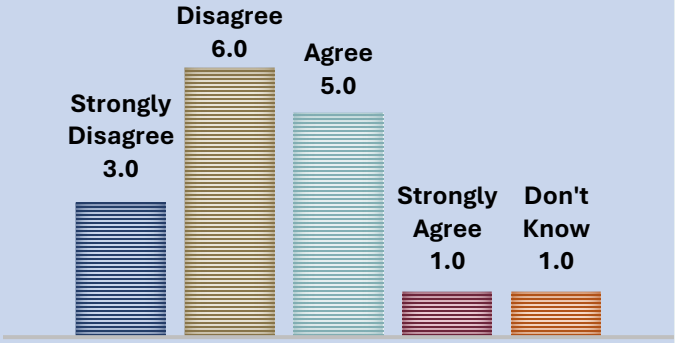
The justice and behavioral health systems are engaged in collaborative and comprehensive efforts to foster a shared understanding of gaps at each point in the justice system. (N=16)



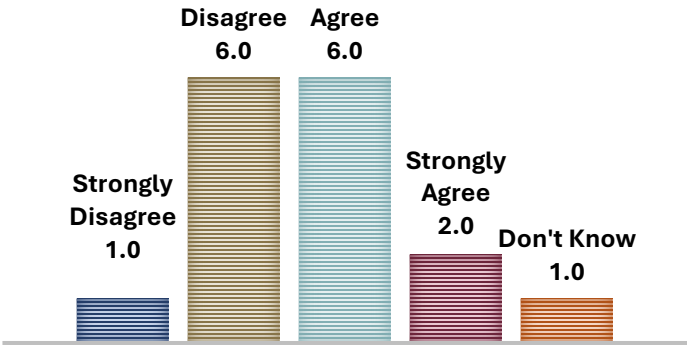
Family members and people with lived experience are engaged as stakeholders in justice and behavioral health collaborations, such as committees, task forces, and advisory boards. (N=16)



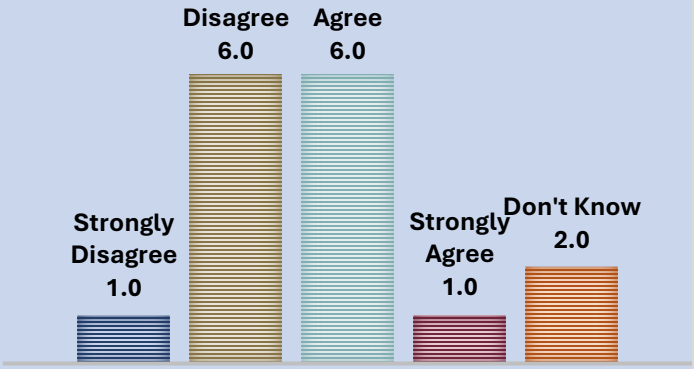
Stakeholders have established a shared mission and common goals to facilitate collaboration between behavioral health, justice, and community systems. (N=16)



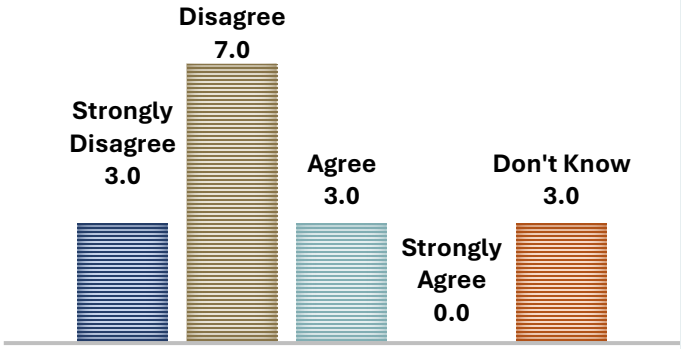
Stakeholders engage in frequent communication on behavioral health issues, including opportunities, challenges, and oversight of exisiting initiatives. (N=16)



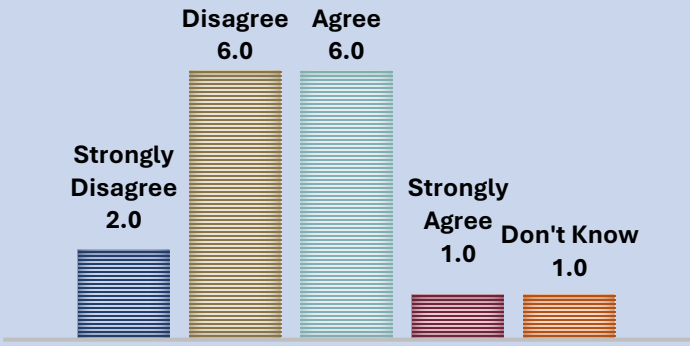
Stakeholders focus on overcoming barriers to implementing effective programs and policies regarding mental illness and substance use disorders. (N=16)



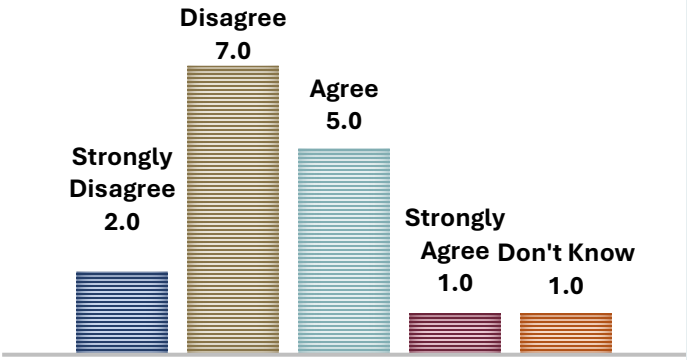
Stakeholders share data on a routine basis for the purposes of program planning, program evaluation, and performance measurement. (N=16)



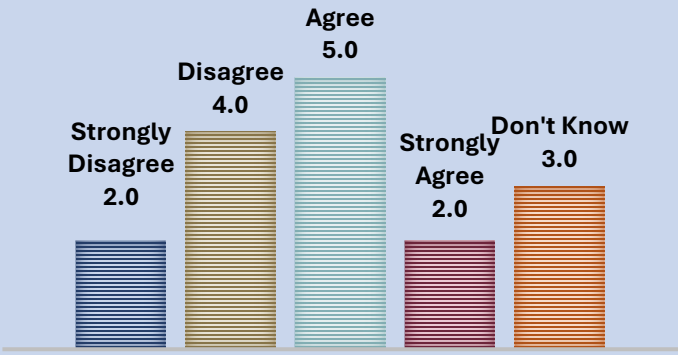
Stakeholders share resources and staff to support initiatives focused on mental illness and substance use disorders. (N=16)



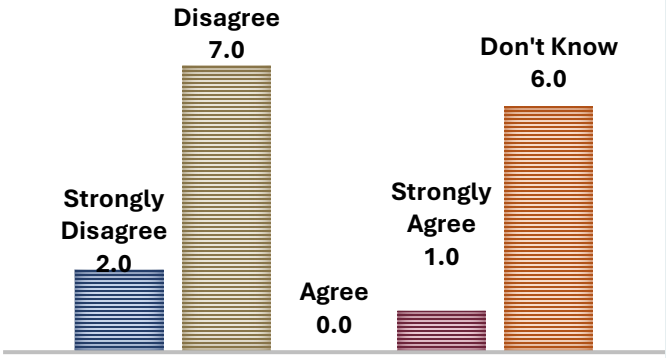
Stakeholders engage in cross-system education and training to improve collaboration and understanding of different agency priorities, philosophies, and mandates. (N=16)



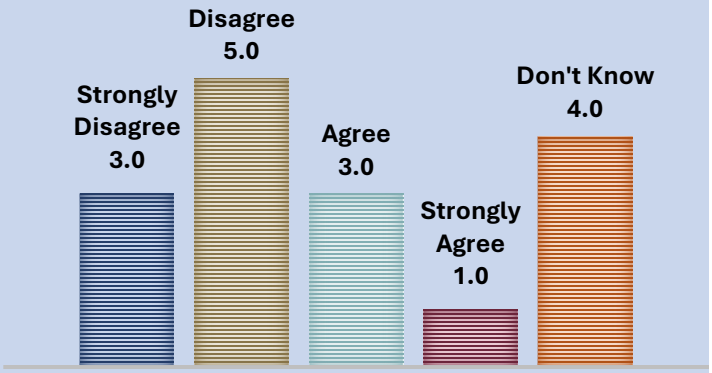
Based on research, evidence, and guidance on best practices, stakeholders are willing to change beliefs, behaviors, practices, and policies relating to mental health and substance use disorders. (N=16)



A comprehensive analysis of funding sources and streams targeting mental health and substance use disorders has been conducted for this region. (N=16)



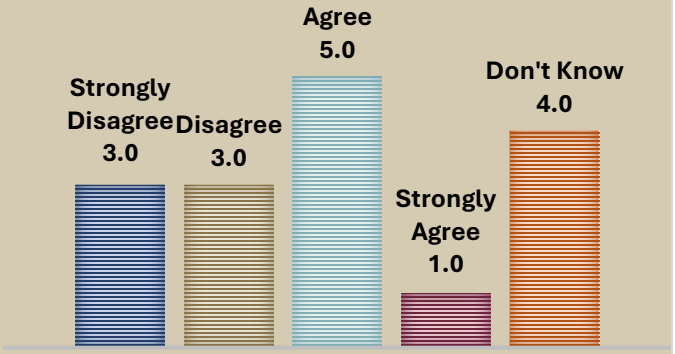
Stakeholders are knowledgeable about trauma-informed and evidence-based strategies for persons with mental health and substance use disorders. (N=16)



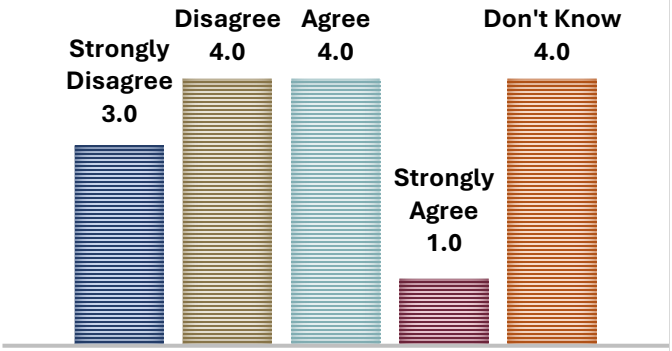
Courts

Respondents were provided with seven (7) statements on the level and type of response from court staff in the Los Alamos County. These statements were based on behavioral health and justice themes. Respondents were asked to choose their level of agreement on a 5-point scale ranging from Strongly Disagree (1) to Strongly Agree (5), with 'Don't Know' as an additional option. The results are displayed below.

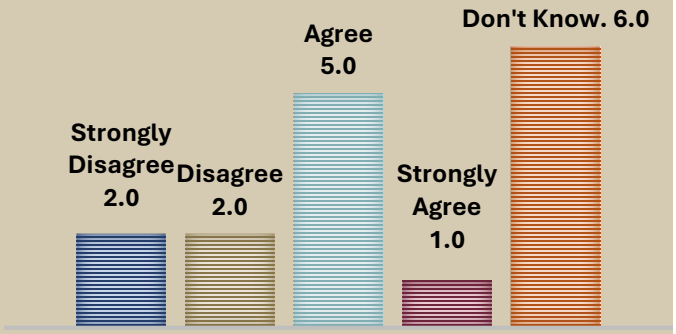
Court staff understand and are supportive of evidence-based strategies to address mental health disorders. (N=16)



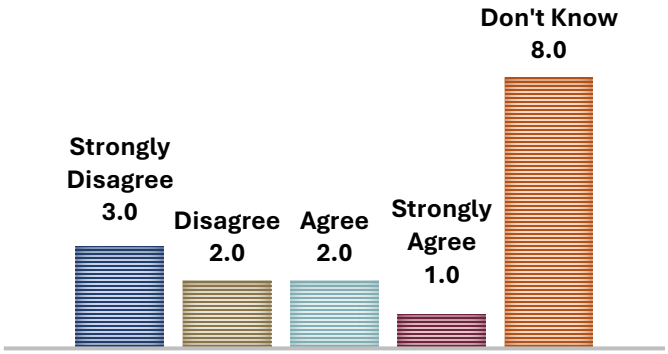
Court staff understand and are supportive of evidence-based strategies to address substance use disorders. (N=16)



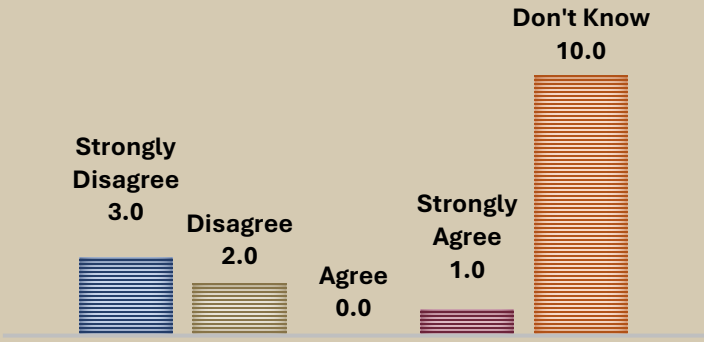
Court staff facilitate access to community-based treatment and services. (N=16)



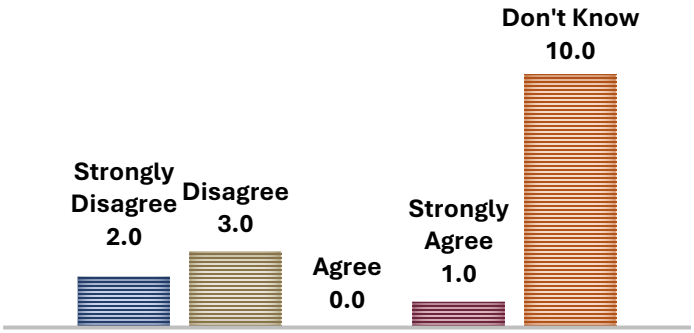
Court staff accept the clinical decisions that medical and behavioral health treatment professionals recommend on the treatment of behavioral health issues. (N=16)



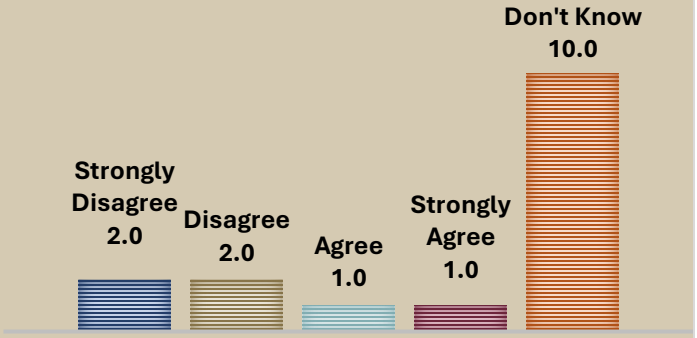
Court staff receive sufficient and regular training on trauma, substance use disorders, mental health, and domestic violence. (N=16)



Court time frames are individualized and tailored to the needs of each person. (N=16)



Court staff elicit and engage the perspective of the court participant in proceedings. (N=16)



Justice and Behavioral Health Resources

This portion of the community assessment collected information on agencies, activities, programs, or initiatives in the Los Alamos County that involve behavioral health and justice.

Crisis

Respondents were asked to list any crisis-related initiatives, programs, activities, etc. available to people with mental health or substance misuse disorders in crisis that can be utilized instead of law enforcement involvement. Their responses are listed below.

- Krossroads New Mexico
- Crisis-related initiatives currently utilize or are involved with law enforcement.
- Mental Health First Aid
- National Alliance on Mental Illness (NAMI)
- Outpatient services in LV. Detox services at Alta Vista Regional Hospital.
- There are inpatient mental health and substance abuse programs and services at Alta Vista Regional Hospital. Currently they do not have enough acute care mental health beds to accommodate those patients who are in acute crisis and do not have a court ordered 30-day stay.

- The 988-phone line. There is over-use of law enforcement and a need for more training on Critical Response Team (CRT) and civil commitment.
- There is a need for behavioral health or other specialized providers could be used.

Law Enforcement

Respondents were asked to list any law enforcement-related initiatives, programs, activities, etc. to deflect or divert people with mental health or substance misuse disorders from the justice system and get them treatment instead. Their responses are listed below.

- Currently, the concept of behavioral health treatment is new. I am not aware of any law enforcement-related initiatives aside from what the courts are doing.
- There is a need to increase the capacity for court ordered inpatient mental health treatment within the state. New Mexico Behavioral Health Institute (NMBHI) can only take 77 patients at a time, and there is a need for more beds within the state.
- The Los Alamos County began court ordering mental health and substance abuse treatment. However, I am unsure of its effectiveness

Jail

Respondents were asked to list any jail-related initiatives, programs, activities, etc. to divert people with mental health or substance misuse disorders from the justice system, provide services while incarcerated, or facilitate community service connections as part of the reentry process. Their responses are listed below.

- Mental health counseling at the local clinic.
- Not aware other than the competency diversion and pretrial program services provided through the District Court.
- Services should be provided while a person is incarcerated. Need a star on medication treatment and as needed. Upon release, we should ensure individuals have a case manager to help them receive consistent care coordination
- RISE program with SMCDC.
- There is a need to provide cognitive or resilience building to reduce post jail relapses.

Prosecution

Respondents were asked to list any prosecutor-led initiatives, programs, activities, etc. to provide people with mental health or substance misuse disorders opportunities for treatment and diversion from traditional prosecution. Their responses are listed below.

- I am not aware of any, other than the competency diversion and pretrial program services being provided through the District Court.
- Prosecutors need to look at all options available.

Court

Respondents were asked to list any court-led initiatives, programs, activities, etc. to provide people with mental health or substance misuse disorders opportunities for treatment and diversion from traditional court processing. Their responses are listed below.

- Competency and Adult/DWI Drug Court
- Behavioral Health Treatment, Competency Diversion, and Pretrial programs.

Probation

Respondents were asked to list any probation initiatives, programs, activities, etc. to provide people with mental health or substance misuse disorders opportunities for treatment and specialized rather than traditional probation services. Their responses are listed below.

- There needs to be coordination with providers.
- There are Adult/DWI Drug Court programs and Behavioral Health Treatment, Competency Diversion and Pretrial programs.
- Services are weakly organized.
- Probation may be linked to successful substance recovery programs. There is also consistent compliance with outpatient mental health treatment and placement in homes providing assistance (certified boarding homes).
- DWI compliance program

Appendix D: Full List of Identified Priorities

Intercept 0	Intercept 1	Intercept 2	Intercept 3	Intercept 4	Intercept 5
• More placements for discharged clients would mean more beds for those in need • Options for emergency room diversion • Peer Crisis Team/More peer on call support • SUD/MH Residential Services • Urgent care (collaborate with local hospitals?) • Mobile Crisis Team • Trauma prevention and treatment • Transportation opportunities	• Provide regular trauma training for all 911 dispatchers • QPR (question, persuade, refer) training • Mental Health First Aid • Healing centric trauma-informed de-escalation training • Programming & community events • More peer supports on call • Mental health crisis team • More presence of police in community	• Peer probation (similar to Judge Lidyard's program) • Peer pretrial services • Competency diversion • Funding and infrastructure for outpatient restoration	• Assisted Outpatient Treatment • Mandatory outpatient competency treatment for nonviolent charges • Improved and reliable primary and integrated care • Education around MAT and cutting someone off of their meds • Increase county funding for transportation services • Mental health counselors and psychiatrist as part of treatment team • Start communication and education about resources and necessary treatment earlier	• Navigators with transportation • Medication Assisted Treatment • Primary Care • Local collaborative meetings with presenters at breakfast to bridge communication gaps • More accessible resources • Vocation/job training for re-entry • Develop updatable resource guide	• Access to providers through telehealth located at agencies • Accessing and scheduling appointments prior to release • Peer probation support, hand holding, and intensive case management • Peer/court navigators • Resources for released inmates
Better communication within and across agencies					
Increase partnerships among community agencies to build stronger support systems and set individuals up for success					

Appendix E: Action Plans

Community Action Planning

Step 1: Divide into groups to explore one priority.

Step 2: Map out each priority: Identify activities, resources, assign leaders, and establish timelines. Also, consider how to communicate the plan and identify barriers, opportunities, and longer-term goals.

Step 3: Connect for the future by providing contact information to be emailed with the draft action plans for all priorities.

Purpose

Develop a purpose statement and explore knowledge and partners needed to accomplish the priority.

Priority	Purpose Statement A single statement that defines what this priority will do for individuals with behavioral health issues in our community:	Knowledge What ***data, training,*** and ***skills*** are needed?	Partnerships Who are the key partners we will need for this (individual or organizations)? ***Consider:*** Are there related activities happening in the community to join?
Increase Behavioral Health Supportive Services (e.g., case management, employment, education, peer support)	To meet individuals where they are by giving a glimpse of hope in providing life skills and basic needs	• Utilizing current resources and building partnerships • Telehealth peer support • Life Skills education (Money management, living skills, employment skills)	• Social Services Department • Los Alamos UNM for education (ages 18 and up are free) after 5 pm • Santa Fe Alumni Peer Support • Community Services • Community Health Council • UNM LA and Labs will assist in resume building • Athena House (Transitional living)

Step 2: Map out the priority

Identify activities, resources, assign leaders, and establish timelines.

Priority 1:			
Activities What tasks absolutely need to happen to help children and families in our community?	**Resources** What time, materials, people, or funding are needed to achieve the activities?	**Leaders** Assign two (2) people with knowledge/authority to make this happen, who will be responsible for leading these action steps **and tracking progress.**	**Timeline** Can this be done in 1 week, 1 month, 3 months (short-term), or more (long-term outcomes)?
• Verify the population needing support • Creating a space for peer support connection • Building a peer support community • Find a way to centralize a location to assist in meeting basic needs	• Social Services Department's connection with Peer Support in Santa Fe • CJCC Committee • County Council Buy-in • Local spaces when holding these meetings • Community Health Council (has sub-committees) • Community outreach (educating the community to break the stigma on peer support and mental health) • OPRE in posting a job positions	1. Michelangelo 2. Elizabeth 3. Kateri Eisnenberg 4. Abbey Chavez & Yvonne Archuleta with AOC for any additional support that is needed	1. Schedule a meeting with members of the Los Alamos CJCC by July 31st 2. Collect data to verify the population by August 2025
If you have time, consider the following....			
How will expectations and updates be communicated for this priority?	Emails and meeting notes		
How can we track the outcomes for this priority?	Click or tap here to enter text.		
Long-term (6+mos) ideas for this priority:	Update on the ability to move forward on a temporary position or a permanent.		
Potential barriers to this priority:	Time, funding, partnerships, people, information, no buy-in		
Other ideas or opportunities around this priority?	Click or tap here to enter text.		
Our Next Step Is....	Click or tap here to enter text.		

Step 3: Connect for the future

Provide contact information to be emailed with draft action plans for all priorities.

Name	Organization/Role	Email Address
Elizabeth Birocco	Los Alamos Medical Center Case Management	elizabeth.birocco@lpnt.net
Michelangelo Lobato	Los Alamos National Laboratory Occupational Medicine	mlobato@lanl.gov
Iven Benavidez	1JDC Probation officer II	sfedivb@nmcourts.gov
Marcella Armijo	1st Judicial District Court Program Manager	sfedmfa@nmcourts.gov
Kathleen Vigil	1st Judicial District Court, Court Executive Officer	sfedkjv@nmcourts.gov
Michael Sisneros	1st Judicial District Court Pretrial Services Officer II	sfedjms@nmcourts.gov
Colleen Cilwick	Law Offices of the Public Defender, Case Manager	colleen.cilwick@lopdnm.us
Kateri Eisenberg	1st Judicial District Court Staff Attorney	sfedkhe@nmcourts.gov
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Community Action Planning

Step 1: Divide into groups to explore one priority.

Step 2: Map out each priority: Identify activities, resources, assign leaders, and establish timelines. Also, consider how to communicate the plan and identify barriers, opportunities, and longer-term goals.

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Purpose

Develop a purpose statement and explore knowledge and partners needed to accomplish the priority.

Priority	Purpose Statement A single statement that defines what this priority will do for individuals with behavioral health issues in our community:	Knowledge What ***data***, ***training***, and ***skills*** are needed?	Partnerships Who are the key partners we will need for this (individual or organizations)? ***Consider:*** Are there related activities happening in the community to join?
Institute Community Mental Health & Substance Use Treatment	Increase the consistency and accessibility of substance use and mental health treatment services.	• Health & Awareness Campaign (to promote education about substance use and mental health issues and overall health) – people with lived experience can share their stories • Data on how many referrals for substance use treatment are made per year • ER admissions related to mental health or substance use issues • Appropriately licensed therapists, peer support & prescribers • Jail data of individuals with alcohol/substance use & mental health issues • Community survey based around mental health, substance use and holistic health • Ask/survey mental health providers in town how many people they serve	• Telehealth – Bright Heart Health & others • RAC Stop (Rio Arriba county) Outreach Program • Jail • SMART • LANL • Hospital • Law Enforcement • Providers • Connections App • Partner with San Ildefonso

Step 2: Map out the priority

Identify activities, resources, assign leaders, and establish timelines.

Priority 1:			
Activities What tasks absolutely need to happen to help children and families in our community?	**Resources** What time, materials, people, or funding are needed to achieve the activities?	**Leaders** Assign two (2) people with knowledge/authority to make this happen, who will be responsible for leading these action steps **and tracking progress.**	**Timeline** Can this be done in 1 week, 1 month, 3 months (short-term), or more (long-term outcomes)?
• **Training for therapists or local providers (substance use training)**	• County funding (opioid settlement fund) • Trained therapists • Training – quarterly	1. Jessica Strong 2. Elizabeth Allen	6-12 moths
• **Connections App (CHESS Health)**	• Free • Get materials to put up at probation, courthouse, jail and SMART Recovery	1. Elijah Meason 2. Monica Schwiner	6 weeks
• **Contract with Telehealth Provider**	• Will use opioid settlement funding • IPads/phones (T-Mobile Program) • Braided funding	1. Jessica Strong 2. Elizabeth Allen	6 months
• **MAT**	• Connecting with local providers • Connect Mountain Center for mobile services • Funding – possible opioid settlement funding	1. Juanita McNiel 2. Elizabeth Allen	12 months
If you have time, consider the following....			
How will expectations and updates be communicated for this priority?	Group email (email addresses distributed today) & virtual meetings as necessary		
How can we track the outcomes for this priority?	During monthly CJCC meetings		
Long-term (6+mos) ideas for this priority:	The statement is a long-term goal; MAT		
Potential barriers to this priority:	Staffing, training providers, turnover, funding, acquiring data and utilization		
Other ideas or opportunities around this priority?	Click or tap here to enter text.		
Our Next Step Is....	Click or tap here to enter text.		

Step 3: Connect for the future

Provide contact information to be emailed with draft action plans for all priorities.

Name	Organization/Role	Email Address
Erica Bustos	Los Alamos County Jail/Sgt.	Erika.bustos@lacnm.us
Elizabeth Allen	Municipal Judge	Elizabeth.allen@lacnm.us
Juanita Mcniel	Court Administrator	Juanita.mcniel@lacnm.us
Jordan Redmond	Los Alamos Family Counsel	Jordan.r@la-fc.org
Monica Schwiner	Probation	Monica.schwinder@lacnm.us
Annette Rougemont	LOPD	Annette.rougemont@lopdnm.us
Julie Ball	LOPD	Juliea.ball@lopdnm.us
Elijah Meason	Darrin's Place	elijahm@darrinsplace.com
Suzanne Lujan	Darrin's Place	suzannel@darrinsplace.com
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Community Action Planning

Step 1: Divide into groups to explore one priority.

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Purpose

Develop a purpose statement and explore knowledge and partners needed to accomplish the priority.

Priority	Purpose Statement A single statement that defines what this priority will do for individuals with behavioral health issues in our community:	Knowledge What ***data***, ***training***, and ***skills*** are needed?	Partnerships Who are the key partners we will need for this (individual or organizations)? ***Consider:*** Are there related activities happening in the community to join?
Develop and Implement Mobile Crisis Response / Co-Responder Model	Click or tap here to enter text.	• Data - Where to start - An analysis of several data points may be needed - Overdose/DV-No Charge/High Utilizers/Suicide/Crisis Calls for service - How do we identify and track? Can we pull historical data	• Community Services • Police • Fire • Prosecution/Defense • Transportation Services

Step 2: Map out the priority

Identify activities, resources, assign leaders, and establish timelines.

Activities What tasks absolutely need to happen to help children and families in our community?	**Resources** **What time, materials, people, or funding are needed to achieve the activities?**	**Leaders** **Assign two (2) people with knowledge/authority to make this happen, who will be responsible for leading these action steps and tracking progress.**	**Timeline** **Can this be done in 1 week, 1 month, 3 months (short-term), or more (long-term outcomes)?**
• Find a spark - identify a population for addressing needs	• Data from Medicaid billing - dispatch - police records	1. Police 2. Social Services	1-3 months
• Reach In - Warm hand off • Follow Up from Social Services	• Process to advise and request follow up services - How do police hand off during daytime and off hours? • Increase case manager involvement • Develop Peer Support to provide long term resource connection • Develop community volunteer resources - a day or two per week times multiple peers or trailing resources	1. CJCC 2. Jessica - Social Services	1-3 months Training across both departments will be necessary to develop a strong link between police and after hours referrals to real-time connection to social services
• CIT/Crisis Training for Officers • CIT/Crisis Training for Fire/EMT-B • Can we create co-responder teams leveraging resources from both police and fire?	• Can we get the appropriate CIT trained officers to the 40 hour training - New Hire requirement long term? • Fire Transport bypass for mental health crisis - how do we obtain further level of services if crisis cannot be de-escalated?	1. Police 2. Training	Months - Years

If you have time, consider the following....

How will expectations and updates be communicated for this priority?	Click or tap here to enter text.
How can we track the outcomes for this priority?	Click or tap here to enter text.
Long-term (6+mos) ideas for this priority:	Click or tap here to enter text.
Potential barriers to this priority:	Staffing for need, connection to services and fast tracking for connected high utilizers
Other ideas or opportunities around this priority?	Click or tap here to enter text.
Our Next Step Is....	Click or tap here to enter text.

Step 3: Connect for the future

Provide contact information to be emailed with draft action plans for all priorities.

Name	Organization/Role	Email Address
Liz Counce	1st Judicial District Attorney's Office	Click or tap here to enter text.
Krista Kelley	1st Judicial District Criminal Justice Coordinating Council	Click or tap here to enter text.
Judge Jason Lidyard	1st Judicial District Court	Click or tap here to enter text.
Mary McCleary	Law Office of the Public Defender	Click or tap here to enter text.
Christal Quintana	Los Alamos Police Department	Click or tap here to enter text.
Chief Dino Sgmbellone	Los Alamos Police Department	Click or tap here to enter text.
Jessica Strong	Los Alamos Social Services	Click or tap here to enter text.
Judge Catherine Taylor	Los Alamos Magistrate Court	Click or tap here to enter text.
Kirk Williamson	Los Alamos Police Department	Click or tap here to enter text.
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Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
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