



New Mexico 4th Judicial District Community Mapping



Project Team

National Center for State Courts

Liz Barnhart
Danielle Young

New Mexico Judicial Branch

Stacey Boone
Abbey Chavez
Yvonne Archuletta
Ariel Small
Adriana Lott

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The points of view expressed in this report are those of the authors and do not necessarily represent the official position or policies of the New Mexico Judicial Branch.

Cover Photo: Las Vegas mural on the side of the Lowe's Super Save Discount Food Store, 6th Street near Mill Avenue taken June 10, 2025. Photo Credit: Liz Barnhart

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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 Fourth Judicial District Community Mapping Workshop, which was the third workshop in the series throughout the state. Approximately 30 representatives from Guadalupe, Mora, and San Miguel counties 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 Change¹

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 Responses²

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.

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>

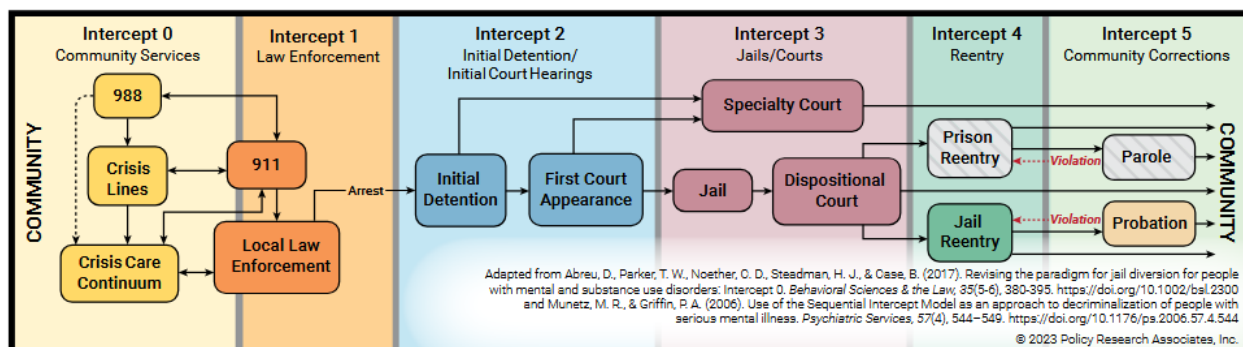
² NCSC (2022). Strategic Planning through Sequential Intercept Mapping. <https://ncsc.contentdm.oclc.org/digital/collection/ctadmin/id/2491/rec/6>

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 intercept⁴ 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

| | |
|---|--|
| <p>Intercept 1</p>  | <p>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.</p> <p>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.</p> <p>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.</p> <p>Dispatcher training. Dispatchers should coordinate with 988 and understand triage protocols.</p> |
| <p>Intercept 1</p>  | <p>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.</p> <p>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.</p> <p>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.</p> |
| <p>Intercept 2</p>  | <p>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.</p> <p>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.</p> <p>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.</p> |
| <p>Intercept 3</p>  | <p>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.</p> <p>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.</p> <p>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.</p> |

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.

⁵SAMHSA'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

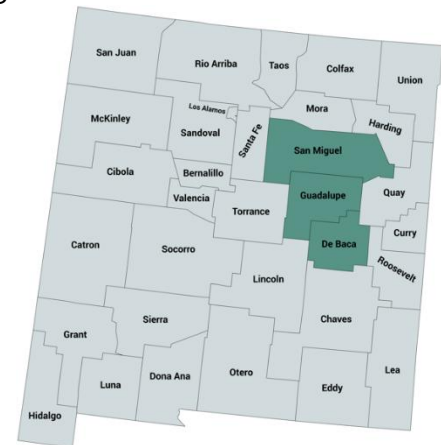
for ensuring the priorities identified during the mapping workshop are addressed through community collaboration.

Community Survey

Prior to the workshop, NCSC surveyed the prospective attendees of the Community Mapping, which encompasses Guadalupe, Mora, and San Miguel counties, 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 people with mental health and substance use disorders. Results in their entirety may be viewed in [Appendix C](#).

Workshop

The NCSC project team facilitated the 4th Judicial District Community Mapping Workshop over the course of two days in June 2025. Judge Christian Montano welcomed participants and set the stage for how the community would utilize the information from the workshop to address areas of need in Guadalupe, Mora, and San Miguel counties 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 4th Judicial District 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 4th Judicial District 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.



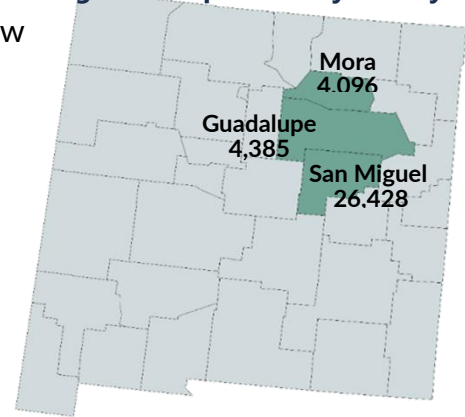
The Community Landscape

Relevant data and statistics on 4th Judicial District 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, San Miguel, Guadalupe, and Mora counties rank 17th, 27th, and 28th in population, respectively.⁶ The total population for the district is 34,909 over 9,678 square miles, for a population density of 3.6 people per square mile, with San Miguel being the most populous at 5.7 people per square mile, followed by 2.2 in Mora, and 1.1 in Guadalupe county.⁷ All three counties have seen population loss since 2020, ranging from -2.77% to -4.39%. The population loss for the District since 2000 is striking. While the US and New Mexico populations both grew by 16-18% between 2000 and 2023, the counties in the district had out migration, shrinking the population during that same time period by -8.2 to -19.8%. While many rural communities have seen a rebound in population since 2020, the 4th Judicial District collectively saw about a -3.35% continuation in population decline.

Figure 3: Population by County



Demographics

Guadalupe is the youngest of the three counties in the 4th Judicial District, with a median age of 41.6 years, and majority (64.3%) of residents under 45 years of age. Mora has the oldest population in the District, with 60.4% of residents falling into the 45 and above categories, and a median age of 58.5 years. San Miguel falls in between with a median age of 46.8 years and a majority (51.5%) of residents falling into the 45+ range.⁸

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 San Miguel, Mora, and Guadalupe County Wikipedia Pages accessed June 15, 2025

https://en.wikipedia.org/wiki/San_Miguel_County,_New_Mexico

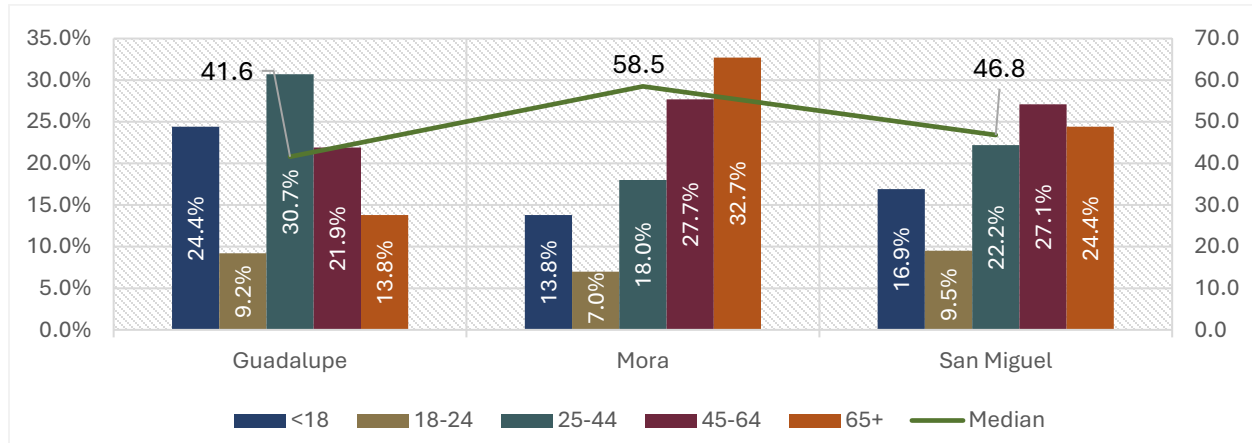
https://en.wikipedia.org/wiki/Mora_County,_New_Mexico

https://en.wikipedia.org/wiki/Guadalupe_County,_New_Mexico

⁸ US Census American Community Survey Guadalupe, Mora, and San Miguel County Age and Sex web pages accessed June 15, 2025.

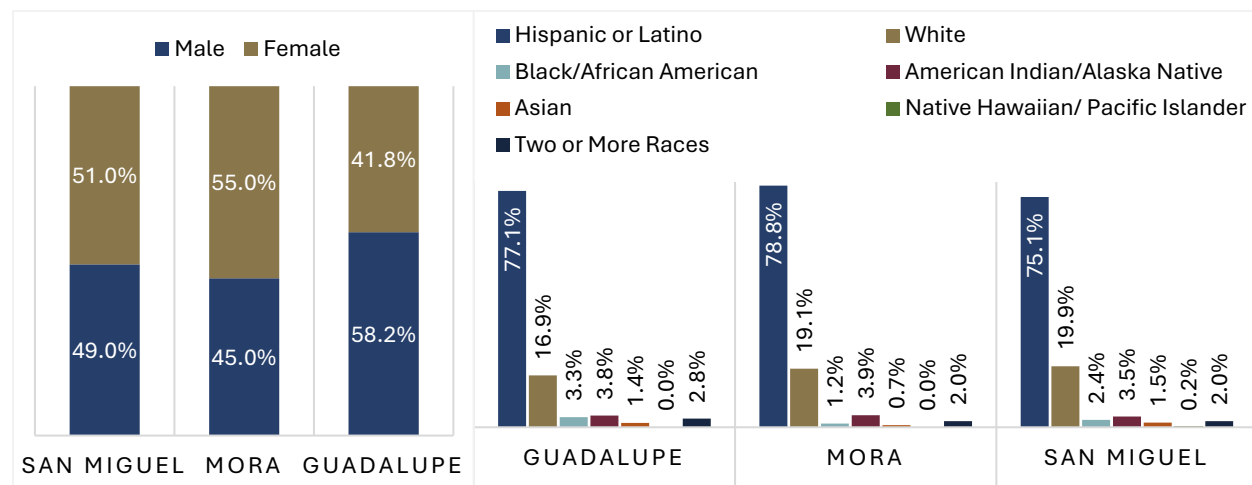
<https://data.census.gov/table/ACSST5Y2023.S0101?q=Guadalupe%20County%2C%20New%20Mexico>

Figure 4: Age of Residents by County



The majority of residents in the 4th Judicial District are male (50.2%) and Hispanic (74.9%).⁹

Figure 5: Sex and Race of Residents by County



<https://data.census.gov/table/ACSST5Y2023.S0101?q=Mora%20County%2C%20New%20Mexico>

<https://data.census.gov/table/ACSST5Y2023.S0101?q=San%20Miguel%20County%2C%20New%20Mexico>

⁹ US Census American Community Survey Guadalupe, Mora, and San Miguel County Demographic and Housing Estimates web pages accessed June 15, 2025

<https://data.census.gov/table/ACSDP5Y2023.DP05?q=guadalupe%20County%2C%20New%20Mexico>

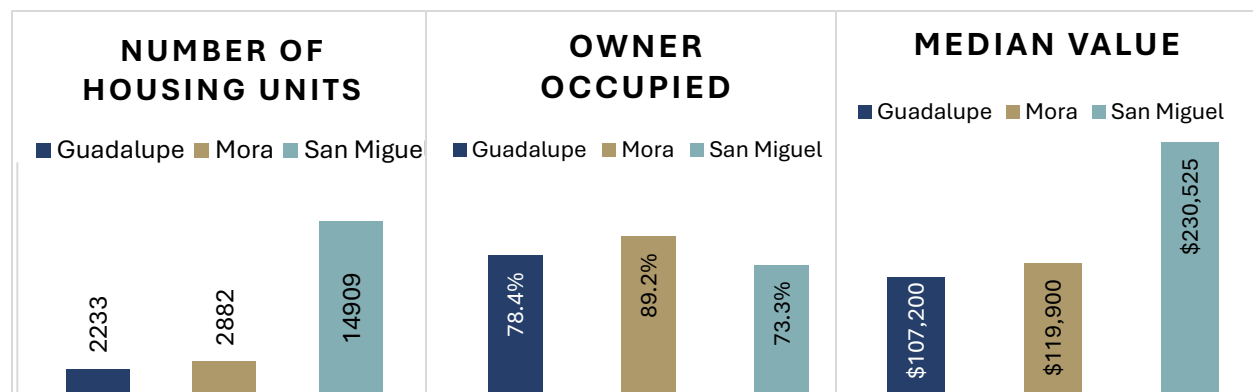
<https://data.census.gov/table/ACSDP5Y2023.DP05?q=Mora%20County%2C%20New%20Mexico>

<https://data.census.gov/table/ACSDP5Y2023.DP05?q=San%20Miguel%20County%2C%20New%20Mexico>

Housing, Education, Access to Technology, Employment, and Income

As the largest and most populous county in the District, San Miguel has the highest number of housing units with the highest median value at \$230,525. In all counties, the majority of housing is owner occupied, with nearly 90% of housing in Mora being owner occupied.

Figure 6: Housing by County



The majority of people in the District have a high school education or higher. Mora county has the highest percentage (93.8%) of residents with a high school education or higher, while San Miguel county has the highest percentage (26.2%) of residents with a bachelor's degree or higher. This is below the state percentage of 30.2%, however.¹⁰

Most households in the district have computers in the household, though the percentage for all three counties is lower than the state percentage by 6-12%. Internet in the home is a lower percentage, with Mora county at less than 60% of households, and Guadalupe and San Miguel at about 75% of households. This is significantly lower than the state, which has 7-26% more households with internet than the counties in the District.¹¹

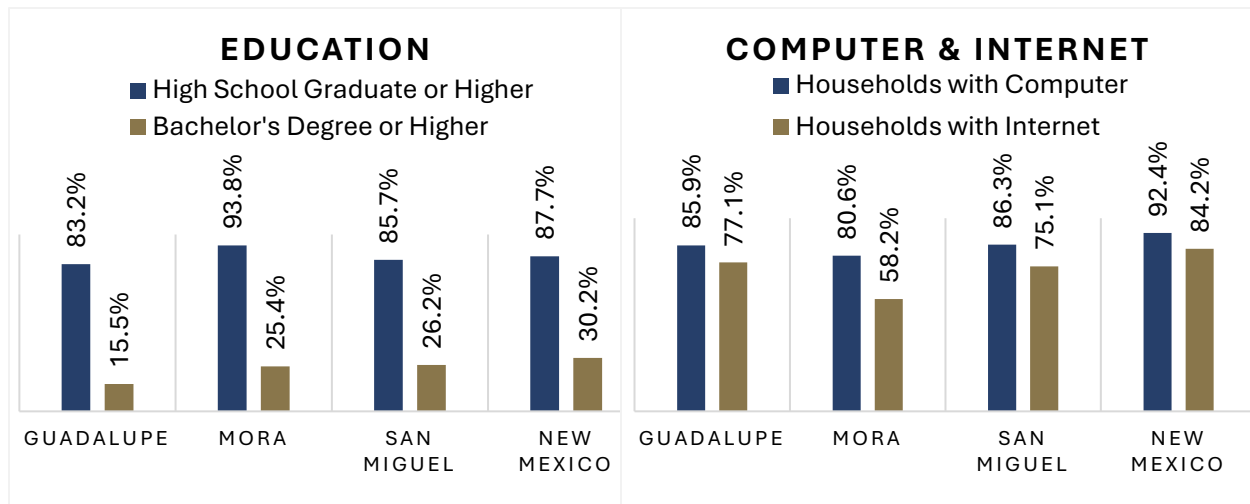
¹⁰ US Census American Community Survey Guadalupe, Mora, and San Miguel County Selected Characteristics of the Total and Native Populations in the United States web pages accessed June 15, 2025

<https://data.census.gov/table/ACSST5Y2023.S0601?q=guadalupe%20County%2C%20New%20Mexico>

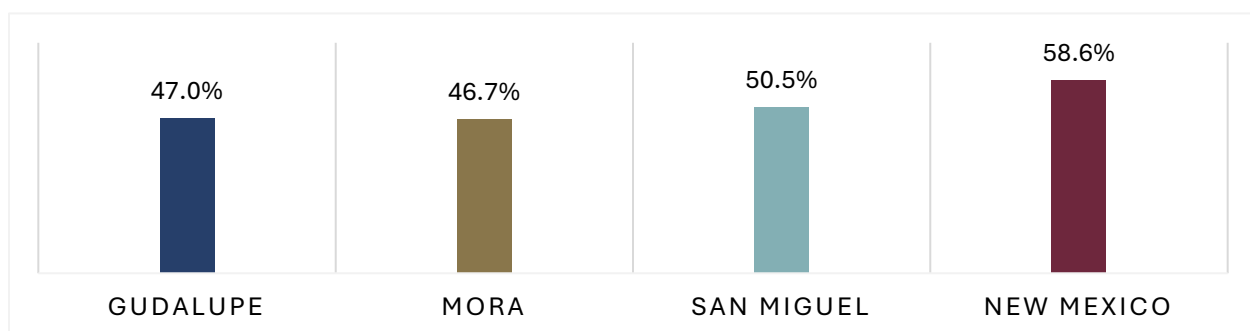
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<https://data.census.gov/table/ACSST5Y2023.S0601?q=San%20Miguel%20County%2C%20New%20Mexico>

¹¹ US Census American Community Survey Guadalupe, Mora, and San Miguel counties Computers in Household web page accessed June 15, 2025.

Figure 7: Education and Access to Technology by County

The percentage of residents 16 years of age and older participating in the workforce is lower for all three counties in the District than for the state average. Guadalupe county data show that employment is the lowest across age categories overall, but remains fairly steady across all categories. Mora county has very high workforce participation for adults aged 18-34, then participants drop off in the 35+ categories. San Miguel sees the greatest workforce participation for 25-34 year olds.¹²

Figure 8: Employment by County

<https://data.census.gov/table/ACSDT5Y2023.B28010?q=%20mora%20county%20New%20Mexico%20B28010%3A%20COMPUTERS%20IN%20HOUSEHOLD&g=050XX00US35019%2C35047>

¹² US Census American Community Survey Guadalupe, Mora, and San Miguel County Employment Status web pages accessed June 15, 2025

<https://data.census.gov/table/ACSST5Y2023.S2301?q=guadalupe%20County%2C%20New%20Mexico>

<https://data.census.gov/table/ACSST5Y2023.S2301?q=san%20miguel%20County%2C%20New%20Mexico>

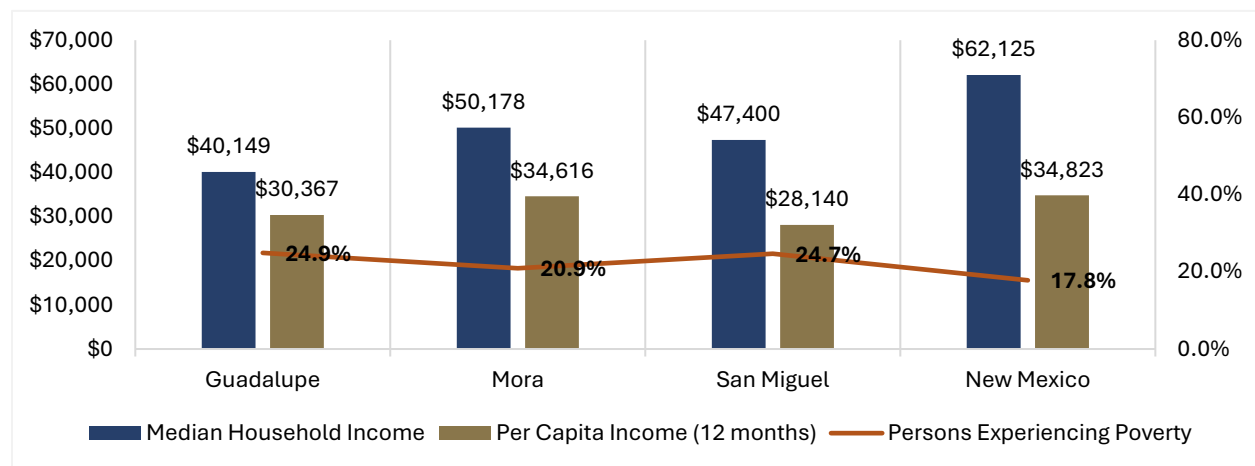
<https://data.census.gov/table/ACSST5Y2023.S2301?q=mora%20County%2C%20New%20Mexico>

<https://data.census.gov/table/ACSST5Y2023.S2301?q=mora%20County%2C%20New%20Mexico>

Median incomes in the District are significantly lower than the state average in all three counties, while the per capita income is only slightly lower for Mora county, but significantly lower for Guadalupe and San Miguel where the differences are nearly 25%.

Persons experiencing any level of poverty are also significantly higher in all three counties compared to the state average.¹³

Figure 9: Income and Poverty by County



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.¹⁴

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 2020.¹⁵

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. Guadalupe County had the lowest suicide death rates for the District between 2016 & 2020, while Mora County had the highest.

¹³ See *infra*, pp.16

¹⁴ Reinert, M, Fritze, D & Nguyen, T (July 2024). "The State of Mental Health in America 2024." Mental Health America, Alexandria VA.

¹⁵ 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 Year, New Mexico and US, 1995 to 2021

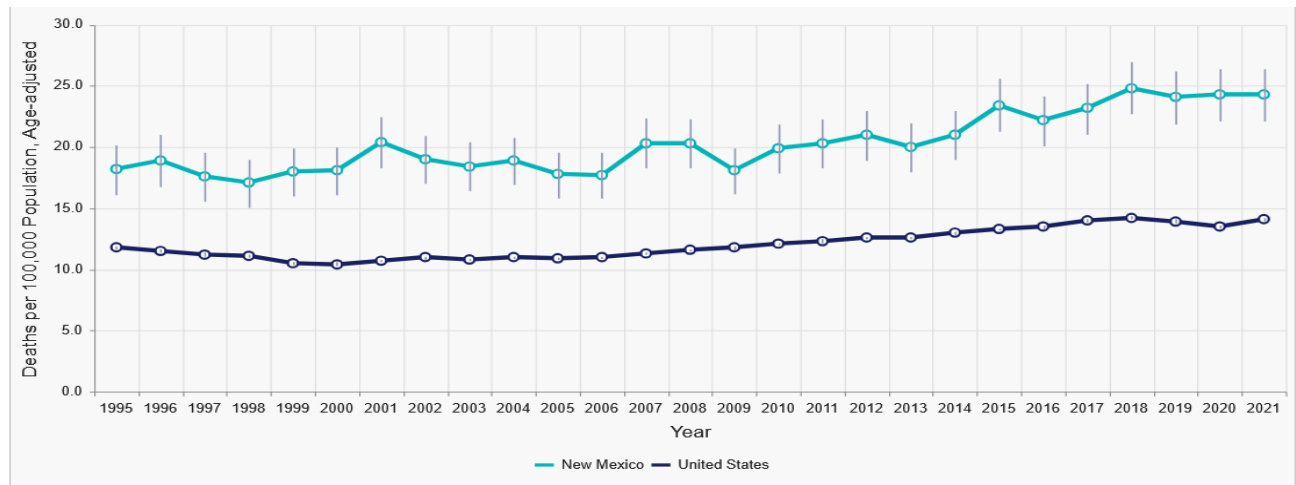
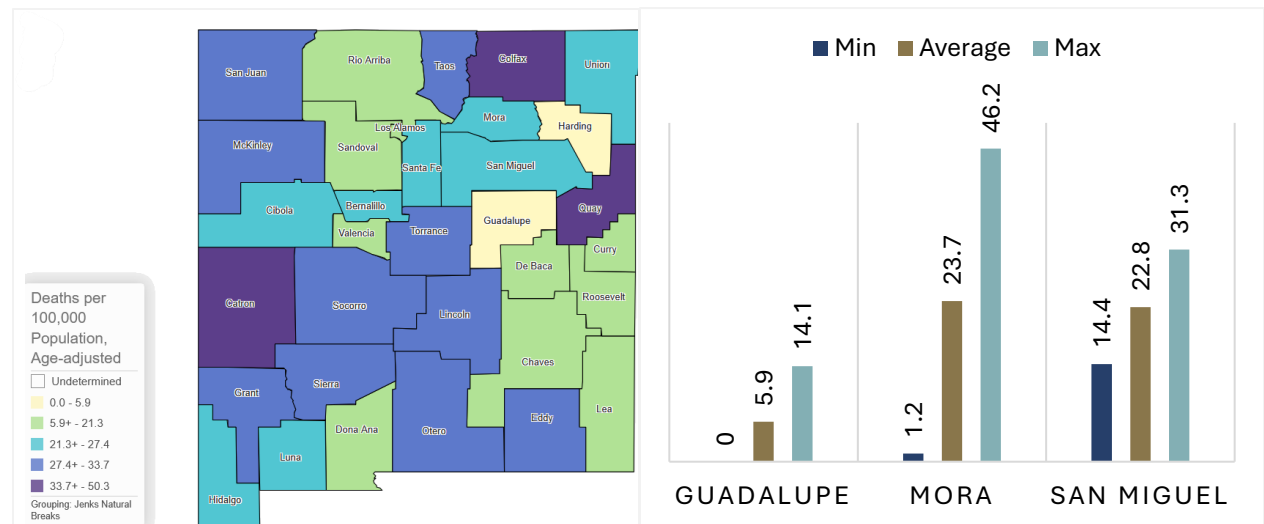


Figure 11: Suicide Deaths by County, 2016-2020 (Deaths per 100,000 Population, Age Adjusted)



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. The 5-year rates for males in Rio Arriba and females in Guadalupe counties were the highest among all counties.

Figure 12: New Mexico Overdose Deaths 2013 to 2021 by Substance¹⁶

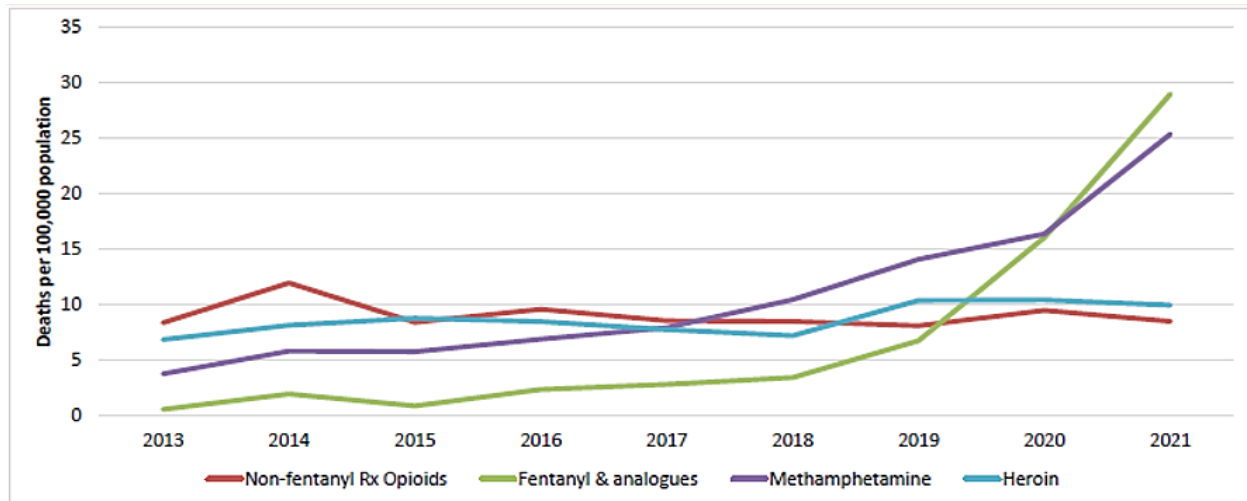
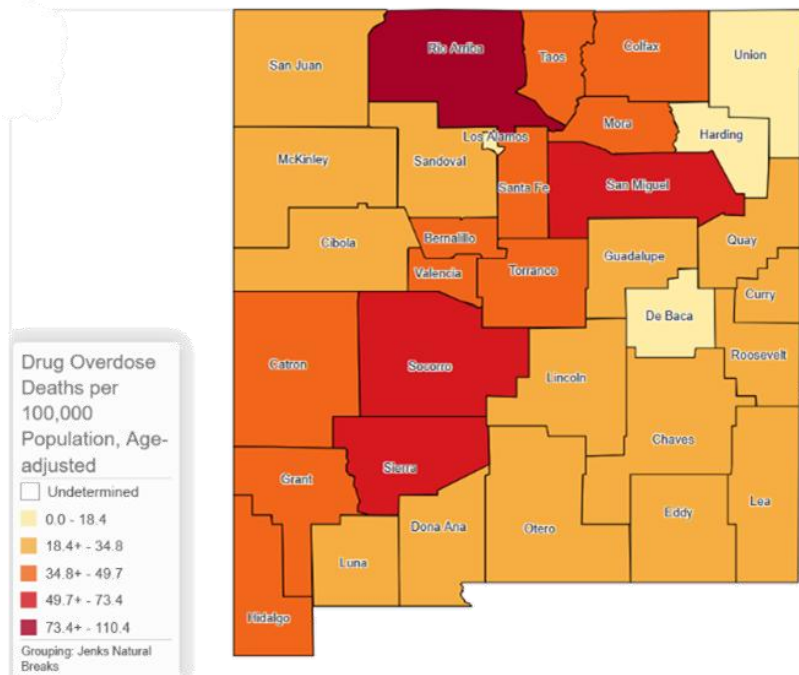


Figure 13: Drug Overdose Death Rates by County, New Mexico, 2018-2024

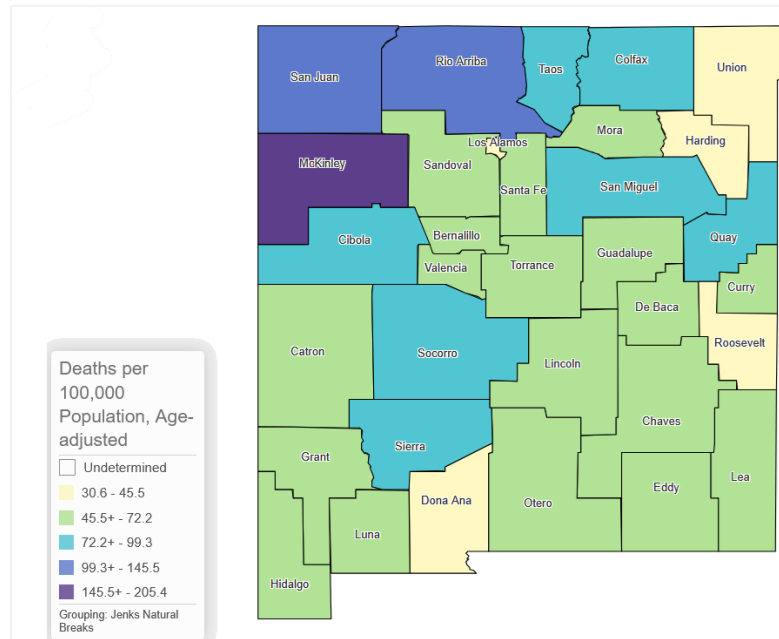
San Miguel County had the 4th highest total average overdose death rate (66.4 deaths per 100,000) for this timeframe. Mora County was 11th with 41.5 deaths per 100,000 and Guadalupe County was 17th with 33.2 deaths per 100,000.



¹⁶ 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 14: Alcohol Related Deaths by County, New Mexico, 2016-2020

San Miguel led the District in alcohol-related deaths between 2016-2020 and ranked 6th in the state, with a rate of 87.1 deaths per 100,000 people. Guadalupe ranked 13th with a rate of 70.1 deaths per 100,000 people, and Mora county ranked 15th with a rate of 68.3 deaths per 100,000 people. All three counties had 20 or more alcohol-related deaths per year, and rates more than twice the U.S. rate.



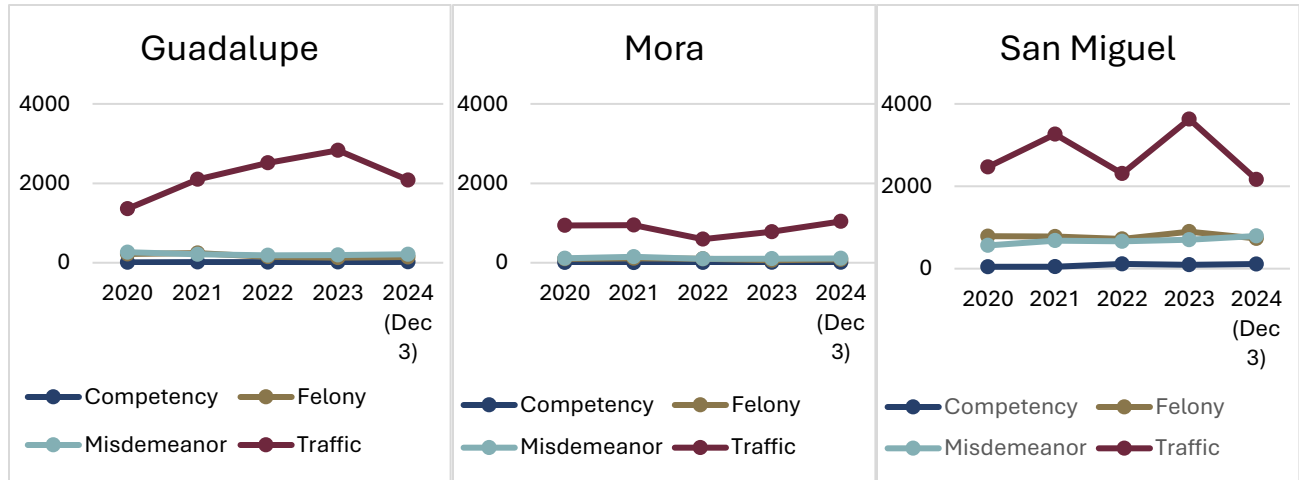
Court Filings¹⁷

Competency cases in all three counties doubled over the nearly 5-year period. San Miguel and Guadalupe courts saw a change in criminal and traffic filings from 2020 and 2021, likely due to the handling of backlog cases from the pandemic. Mora saw a similar change from 2022 to 2022, with a significant drop off in all felony and misdemeanor cases and an increase in traffic cases in 2023. An upward trend in filings was seen in 2024 for all criminal and traffic cases. San Miguel saw a significant increase in all criminal and traffic filings in 2023, with a drop off in 2024 for traffic and felony cases, and an increase in misdemeanor cases. Guadalupe's criminal cases were lower in 2022 and 2023 than in all other years, with a rebound in felony and misdemeanor cases and a decrease in traffic cases in 2024.

¹⁷ 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

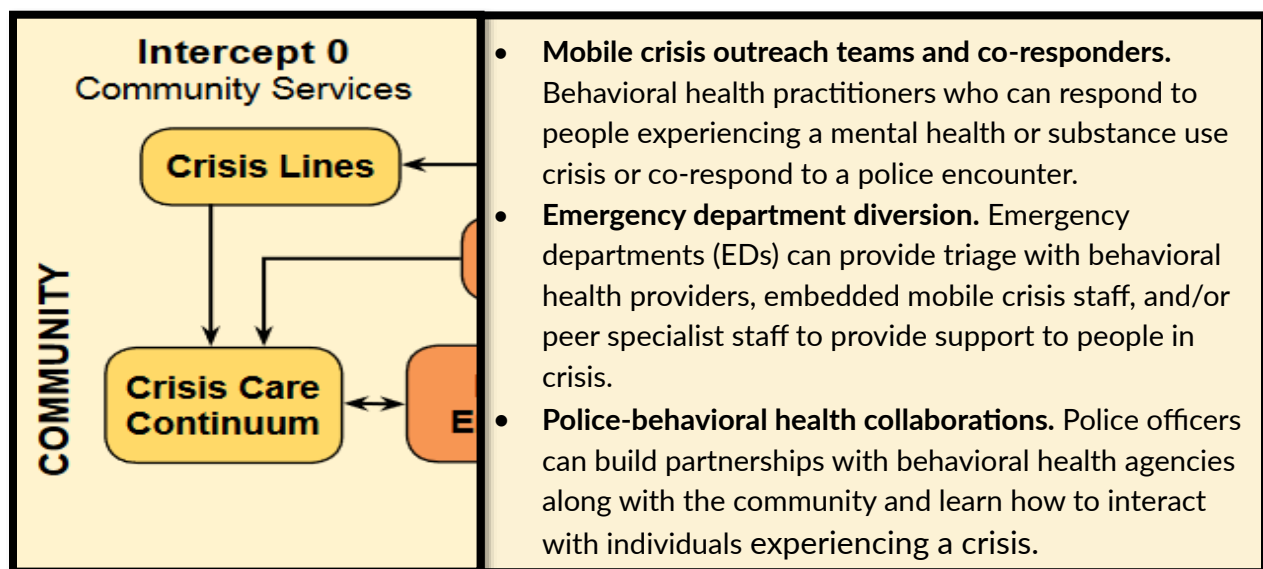
Figure 15: Annual Court Filings from 2020 through 2024 by County and Type



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.

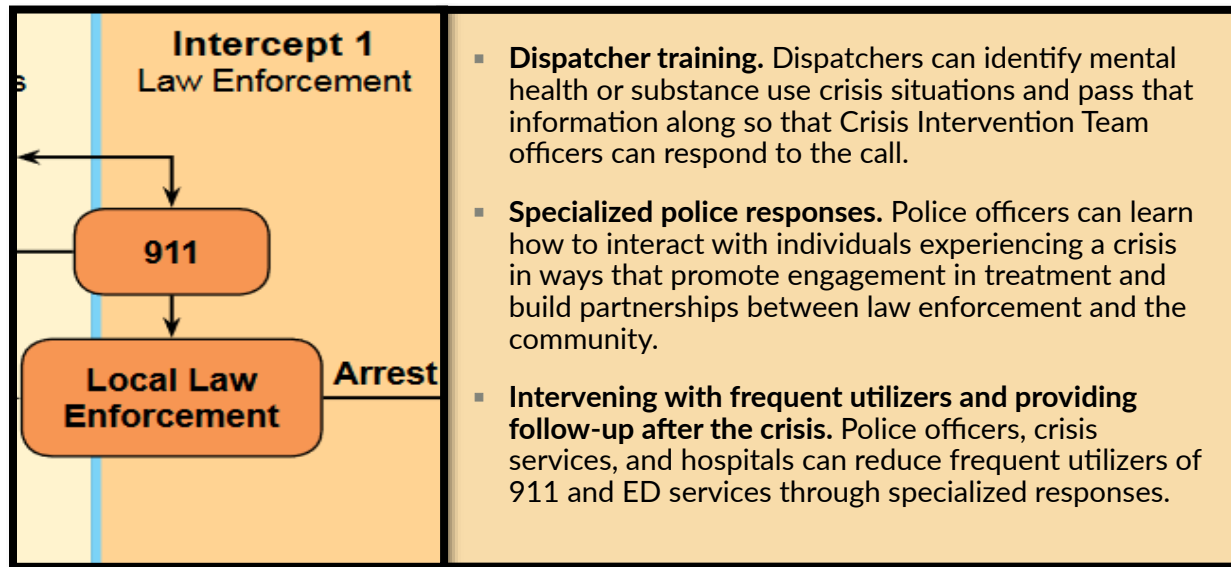
Intercept 0 – Crisis and Community Services



Resources & Gaps

| Resources | Gaps |
|--|--|
| <ul style="list-style-type: none"> • 988 • 1-855-662-7474 (NM Crisis Line) • Krossroads Community Outreach • Alta Vista Emergency Room (Mora, San Miguel) • Santa Rosa Emergency Room (Guadalupe) • Krossroads Detox Center • El Centro (same day appointments) • Good Samaritan – food, clothing (San Miguel) • Rio Grande ATP Recovery Café - food boxes, gas cards, gym membership, peer group support, dance/movement as medicine, case management, transportation (San Miguel) • Rio Grande ATP Pop Up Events • Free lunches for kids at plaza park west, Lincoln park • Meadow city transportation in LV (24 hours' notice and have to pay for it, one person at a time) https://www.lasvegasnm.gov/meadow-city-express • Mora county bus has transportation that will go all the way to Taos https://www.ncrtd.org/all-routes/ • CCSS workers can transport if established client • Angel's Touch (with insurance) • Chile express (schedule 48-72 hours in advance, works through insurance) https://chileexpresstransportation.com/ • Residential setting for housing through Krossroads • Under His Construction sober living • Low income housing--Waitlists • Section 8 (lots of people with vouchers from other counties coming to get housing) • Dream tree (opioid housing) https://www.dreamtreeproject.org/ • New Mexico Highlands University – education and jobs • Job Fairs (San Miguel) • Department of Workforce Solutions – GED programs, skills building • New Mexico Behavioral Health Institute • Other jobs available through Alta Vista, wind farms, prison | <ul style="list-style-type: none"> • Inpatient psych treatment • Placements for step-down from inpatient • Mobile crisis response • Collaboration among community agencies • Affordable housing • SUD & MH residential services • Urgent care • Interruption of trauma cycle • Emergency room diversion |

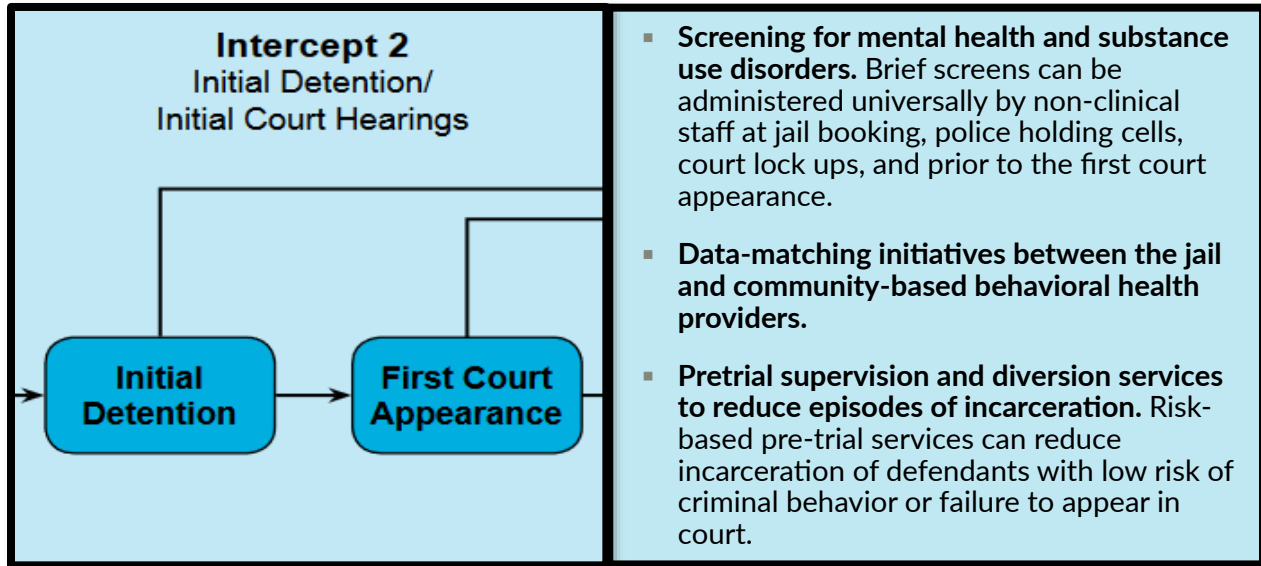
Intercept 1 – Law Enforcement



Resources & Gaps

| Resources | Gaps |
|--|---|
| <ul style="list-style-type: none"> • 911 Dispatchers have four-hour annual training on 'dealing with the mentally impaired' • State Police have 40-hour CIT training annually • Krossroads is working on implementing co-response services in the District • Coffee with a Cop • Community Policing • NMHU Police • School Resource Officers • Public Safety Officers (PSAs) | <ul style="list-style-type: none"> • Lack of resources and community involvement • Need specialty training for mental health • Need designated officers for certain instances • Need to improve response time |

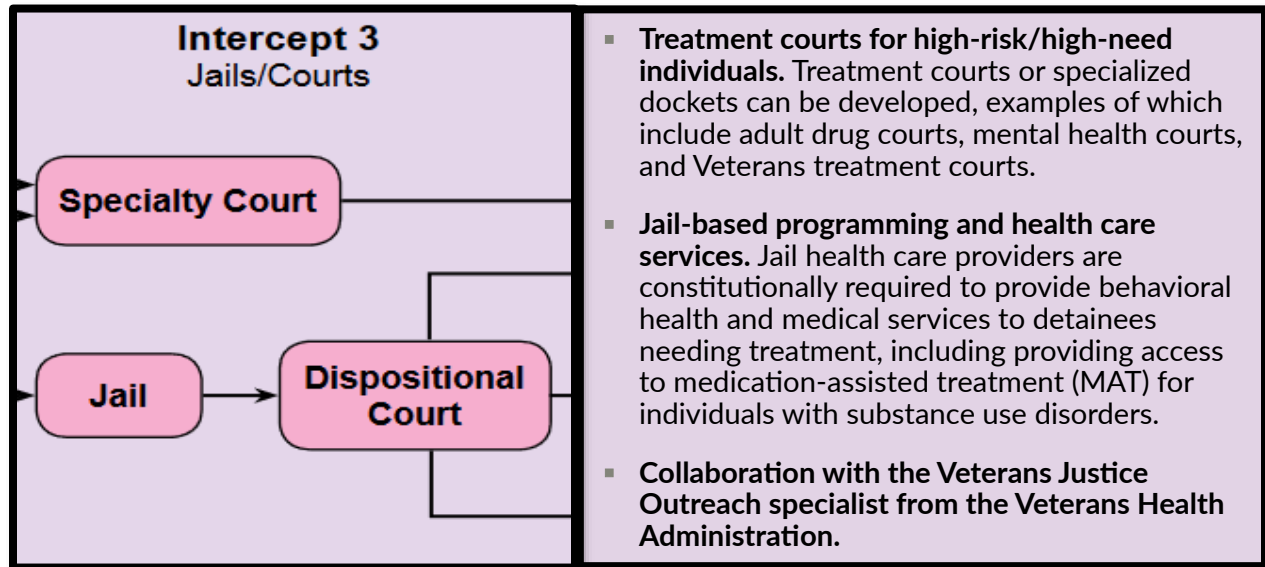
Intercept 2 – Initial Court Hearings and Initial Detention



Resources & Gaps

| Resources | Gaps |
|--|---|
| <u>De Baca Detention Center</u> <ul style="list-style-type: none"> ▪ Medical Screening with Brief Jail Mental Health Screen, SUD screen ▪ Medical staff (not 24/7) assess detainees at booking and med pass ▪ Staff are CIT trained 8 hours annually | |
| <u>San Miguel Detention Center</u> <ul style="list-style-type: none"> ▪ 24/7 medical staff ▪ Mental health, suicide watch ▪ Screened by medical prior to booking ▪ CIT trained 40 hours annually ▪ Krossroads assesses with ASAM ▪ Psych assessment | |
| <u>Pretrial Services</u> <ul style="list-style-type: none"> ▪ Use the PSA for assessment, do background report on all, provide to the judge ▪ Differential supervision based on risk ▪ Referrals to services • Law Office of the Public Defender social workers • Competency diversion • Capital crimes unit | <ul style="list-style-type: none"> • Medication management • MAT induction services (currently only continuation services) • Discharge planning • Community awareness on legal system • Peer support working with judges, attorneys, etc. • Social work for resources • Behavioral health therapy • Motivational enhancement therapy • Housing • Mental health issues in the RHU – revolving door and the female pods are full of individuals with mental health issues • High utilizers |

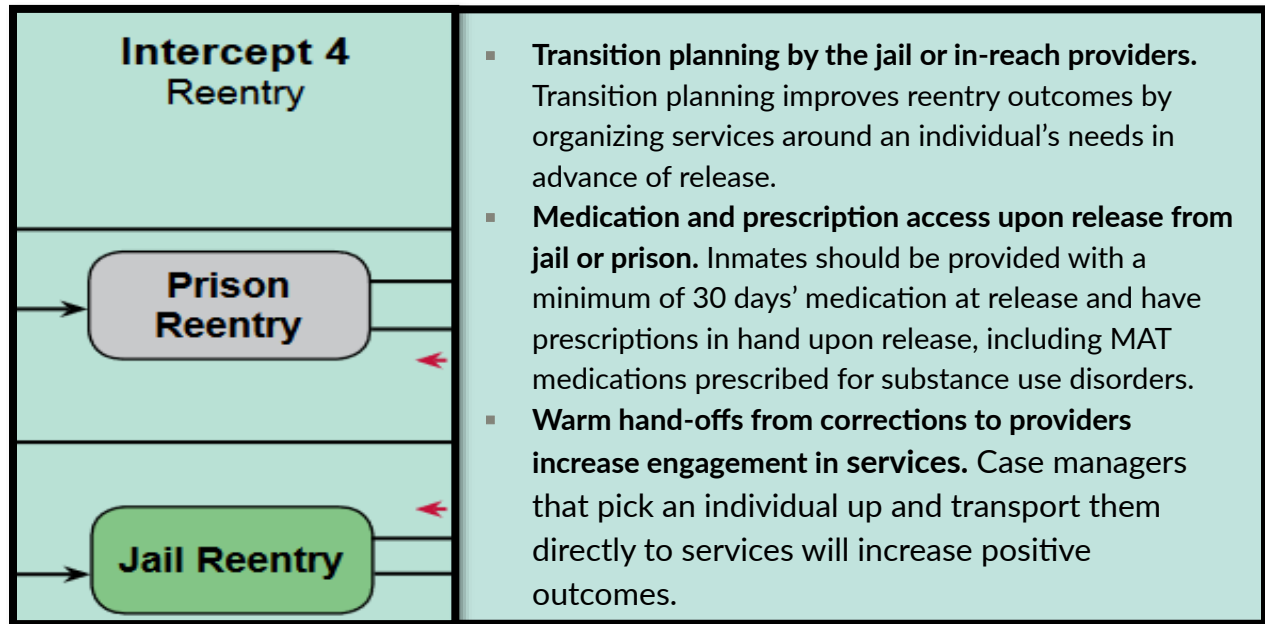
Intercept 3 – Jails and Courts



Resources & Gaps

| Resources | Gaps |
|--|--|
| <p><u>San Miguel Detention Center</u></p> <ul style="list-style-type: none"> • Once a week individual appts with doctor • MAT if they have a current prescription • Contract with Rio Grande ATP for SUD evaluation, individual treatment, case management • AA/NA once per week <p><u>De Baca Detention Center</u></p> <ul style="list-style-type: none"> ▪ AA weekly ▪ Individual mental health counseling ▪ ARISE sexual assault services ▪ BCBS coordination ▪ MAT if have an active prescription <p><u>Courts</u></p> <ul style="list-style-type: none"> ▪ Supervised and unsupervised probation ▪ Court supervision/conditional discharge ▪ Jail/Prison ▪ Assisted Outpatient Treatment ▪ Drug Court, Behavioral Health Court, DWI Court with Krossroads embedded in all • DA diversion: 1st offender, non-violent • Comprehensive Reintegration and Recovery • NM Legal Aid | <ul style="list-style-type: none"> • Dual diagnosis resources for pretrial services • More staff for treatment courts (one person running all three) • Outpatient competency treatment for nonviolent charges • Residential services • MAT/Medication management • Transitional services • Education around MAT and cutting someone off of their medication • Housing • Transportation services • Type of screening • Follow through post screening |

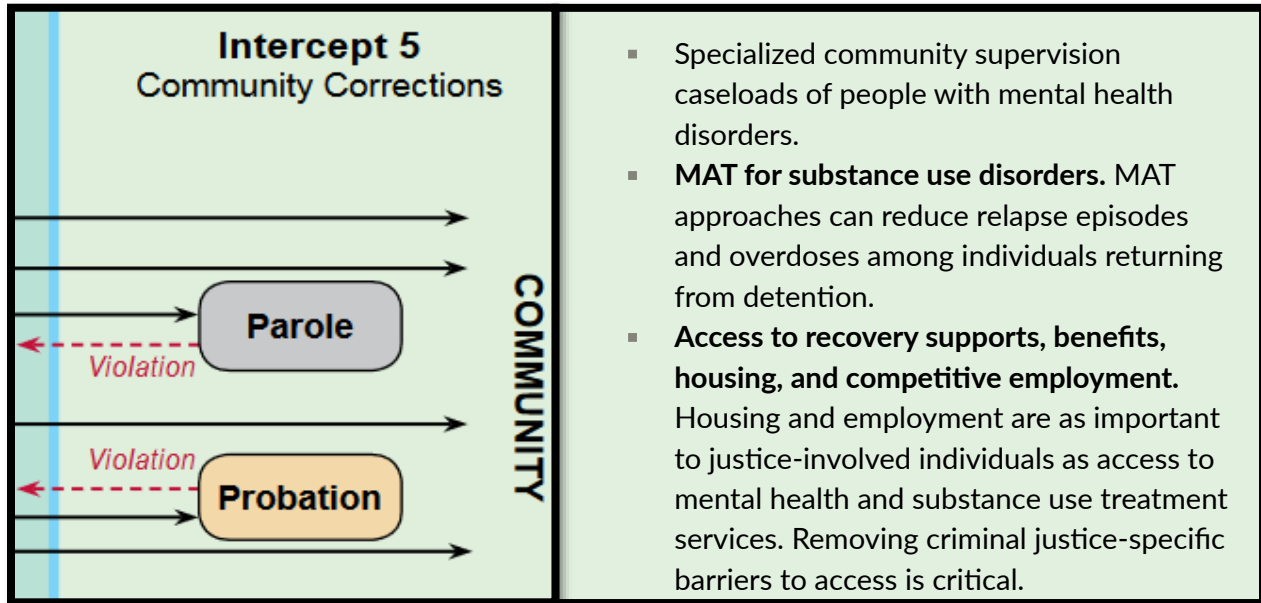
Intercept 4 – Reentry



Resources & Gaps

| Resources | Gaps |
|---|---|
| <u>De Baca Detention Center</u> <ul style="list-style-type: none"> ▪ BCBS Reentry ▪ Released with medications they have left | |
| <u>San Miguel Detention Center</u> <ul style="list-style-type: none"> ▪ RISE program ▪ Doctor will write a 30 day prescription upon release | |
| <ul style="list-style-type: none"> • Darrin's Place is approved by the parole board for programming upon release • Prison does reentry planning that is shared with parole • Parole uses the highest level of supervision upon release which is decreased after six months if appropriate • Comprehensive Reintegration & Recovery • In-reach to jail/prison is done by Krossroads, Frontline, and Under His Construction • Sober housing is available in Albuquerque -must have stable housing to be released • Prison provides a 30 day prescription upon release, and the reentry program helps with insurance, prescriptions, etc. | <ul style="list-style-type: none"> • No shows for services between release and initiation of services • Knowledge about resources for releasees • Poor case management & not enough or well-trained case managers • No insurance • Poor marketing and communication by organizations • Housing • Need for a resource guide • Staffing organizations |

Intercept 5 – Community Corrections



Resources & Gaps

| Resources | Gaps |
|---|--|
| <p><u>Probation:</u></p> <ul style="list-style-type: none"> • Court based probation with offices in all three counties • Do home visits, field visits, office visits • Use COMPAS risk assessment • Differential supervision by risk • Can refer to treatment courts • Refer to services using administrative sanctions <p><u>Parole:</u></p> <ul style="list-style-type: none"> • Run by DOC • Parolees are automatically put on the highest supervision level and then stepped down as appropriate • Home visits, field visits • COMPAS risk assessment • Differential supervision by risk • Krossroads CR2 is contracted with probation and parole • Eagles Unlimited provides housing and utility assistance • List of employers who will hire probation/parole clients | <ul style="list-style-type: none"> • Housing • Medication management • Transition from DOC • Resources for released inmates • Individual case management • Understaffed • No options for jobs and education |

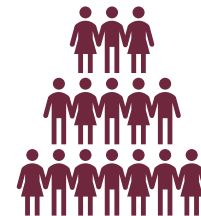
Overall Priorities

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:



Build AOT infrastructure to support upcoming law changes.

Increase peer support programs in all intercepts, which may include crisis response, transportation assistance, warm handoffs, and peer probation.



Develop strategies of communication within and between collaborators.

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?

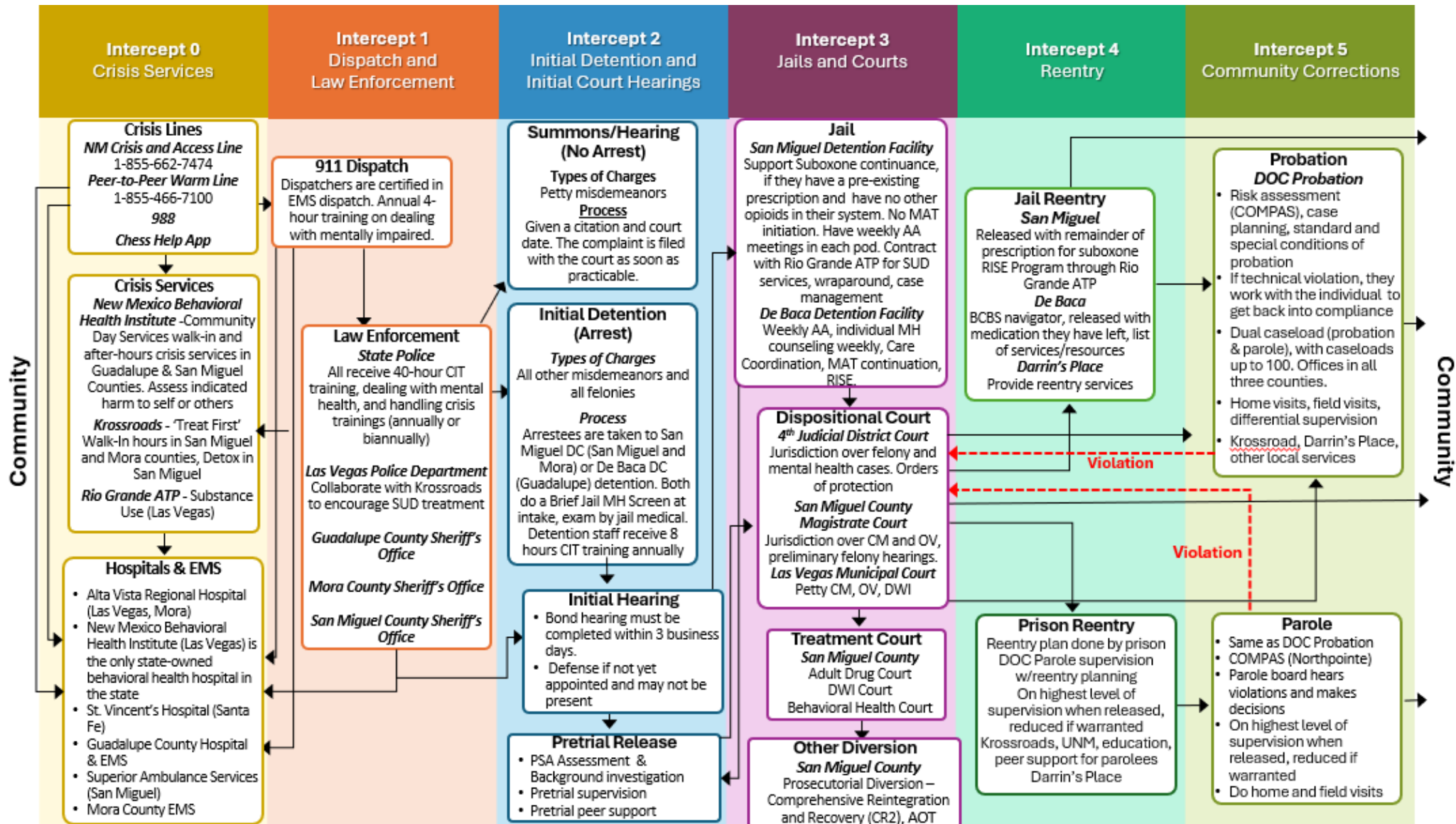
- What do we have to do to meet those objective(s)? What are the specific activities/tasks necessary to meet the objective(s)?
- What resources are necessary to complete the identified activities?
- How much time is required for each activity/task? When can action begin on each activity/task?
- What 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 4th Judicial District 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.



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 of implementation. These may include any of the following listed below and more:

- | | |
|--|---|
| <ul style="list-style-type: none"> • 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 | <ul style="list-style-type: none"> • 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 oversight committee once programming begins.

Develop Memoranda of Understanding¹⁸

- ✓ 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: Partner engagement or changes; Formulation of the vision; and 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.

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

¹⁸ 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.

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 4th Judicial District Community Mapping were engaged, enthusiastic, and committed to improving outcomes for individuals with behavioral health issues in Guadalupe, Mora, and San Miguel counties. 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 4th Judicial District in addition to the action planning already under way:

Expand Inter- and Intra-Community Collaboration

Collaboration enhances the capacity of each agency to achieve common goals and makes it possible to achieve those which could not be achieved alone. Better outcomes are associated with enhanced collaboration, including reduced recidivism through interdisciplinary treatment court teams, improved health outcomes through Project ECHO interdisciplinary education and training, improved outcomes for people in crisis when law enforcement response includes trained behavioral health co-responders, and reduced overdose related deaths and drug use across multiple states through Regional Judicial Opioid Initiatives.

Collaboration is more than just exchanging information and sharing resources; it means coming together to develop policies, solve problems, and implement innovative solutions. Collaborating across agencies, counties, and even states can help eliminate duplication, identify and address any barriers, and create a shared vision that supports the transition to evidence-based practices.

Consider Regional and Other Resource Sharing Solutions

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>

Intercepts 0 & 1

In addition to AOT and as part of the increase in peer services at each intercept, consider collaborating with other counties in northern New Mexico in developing the following regional crisis and community services:

Crisis Receiving and Stabilization Services offer the community a no-wrong-door access to mental health and substance use care; operating much like a hospital emergency department that accepts all walk-ins, ambulance, fire and police drop-offs, and is committed to never turning away a first responder or walk-in referral.¹⁹

Short-Term Crisis Step-Down Facilities are a strong step-down option to support individuals who do not require inpatient care after their crisis episode. SAMHSA calls these Short-Term Residential Facilities to communicate that they are not crisis facilities as they are not required to accept all referrals. Staffing for these programs is far less intensive than a crisis receiving and stabilization facility and should minimally have a licensed and/or credentialed clinician on location for several hours each day and on call for other hours.

¹⁹ Balfour (2023). An Imperfect Guide to Crisis Stabilization Units: Matching the Right Level of Care to Individual Needs. *Psychiatric Times*. <https://www.psychiatristimes.com/view/an-imperfect-guide-to-crisis-stabilization-units-matching-the-right-level-of-care-to-individual-needs>

Peer-Operated Respite Programs provide peer-staffed, restful, voluntary sanctuary for people in crisis, which is preferred by guests and increasingly valued in service systems. Peer respite offers a low-cost, supportive step-down environment for individuals coming out of or working to avoid the occurrence of a crisis episode.²⁰

Intercepts 2 & 3

Consider Expanding Jail Medication Assisted Treatment Services

Currently detainees in both jails are only allowed medication assisted treatment if they currently have a prescription and it is provided to the jail. There is no induction of MAT services. Those released from jail are up to 40 times more likely to overdose than the general population, with the highest risk in the first 14 days of release, and jail-based induction of MAT reduces that risk by up to 75%.²¹ NCSC recommends examining options to bring MAT induction into the jails either in person or via a combination of in person and telehealth services. This could include staff or contract sharing between the two detention facilities.

Intercepts 4 & 5

Consider Expanding Reentry Services to Address Common Barriers

Continuity of behavioral health treatment and the need for assistance with social determinants of health such as employment, transportation, and housing are the biggest barriers detainees face when returning to the community. While the detention centers currently address medication and medical insurance, and San Miguel has some in-reach from community agencies, most of the services noted during the mapping are provided through DOC/Parole. A strategic approach could improve reentry outcomes for releasees and reduce recidivism. SAMHSA provides an excellent guide for improving reentry for people with behavioral health disorders:

<https://www.abtglobal.com/sites/default/files/2024-10/pep23-06-06-001-1.pdf>

²⁰ Spiro & Swarbrick (2024). Peer-Run Respite Approaches to Supporting People Experiencing an Emotional Crisis. *Psychiatric Services* 75:11. <https://psychiatryonline.org/doi/full/10.1176/appi.ps.20230599>

²¹ JCOIN: <https://www.jcoinctc.org/justice-involved-individuals-returning-to-the-community-are-at-high-risk-for-overdose/>

Appendix A: Mapping Attendance

| Name | Agency |
|-------------------------|--|
| Laura Archuleta | Krossroads |
| Sheila Cavitt-Olguin | Samaritan House |
| Liz Devries | NMBHI - Forensic Treatment Unit |
| Ronald Duran | NM State Police |
| Reyna Garcia-Trujillo | Krossroads |
| Annette Hernandez | Alta Vista Regional Hospital/Las Vegas Medical |
| Jayden Hernandez | Rio Grande ATP |
| Ariana Isom | De Baca County Detention Center |
| Lynita Lovorn | De Baca County Detention Center |
| Chelsea Lucero | El Centro Family Health |
| Susan Lujan | Darrin's Place |
| Veronica Lujan | 4th Judicial District Court |
| Elijah Meason | Darrin's Place |
| Judge Christian Montano | First Judicial District |
| Shantell Moyers | DeBaca Family Practice Clinic |
| Samantha Murane | Krossroads |
| Jose Ortiz | San Miguel County Detention Center |
| Patricia Rodriguez | Administrative Office of the Courts |
| Brenda Romero | Rio Grande ATP |
| Elias Romero | Krossroads |
| Angel Salcido, MTZ | AOC Forensic Navigator |
| John Sundeen | Rio Grande ATP |
| Christina Torres | NMSP Communications |
| Michelle Varela | NMCD - PPD |
| Adelita Vigil | NMBHI - Forensic Treatment Unit |

Appendix B: Mapping Agenda



FOURTH JUDICIAL DISTRICT COMMUNITY MAPPING WORKSHOP

LOCATION

New Mexico Highlands University

Ballroom

1005 Diamond St, Las Vegas, NM 87701

AGENDA DAY 1

June 10, 2025

8:00AM – 4:30PM

| | |
|--------------|---|
| 8:00 - 8:30 | Registration and Networking |
| 8:30 - 8:45 | Welcome and Opening Remarks Hon. Christian Montano, Fourth Judicial District Court Judge |
| 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 |
| 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 - 12:00 | 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. |
| 12:00 - 1:15 | Lunch Please return to the room around 1:00PM so we are ready to begin on time at 1:15PM |
| 1:15 – 4:00 | Identify Resources & Opportunities Across the Intercepts Identifying resources and 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 to understand all that is offered in their community, while also identifying opportunities for partnerships to better serve individuals with behavioral health issues. |
| 4:00 – 4:15 | 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. |
| 4:15 - 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 11, 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. Christian Montano, Fourth Judicial District Court Judge |
| 1:00 | Adjourn |

Appendix C: Community Survey Results

4th Judicial District SIM Community Survey

NCSC and NMAOC surveyed the prospective attendees of the Community Mapping of the 4th Judicial District which encompasses San Miguel, Mora, and Guadalupe Counties. This survey helped ascertain the 4th Judicial District'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 4th Judicial District 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 21 total responses. Respondents represented a wide range of community members including justice partners and behavioral health, health, and social service providers.

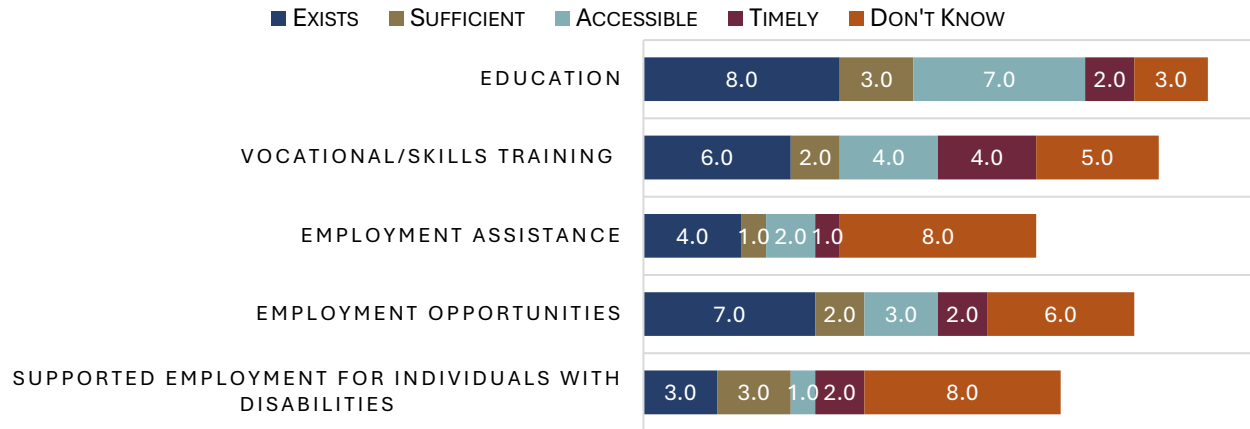
Access to Services

Respondents were asked about 48 types of services across seven categories regarding accessibility of services in terms of if the services in the 4th Judicial District 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 4th Judicial District 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.

EDUCATION AND EMPLOYMENT SERVICES



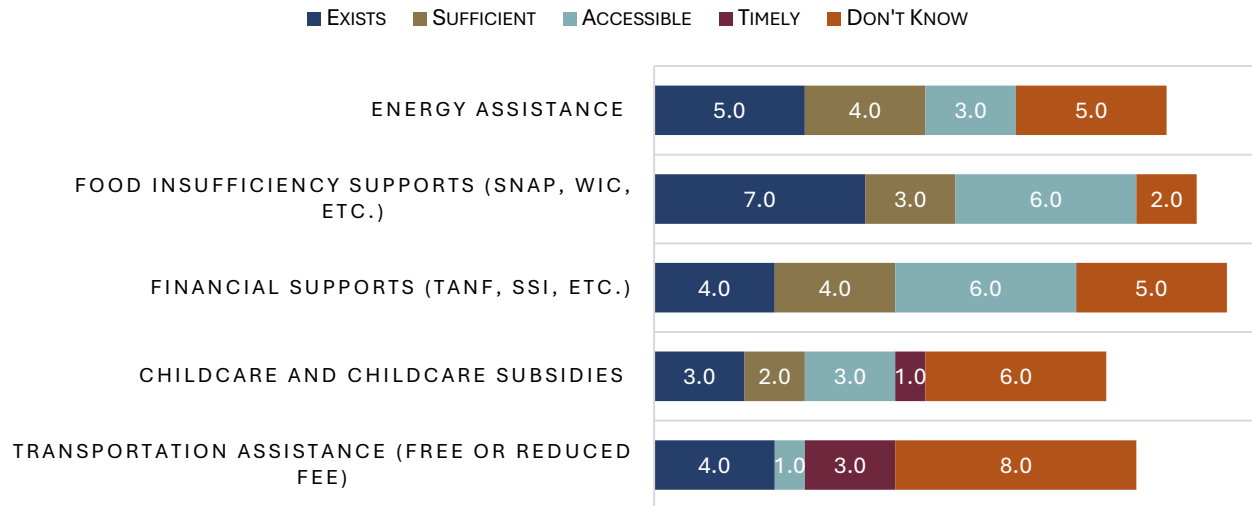
Respondents were then asked to provide any comments regarding the educational and employment services in the 4th Judicial District. Comments provided include:

- 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 4th Judicial District 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.

PUBLIC ASSISTANCE AND CHILDCARE SERVICES



Respondents were then asked to provide any comments regarding the public assistance and childcare services in the 4th Judicial District. Comments provided include:

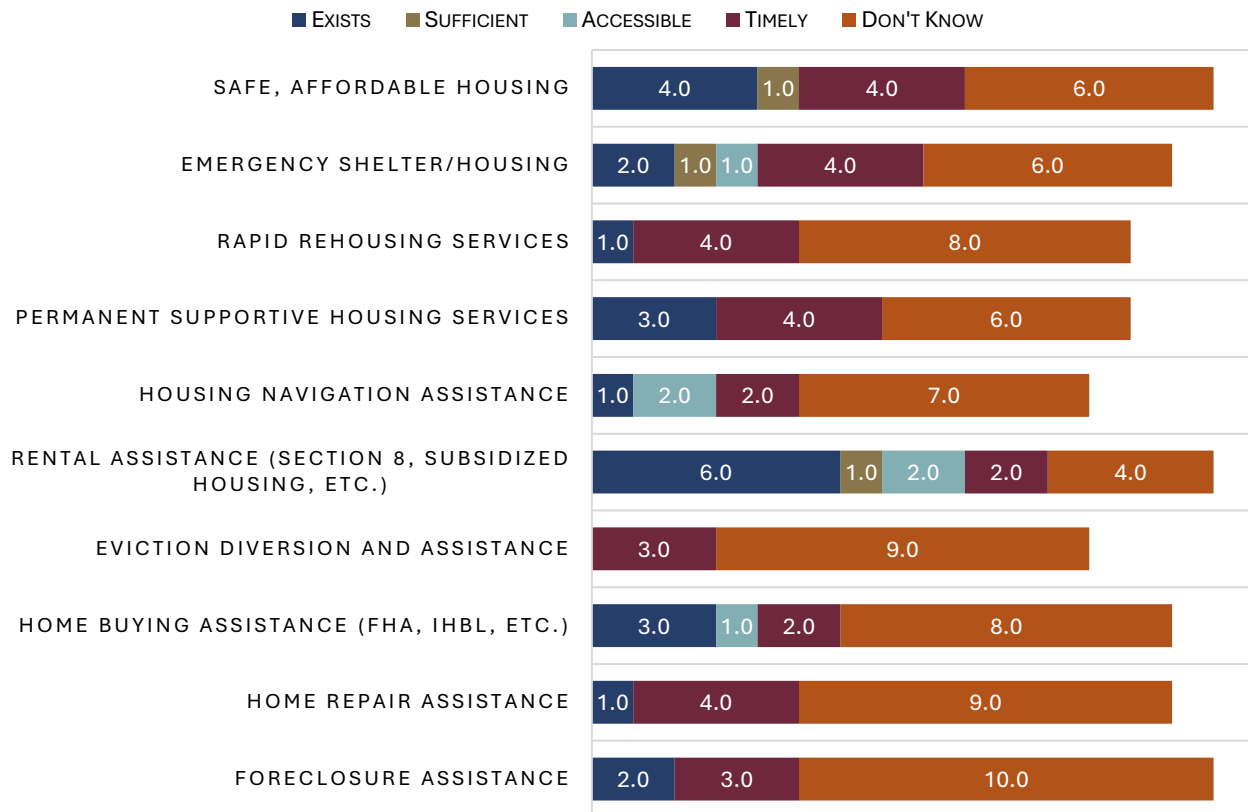
- Services are available; however, recent changes in federal guidelines may limit some populations and ultimately put people at risk for food insecurity, and further poverty.
- Transportation is available but at an emerging level.
- There needs to be more advertising and discussion around to help educate 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 4th Judicial District 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.

HOUSING AND HOUSING SERVICES



Respondents were then asked to provide any comments regarding housing and housing services in the 4th Judicial District. Comments provided include:

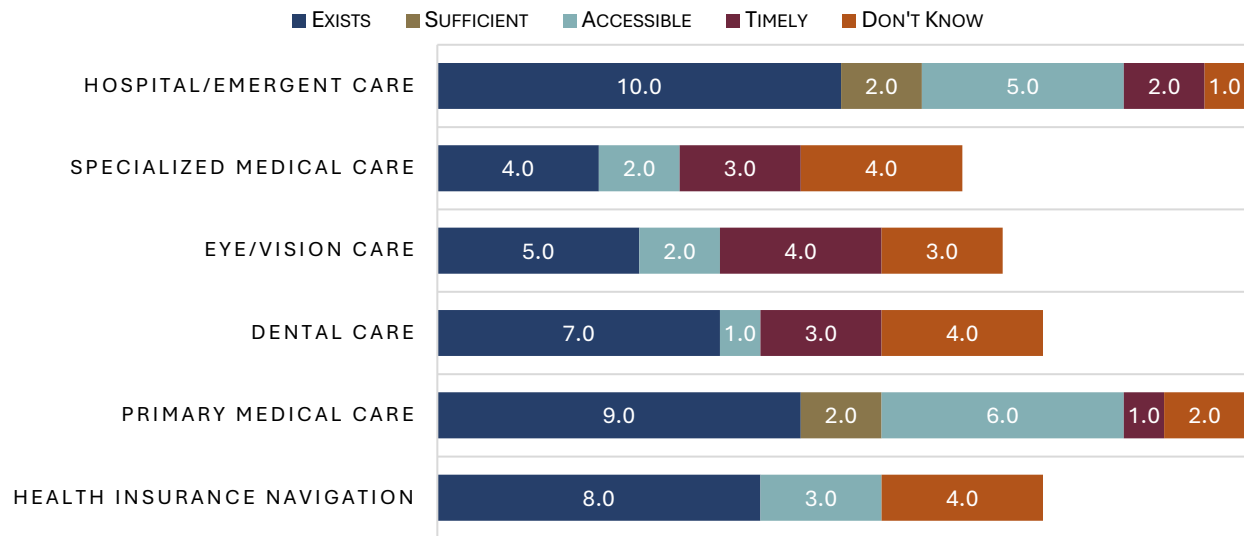
- Housing assistance is available to some degree in our communities; however, it is exceedingly limited and cannot meet the demands, especially post-fire. The ongoing issues with inflation and our economy also make it difficult for families to take on the ownership of a home.
- I am uneducated about the housing 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 4th Judicial District 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.

MEDICAL AND PHYSICAL HEALTH SERVICES



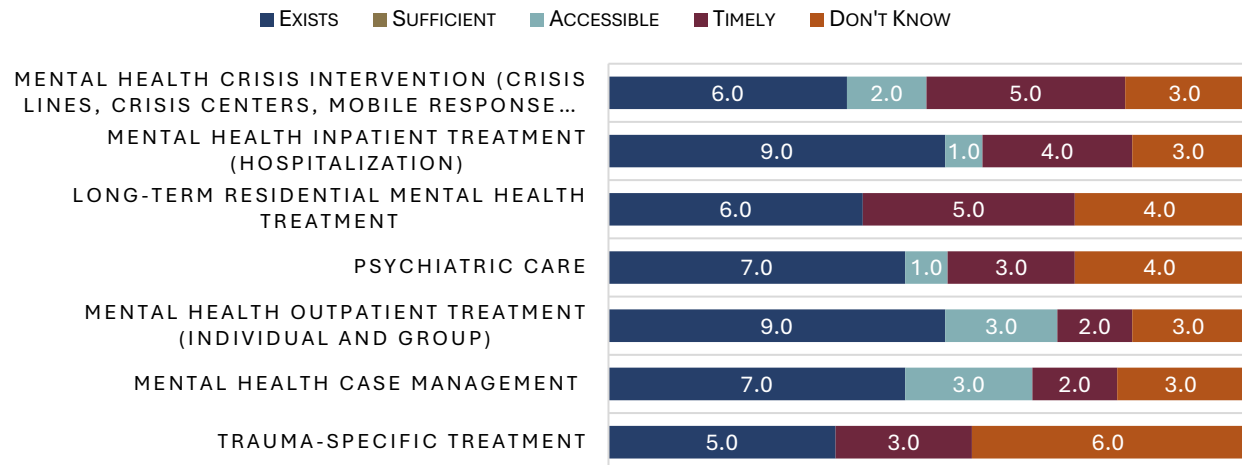
Respondents were then asked to provide any comments regarding the medical and physical health services in the 4th Judicial District. Comments provided include:

- 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 4th Judicial District 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.



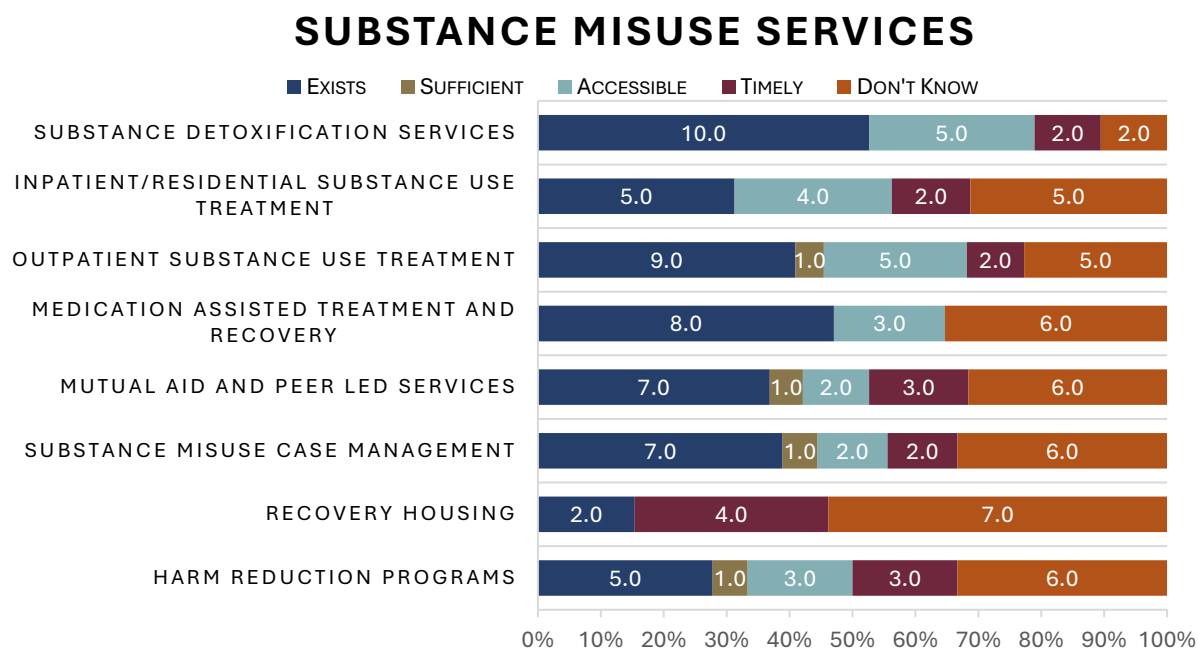
Respondents were then asked to provide any comments regarding the mental health services in the 4th Judicial District. Comments provided include:

- We score poorly in all areas of mental health diagnosis and treatment. Contributing factors are the lack of availability and innovation. And
- Very limited services in Mora County
- Though we have the NMBHI, they are only able to admit court ordered patients, and unable to admit for acute stabilization, and 7 day holds. Due to the NMBHI being located within our community, we have a high mental health case load/capita (probably higher per capita than any other community). We lack the ability to manage their housing needs, outpatient treatment needs, and their inpatient treatment needs. The Boarding homes need to be certified and monitored. We need case management to help facilitate access to the programs they need. We also could use community health workers to offset the workload for hospitals, clinics and case management. This will facilitate panel management for those individuals requiring higher levels of support to ensure their success living outside an inpatient setting.
- A mobile unit would be great; advertising mental health treatment options as well as more specialized treatment would be helpful, like for trauma and DBT.
- Better funding and appropriate guidelines are necessary for this group to be effective. They exist but tend to create rules that cmi are unable to comply with because of their socioeconomic condition.

- 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.
- Many services are available in our community however, collaborative efforts are lacking significantly. There appears to be patterns where only certain providers are given opportunities to assist, and unfortunately, the needs of our community are not limited to what one or two agencies can reasonably do.

Substance Misuse Services

Respondents were asked to reflect on the types of substance misuse services available in the 4th Judicial District 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.

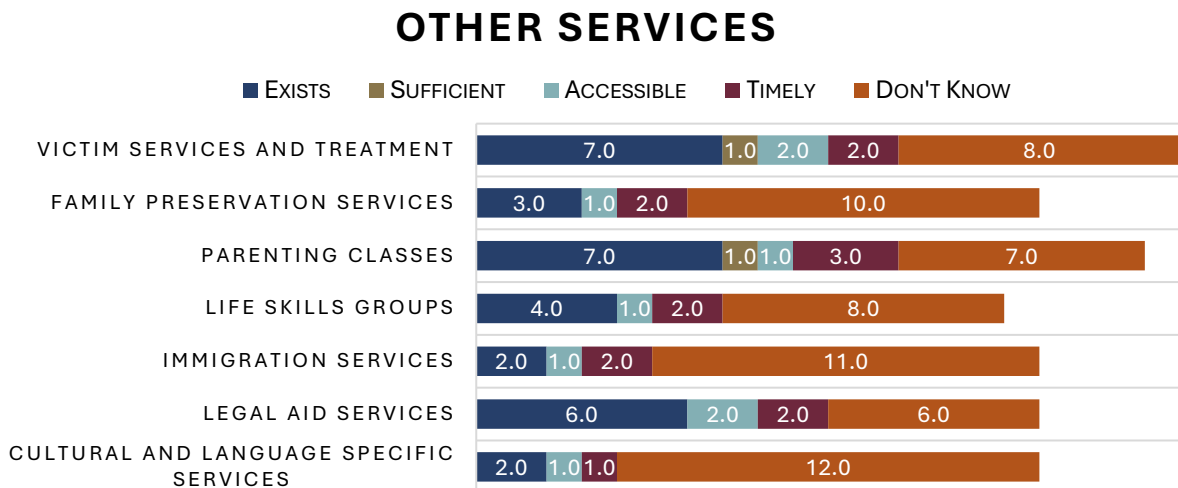
Respondents were then asked to provide any comments regarding the substance misuse services in the 4th Judicial District. Comments provided include:

- 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 4th Judicial District 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 4th Judicial District. 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.

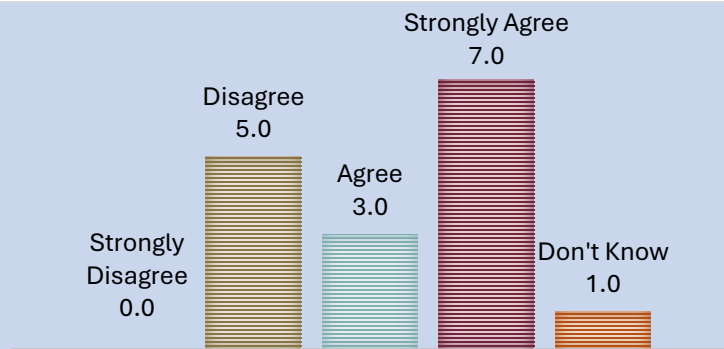
- These services are often tied to a penalty or court order. It reduces their effectiveness and are discontinued. Today legal aid is provided by phone.
- More of these services would be useful. Need to be more accessible and well known in the community.
- Our district, like most, is underserved. These are important issues due to the lack of funding.

Collaboration and Capacity Building

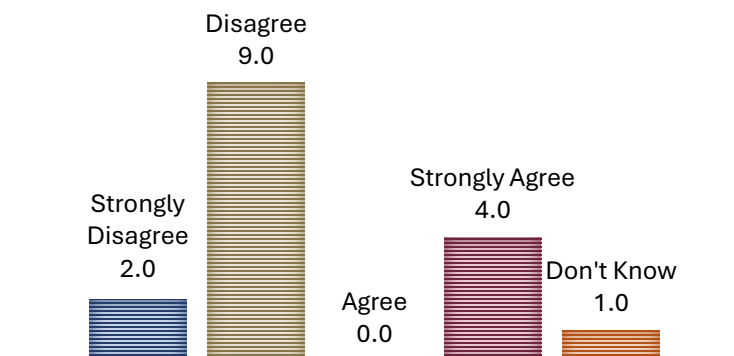
Respondents were provided with 13 statements regarding the degree of collaboration and capacity building that is present between agencies in the 4th Judicial District. These statements were surrounded based on themes of behavioral health and justice.

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.

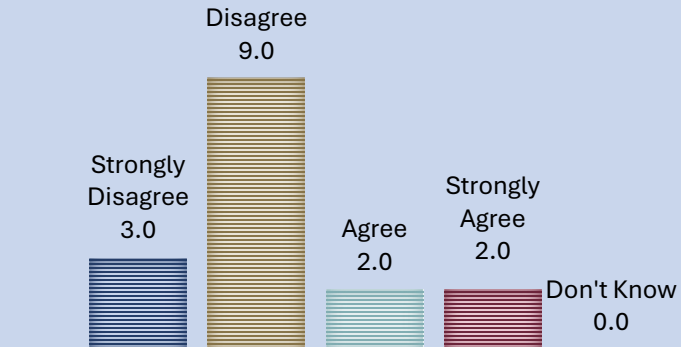
There is cross-system recognition that many adults involved with the justice system experience mental health and substance use disorders. (N=16)



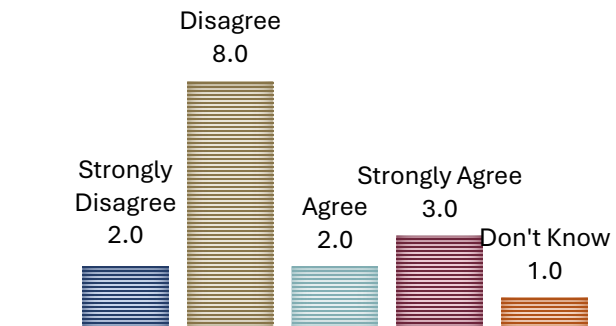
There is cross-system recognition that responding to adults with mental health and substance use disorders is the responsibility of all systems. (N=16)



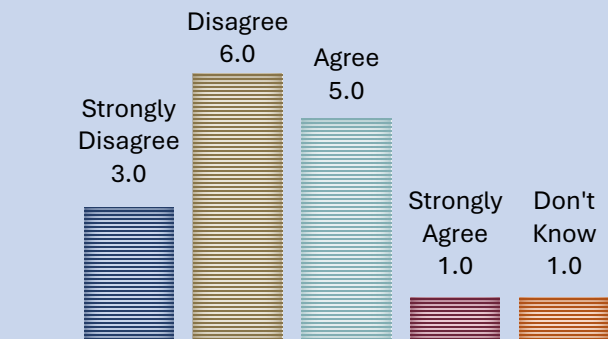
The justice and behavioral health systems are engaged in collaborative and comprehensive efforts to foster a shared understanding of gaps at each point in the justice system. (N=16)



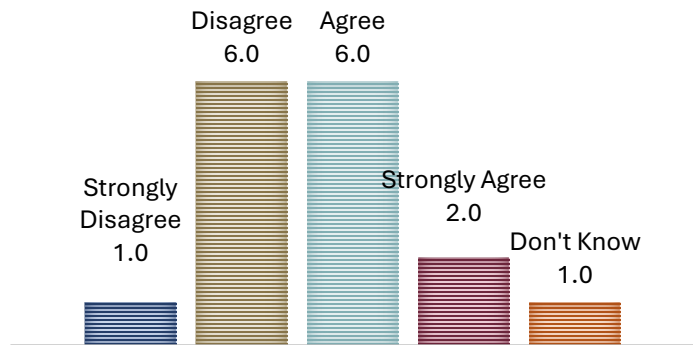
Family members and people with lived experience are engaged as stakeholders in justice and behavioral health collaborations, such as committees, task forces, and advisory boards. (N=16)



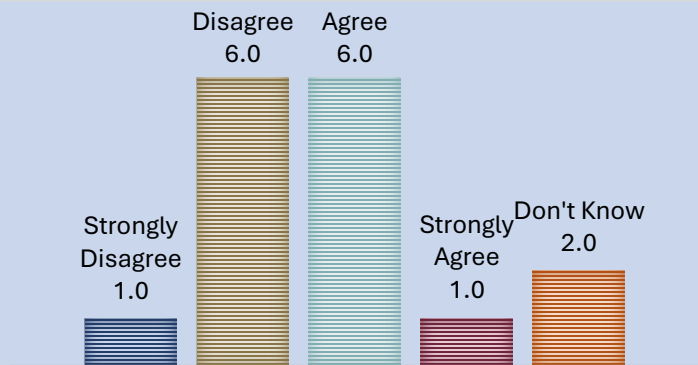
Stakeholders have established a shared mission and common goals to facilitate collaboration between behavioral health, justice, and community systems. (N=16)



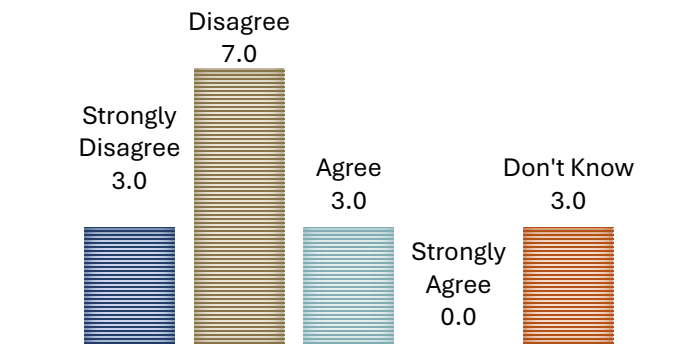
Stakeholders engage in frequent communication on behavioral health issues, including opportunities, challenges, and oversight of existing initiatives. (N=16)



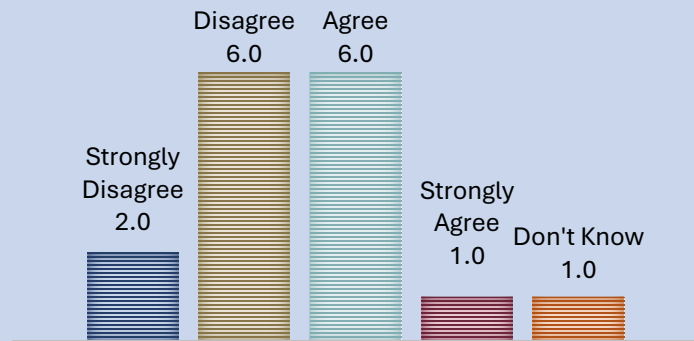
Stakeholders focus on overcoming barriers to implementing effective programs and policies regarding mental illness and substance use disorders. (N=16)



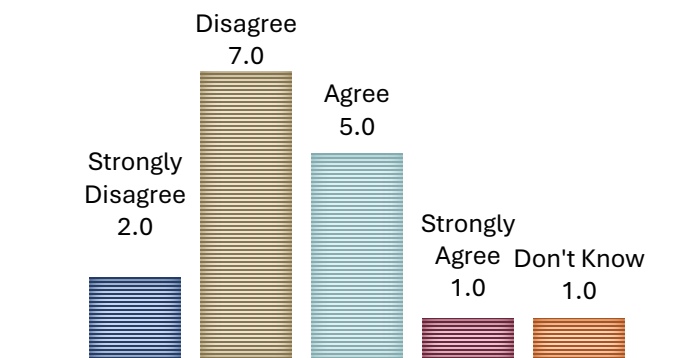
Stakeholders share data on a routine basis for the purposes of program planning, program evaluation, and performance measurement. (N=16)



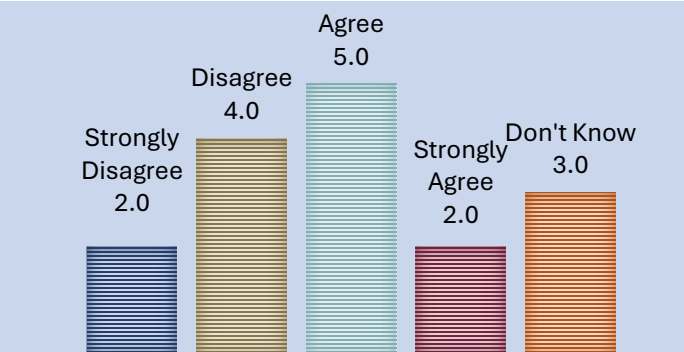
Stakeholders share resources and staff to support initiatives focused on mental illness and substance use disorders. (N=16)



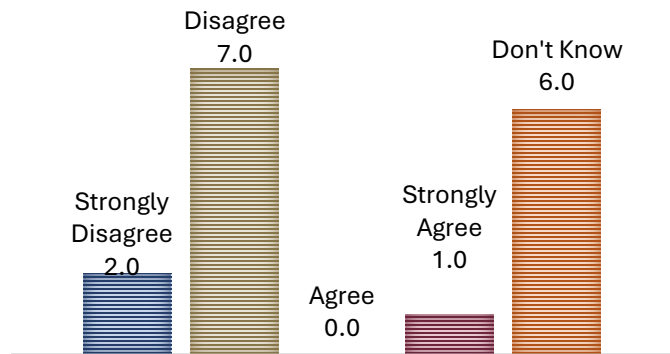
Stakeholders engage in cross-system education and training to improve collaboration and understanding of different agency priorities, philosophies, and mandates. (N=16)



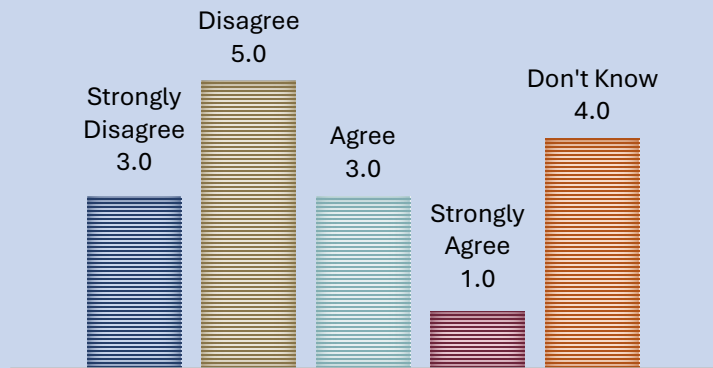
Based on research, evidence, and guidance on best practices, stakeholders are willing to change beliefs, behaviors, practices, and policies relating to mental health and substance use disorders. (N=16)



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



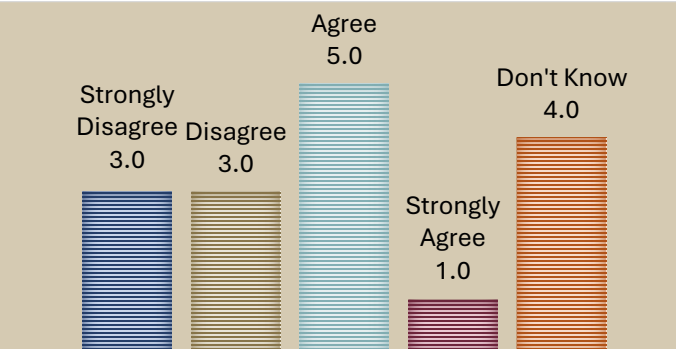
Stakeholders are knowledgeable about trauma-informed and evidence-based strategies for persons with mental health and substance use disorders. (N=16)



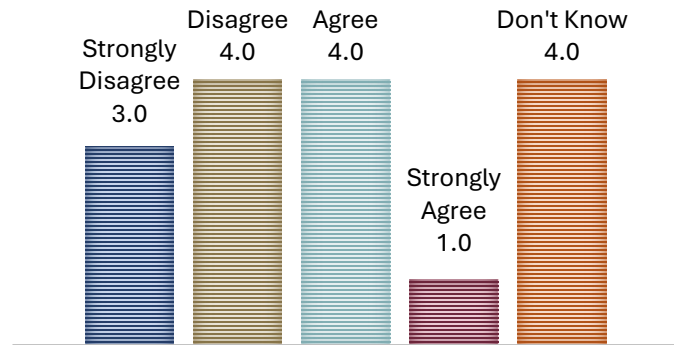
Courts

Respondents were provided with seven (7) statements on the level and type of response from court staff in the 4th Judicial District. 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.

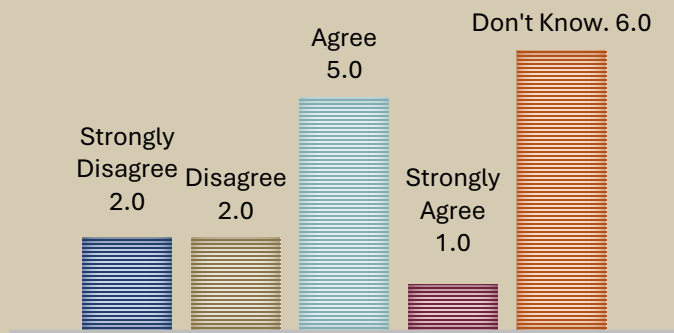
Court staff understand and are supportive of evidence-based strategies to address mental health disorders. (N=16)



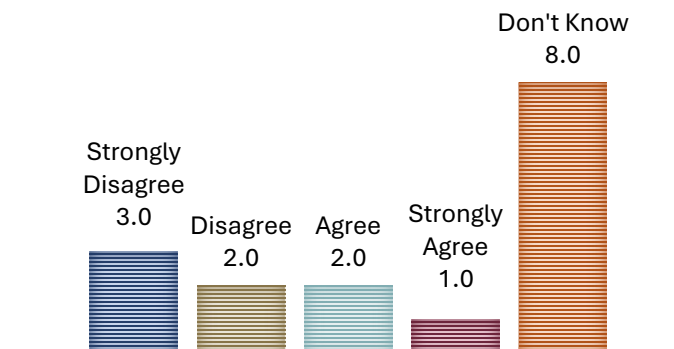
Court staff understand and are supportive of evidence-based strategies to address substance use disorders. (N=16)



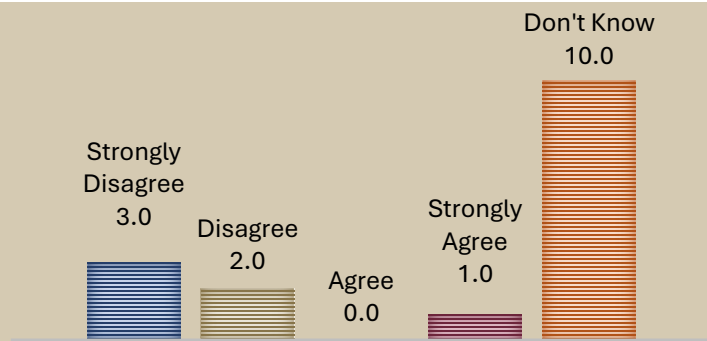
Court staff facilitate access to community-based treatment and services. (N=16)



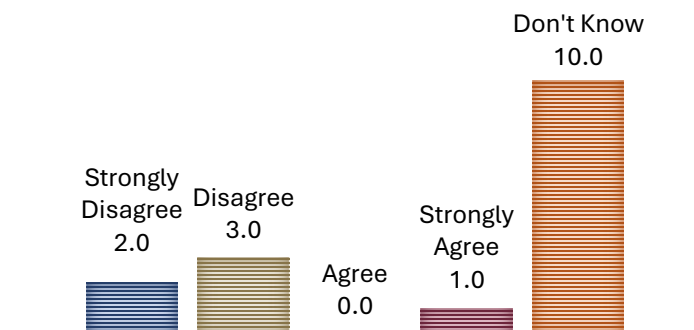
Court staff accept the clinical decisions that medical and behavioral health treatment professionals recommend on the treatment of behavioral health issues. (N=16)



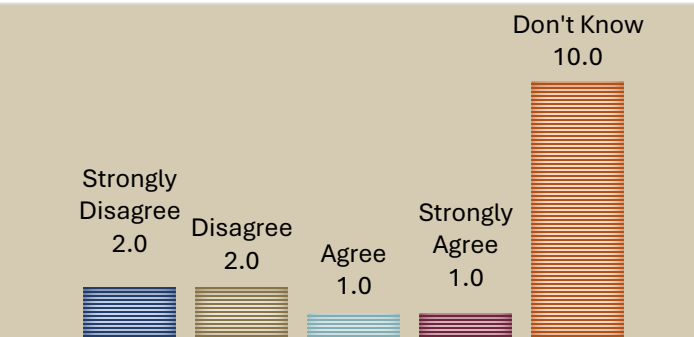
Court staff receive sufficient and regular training on trauma, substance use disorders, mental health, and domestic violence. (N=16)



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 4th Judicial District 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 in some way 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.

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 4th Judicial District began a mental health and substance abuse court. 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 of any, other than the competency diversion and pretrial program services being provided through the District Court.
- Services should be provided while a person is incarcerated. Start on medication and treatment and as needed, and upon release, ensure individuals have a case manager to help them receive consistent care coordination when they are on the outside.
- 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.

- 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.

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

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.

- Coordination with providers.

- Adult/DWI Drug Court programs and Behavioral Health Treatment, Competency Diversion and Pretrial programs.
- Weakly organized.
- Behavioral Health Court
- Drug court, Behavioral Health court
- Probation may be linked to successful substance recovery programs and 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 |
|--|---|--|---|--|--|
| <ul style="list-style-type: none"> • 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 | <ul style="list-style-type: none"> • 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 | <ul style="list-style-type: none"> • Peer probation (similar to Judge Lidyard's program) • Peer pretrial services • Competency diversion • Funding and infrastructure for outpatient restoration | <ul style="list-style-type: none"> • 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 | <ul style="list-style-type: none"> • 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 | <ul style="list-style-type: none"> • 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 <i>data</i> , <i>training</i> , and <i>skills</i> are needed? | Partnerships Who are the key partners we will need for this (individual or organizations)? <i>Consider:</i> Are there related activities happening in the community to join? |
|---|---|--|--|
| Build an AOT (Assisted Outpatient Treatment) infrastructure to support the upcoming law changes. | To establish an accessible and sustainable AOT Program. AOT was created to prevent decompensations, hospitalization, incarceration, or other negative outcomes associated with behavioral health treatment non-adherence. | <ul style="list-style-type: none"> Continuous education around mental health and existing programs within the judicial system Someone who will lead and be a part of the steering committee to establish community collaborators and county buy-in Effective communication within the judicial district | <ul style="list-style-type: none"> Local collaborators, county partnerships meetings, CJCC's Symposium event on June 18th 2025 Interested treatment providers and qualified professionals established through continued education around AOT through resource fairs, symposiums, and local county events |

Step 2: Map out the priority

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



| Priority 1: | | | |
|---|--|--|--|
| Activities | Resources | Leaders | Timeline |
| What tasks absolutely need to happen to help individuals with behavioral health issues in our community? | What time, materials, people, or funding are needed to achieve the activities? | Assign two (2) people with knowledge/authority to make this happen, who will be responsible for leading these action steps and tracking progress. | Can this be done in 1 week, 1 month, 3 months (short-term), or more (long-term outcomes)? |
| <ul style="list-style-type: none"> Establish an AOT steering committee with 10~ stakeholders | <ul style="list-style-type: none"> Gathering membership (Court staff, Brenda, Mathias Strickers, Liz Devries, CBS Danielle) Jaydem Hernandez Rio Grande Establish a schedule for virtual meetings | <ol style="list-style-type: none"> Ariel Small Patricia Rodriguez | <p>Once per month to meet by July 30th</p> <p>Ariel and Patricia to collaborate and set initial meeting during lunch time with formal agenda.</p> |
| <ul style="list-style-type: none"> Outreach and promote AOT through materials and presentations | <ul style="list-style-type: none"> Written materials (flyers, one-pagers, website access, QR code, app?) Awareness of BH councils, CJCCs, local collaboratives (county partnership meeting Chelsea Lucero) Funding request for media campaign (DOH: David Barre Social media posts) Trainings for CEU's Resource fairs (booths) Launch event | <ol style="list-style-type: none"> Patricia Rodriguez Ariel Small | <p>Within the next 90 days steering committee will review all current materials and prepare additional materials as needed</p> |
| <ul style="list-style-type: none"> Establish formal agreements between Court and attorneys, providers and counties | <ul style="list-style-type: none"> Formalize agreements to support AOT through contracts with NMBHI, Rio Grande, Krossroads, El Centro, attorneys, county manager | <ol style="list-style-type: none"> Patricia Rodriguez | <p>Starts now with community buy-in and the outcome of the steering committee</p> |
| If you have time, consider the following.... | | | |
| How will expectations and updates be communicated for this priority? | Monthly steering committee meetings, resource fairs, and emails | | |

| | |
|---|--|
| How can we track the outcomes for this priority? | Meeting notes, emails, and data collection |
| Long-term (6+mos) ideas for this priority: | Successful launch of AOT |
| Potential barriers to this priority: | Time, funding, partnerships, people, information, etc. |
| 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 |
|----------------------|---|---------------------------|
| Adelita Vigil | New Mexico Behavioral Health Institute Forensic Division | Adelita.Vigil@doh.nm.gov |
| Sheila Cavitt-Olguin | Samaritan House | sheilasamaritan@gmail.com |
| Michelle Varela | NMCD Probation and Parole Division | Michelle.varela@cd.nm.gov |
| Veronica Lujan | 4th Judicial District Court | lvedvsl@nmcourts.gov |
| John Sundeen | Rio Grande ATP | jsundeen@riograndeatp.org |
| Jayden Hernandez | Rio Grande ATP | Jayden@riograndeatp.org |
| Brenda Romero | Rio Grande ATP | brenda@riograndeatp.org |
| Ariel Small | Administrative Office of the Courts | aocars@nmcourts.gov |
| Stacey Boone | Administrative Office of the Courts | aocsab@nmcourts.gov |
| Patricia Rodriguez | 4th Judicial District Program Manager | aocpar@nmcourts.gov |



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 <i>data</i> , <i>training</i> , and <i>skills</i> are needed? | Partnerships Who are the key partners we will need for this (individual or organizations)? <i>Consider:</i> Are there related activities happening in the community to join? |
|--|---|--|---|
| Increase peer support programs at all intercepts. | Create trust, break down barriers, divert, create bridges and support individuals with behavioral health issues in our community. | <ul style="list-style-type: none"> • CIT training (1 week training) • Lived experience (being able to relate) • OPRE Requirements (Complete Hours/Training) • Maintaining CEU's and sobriety • Culture competency • Trauma informed care | <ul style="list-style-type: none"> • Upcoming Event - Symposium on 6/18/25 • OPRE • Buy in from all levels (Depending on the intercept. Caleb Marquez – Chief of Police (getting the buy in from a major or above) Jail – Deputy Warden, Lieutenant Courts – Judge to lead the priority, Justice, court staff/navigators City/County/State Officials Probation |



Step 2: Map out the priority

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

| Priority 1: | | | |
|---|--|--|---|
| Activities | Resources | Leaders | Timeline |
| What tasks absolutely need to happen to help individuals with behavioral health issues in our community? | What time, materials, people, or funding are needed to achieve the activities? | Assign two (2) people with knowledge/authority to make this happen, who will be responsible for leading these action steps and tracking progress. | Can this be done in 1 week, 1 month, 3 months (short-term), or more (long-term outcomes)? |
| Building the contact list and gathering contact information. | <ul style="list-style-type: none"> Contact information for partners | <ol style="list-style-type: none"> Patricia Rodriguez Ronald Duran – Sargent Elias Romero – Krossroads CPSW | 2 weeks |
| Contact the partners need to build the committee | <ul style="list-style-type: none"> Contact information No funding needed | <ol style="list-style-type: none"> Ronald Duran – Sargent Elias Romero – Krossroads | 1 month |
| Meet regularly (1x a month, Friday, afternoon) | <ul style="list-style-type: none"> Combination of virtual and in-person meetings (Meeting space at the medical office building next the hospital, training room at NM state police and county jail, Krossroads has a meeting space) | <ol style="list-style-type: none"> Patricia Rodriguez Christina Torres | August 1, 2025 |
| <i>If you have time, consider the following....</i> | | | |
| How will expectations and updates be communicated for this priority? | Email/ Group Text | | |
| How can we track the outcomes for this priority? | Minutes, Sign in sheets, Excel sheet to track the priority | | |
| Long-term (6+mos) ideas for this priority: | Buy in, communication between partners | | |
| Potential barriers to this priority: | Partners not wanting to cooperate | | |
| Other ideas or opportunities around this priority? | Create a solid team (accountability), consider a mobile peer support group, training opportunities, tap into existing funding, consider possible funding opportunities/ grant writer, Look at the data | | |
|  Our Next Step Is.... | Communication, follow thru, create partner list | | |

Step 3: Connect for the future

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



| Name | Organization/Role | Email Address |
|--|---|-----------------------------------|
| Annette Hernandez 505-652-6889 | Alta Vista Regional Hospital /Las Vegas Medical Group | Annette.hernandez@altavistarh.org |
| Patricia Rodriguez 505-637-1677 | AOC Las Vegas NM Programs Manager | aocpar@nmcourts.gov |
| Elias Romero 575-707-8853 | Krossroads | elias.romero@krossroadsnm.org |
| Sami Murnane 719-220-0699 | Krossroads CR2 Program Manager | Samantha.murnane@krossroadsnm.org |
| Elijah Meason 505-695-9030 | Darrin's Place Behavioral Health | elijahm@darrinsplace.com |
| Jose B. Ortiz 505- | San Miguel Detention Center | jortiz@co.sanmiguel.nm.us |
| Ronald Duran 505-398- 6157 | Sgt. NMSP | Ronald.duran@dps.nm.gov |
| Christina Torres 505-718-2489 | Regional Manager NMSP Communications | Christina.torres@dps.nm.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.

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 <i>data</i> , <i>training</i> , and <i>skills</i> are needed? | Partnerships Who are the key partners we will need for this (individual or organizations)? <i>Consider:</i> Are there related activities happening in the community to join? |
|---|---|--|---|
| Develop strategies of communication within and between collaborators | Communication is key, it can either be a barrier or bridge to make this community successful. We choose to be successful. | <ul style="list-style-type: none"> • Effective communication skills • Relationships between partners • Building rapport • Update (universal) resource list and services provided • Updated contact sheet • Need someone to be in charge of the list and distribute it everyone other months at a minimum | <ul style="list-style-type: none"> • BHSD – have a listing (in charge of this) • First responders & Law enforcement • Mayor • DA, PD • Schools • Annual Statewide Leaders in Recovery Directory • Courts • All treatment providers; Krossroads, CBS, El Centro, Sunrise, Meadow City, Darns Place La Loma, Rio Grande, De Baca County Detention Center • Housing Authority • CYFD |

Step 2: Map out the priority

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



| Priority 1: | | | |
|---|--|--|---|
| Activities | Resources | Leaders | Timeline |
| What tasks absolutely need to happen to help individuals with behavioral health issues in our community? | What time, materials, people, or funding are needed to achieve the activities? | Assign two (2) people with knowledge/authority to make this happen, who will be responsible for leading these action steps <u>and tracking progress.</u> | Can this be done in 1 week, 1 month, 3 months (short-term), or more (long-term outcomes)? |
| <ul style="list-style-type: none"> • Fiestas • Google meets (Monthly) • Pop up events • Highlands University • Rio Ranch, Santa Fe event? • Events that are statewide that someone from 4th JD can attend to see what is going on in the state • (De Baca County) • Car shows • Bikes runs • Old Fort Days • Raspberry Fest | <ul style="list-style-type: none"> • Current meeting for the 3 counties? • CJCC's (when that happens) • Community • OPRE (Office of Peer Support) • Melisha Montano (HCA) (MelishaL.montano@HCA.nm.gov) Need direct numbers | <ol style="list-style-type: none"> 1. Elias Romero 2. Ryna Garcia Trujillo 3. Patricia Rodriguez | <p>Set monthly meetings</p> <p>3 months</p> |
| <ul style="list-style-type: none"> • Statewide resource list | <ul style="list-style-type: none"> • leaders@nmleadersinrevocery.com | <ol style="list-style-type: none"> 1. Something to duplicate, specifically for the 3 counties. Work with: Jeremy Lite, Jeff Holland, Elias Romero, Ryna Garcia Trujillo, Patricia Rodriguez | <p>Start working on it now</p> |
| <i>If you have time, consider the following....</i> | | | |
| How will expectations and updates be communicated for this priority? | Through emails and google meets. | | |
| How can we track the outcomes for this priority? | Meeting for updates | | |

| | |
|---|--|
| Long-term (6+mos) ideas for this priority: | Community App, Facebook page |
| Potential barriers to this priority: | Funding, staffing and participation |
| Other ideas or opportunities around this priority? | Big on getting on getting every program involved |
|  Our Next Step Is.... | Create the leadership |

Step 3: Connect for the future



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

| Name | Organization/Role | Email Address |
|--|--|----------------------------------|
| Reyna Garcia-Trujillo 505-630-0273 | Krossroads / Forensic Navigator | Reyna.garcia@krossroadsnm.org |
| Laura Archuleta (505)-602-2883 | Krossroads/Court and Treatment Court Liaison | Laura.Archuleta@krossroadsnm.org |
| Angel Salcido Martinez (505)-639-3676 | AOC/ Forensic Navigator | aocasm@nmcourts.gov |
| Shantell Moyers 505 236 9451 | DBFPC/ BH Provider | Shantell.moyers@debacaclinic.com |
| Ariana Isom (575) 355-7870 | De Baca Detention/ Captain | Dbcdc2022@gmail.com |
| Lynita Lovorn (575) 355-7870 | De Baca Detention/ Administrator | Dbcdc2022@gmail.com |
| Suzanne Lujan | Darrin's Place/Executive Director | suzannel@darrinsplace.com |
| Renee Garcia 505-623-1797 | AOC | aocrag@nmcourts.gov |
| Elias Romero | Krossroads | elias.romero@krossroadsnm.org |
| Patricia Rodriguez 505 637-1677 | AOC Programs Manager | aocpar@nmcourts.gov |
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