



Sequential Intercept Model Mapping Report

Otero County, New Mexico

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SUBSTANCE USE-FOCUSED SEQUENTIAL INTERCEPT MODEL MAPPING: REPORT FOR OTERO COUNTY, NEW MEXICO

May 2024

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Acknowledgments

This report was prepared by Violette Cloud and Magdalena Morales-Aina of Policy Research Associates, Inc., for SAMHSA's GAINS Center for Behavioral Health and Justice Transformation. SAMHSA's GAINS Center wishes to thank the Healthcare Services Department of Otero County Administration Office for supporting this event and to the City of Alamogordo's Sgt. Willie Estrada Memorial Civic Center for hosting this event. SAMHSA's GAINS Center thanks the Honorable Angie Schneider and Jeanette Borunda for opening the workshop on May 29, 2024.

Recommended Citation

SAMHSA's GAINS Center for Behavioral Health and Justice Transformation. (2024). Substance use-focused sequential intercept model mapping report for Otero County, New Mexico. Troy, NY: Policy Research Associates.

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Introduction

Since 1995 SAMHSA's GAINS Center for Behavioral Health and Justice Transformation, operated by Policy Research Associates, has worked to expand community-based services and reduce justice involvement for adults with mental and substance use needs in the criminal justice system. The GAINS Center is supported by the Substance Abuse and Mental Health Services Administration to focus on five areas:

- Criminal justice and behavioral health systems change
- Criminal justice and behavioral health services and supports
- Trauma-informed care
- Peer support and leadership development
- Courts and judicial leadership

On May 29-30, Violette Cloud and Magdalena Morales-Aina of SAMHSA's GAINS Center facilitated a Substance Use-Focused Sequential Intercept Model Mapping Workshop in Alamogordo, NM, for Otero County. The workshop was hosted at the Sgt. Willie Estrada Memorial Civic Center. The Otero County Administration Office supported the workshop. Approximately 50 representatives from the Otero County community participated in the 1½-day event.

Chief Judge Angie Schneider and Jeanette Borunda, CIT Clinical Director of the Alamogordo Police Department, opened the workshop on May 29, 2024. In her remarks, Judge Schneider stressed the importance of active engagement from workshop participants, urging them to share their insights, listen to others, and work collaboratively to develop actionable solutions. Highlighting the need to reduce stigma around mental health and substance use, Judge Schneider called for a focus on celebrating successes and fostering systemic change. She underscored that the community could achieve meaningful improvements in the justice system and overall well-being through collective effort. Subsequently, Ms. Borunda shared the accomplishments in the county.

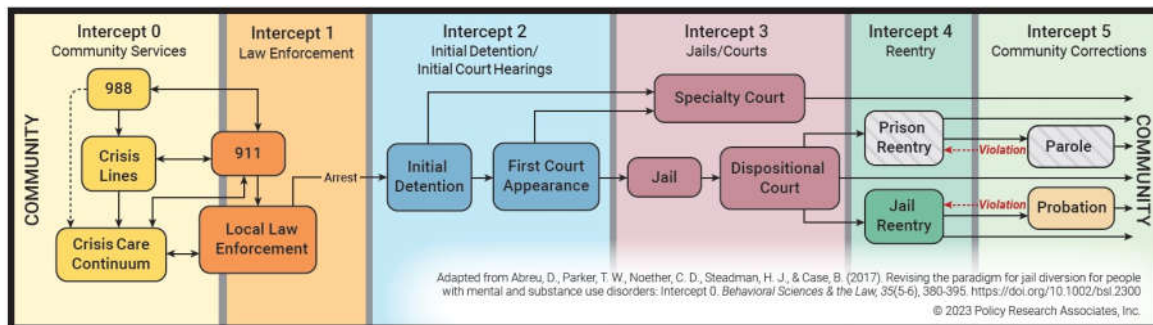
In 2018, the Alamogordo Police Department received a grant to start CIT (Crisis Intervention Team) training, making it one of only four departments nationwide and the only rural department to receive such a grant. As part of the grant, a SIM mapping workshop brought together 45 representatives from various agencies, including the Otero County Health Council, Behavioral Health Local Collaborative, Judicial District 12, Otero County, Gerald Champion Regional Medical Center (now CHRISTUS Southern New Mexico, aka CSNM), and others. Following this initial mapping workshop, the CIT program was developed to focus on providing community services and addressing needs in county jails. The CIT training program has been robust, training nearly 400 first responders across 32 agencies in Otero County and New Mexico.



Background

The Sequential Intercept Model, developed by Mark R. Munetz, M.D. and Patricia A. Griffin, Ph.D.,¹ has been used as a focal point for states and communities to assess available resources, determine gaps in services, and plan for community change. These activities are best accomplished by a team of stakeholders that cross over multiple systems, including mental health, substance use, law enforcement, pretrial services, courts, jails, community corrections, housing, health, social services, peers, family members, and many others.

A Substance Use-Focused Sequential Intercept Mapping is a workshop to develop comprehensive, community-wide strategic plans for addressing substance use, and better identifying and responding to the needs of adults with substance use challenges who are involved or at risk for involvement in the criminal justice system. Through the workshop, facilitators and participants identify opportunities for linkage to services and for prevention of further penetration into the criminal justice system.



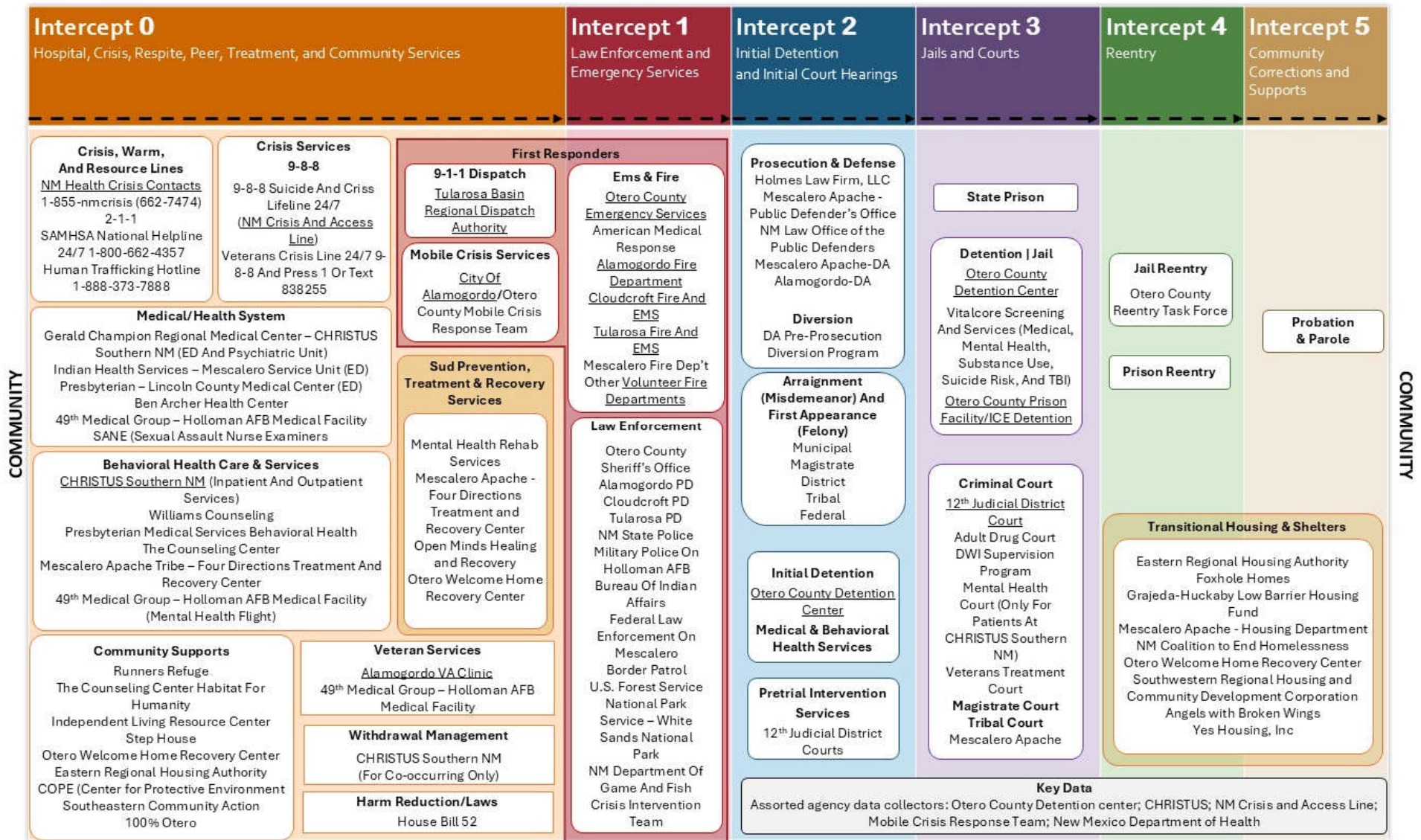
The Sequential Intercept Mapping workshop has three primary objectives:

1. Develop a comprehensive picture of how people with substance use challenges and co-occurring disorders flow through the criminal justice system along six distinct intercept points: (0) Community Services, (1) Law Enforcement and Emergency Services, (2) Initial Detention and Initial Court Hearings, (3) Jails and Courts, (4) Reentry, and (5) Community Corrections/Community Support.
2. Identify gaps, resources, and opportunities at each intercept for individuals in the target population.
3. Develop priorities for activities designed to improve system and service-level responses for individuals in the target population, such as screening and assessment, diverting out of the criminal justice system and into appropriate community-based treatment programs, implementing or expanding Medication-Assisted Treatment, and maintaining continuity of care through transitions in and out of custody.

¹ Munetz, M., & Griffin, P. (2006). A systemic approach to the de-criminalization of people with serious mental illness: The Sequential Intercept Model. *Psychiatric Services*, 57, 544-549.



Sequential Intercept Model Map for Otero County, NM





Resources and Gaps at Each Intercept

The centerpiece of the workshop is the development of a Sequential Intercept Model map. As part of the mapping activity, the facilitators work with the workshop participants to identify resources and gaps at each intercept. This process is important since the criminal justice system and substance use and behavioral health services are ever-changing, and the resources and gaps provide contextual information for understanding the local map. Moreover, this catalog can be used by planners to establish greater opportunities for improving public safety and public health outcomes for people with substance use challenges by addressing the gaps and building on existing resources.

Note: the resources included in this report and map are reflective of the conversation and participants present during the Sequential Intercept Model (SIM) Mapping Workshop and may not be exhaustive of all relevant resources, programs, or organizations present in the mapped community.





INTERCEPT 0-1

CRISIS LINES, CRISIS SERVICES, AND CRISIS RESOURCES IN OTERO COUNTY, NEW MEXICO

Crisis Lines

988 Crisis Line

Provides immediate crisis intervention services. However, it lacks follow-up or data sharing mechanisms for dispatchers to know the outcomes or impacts of the calls. Additionally, there is a service delay between calls transferred from 911 dispatch to the 988-crisis line, and visa-versa.

NM Crisis and Access Line

Offers 24/7 support for mental health and substance use crises, connecting individuals to appropriate resources and providing crisis intervention.

Crisis Services

Mobile Crisis Response Team (MCRT)

Operates county-wide, addressing mental health, behavioral health, and substance-related crises. The team includes one clinician, two peer support workers, and a coordinator, providing 24-hour response and follow-up support for 30-60 days. The team collaborates closely with law enforcement and community supports. They provide CIT training to law enforcement.



Crisis Intervention Team (CIT)

The Crisis Intervention Team (CIT) program is a community partnership of law enforcement, mental health and addiction professionals, individuals who live with mental illness and/or addiction disorders, their families, and other partners to improve community responses to mental health crises (CIT International, www.citinternational.org/What-is-CIT)

CHRISTUS Southern New Mexico (CSNM)

CSNM's Outpatient Behavioral Health and Therapy Services provides emergency mental health evaluations, crisis intervention, inpatient and outpatient behavioral health services, and Medication Assisted Treatment (MAT) including Medications for Opioid Use Disorder (MOUD) and Medications for Alcohol Use Disorder (MAUD). CSNM's Inpatient/Psychiatry Behavioral Health Services provides detox services for patients with a co-occurring mental health diagnosis.

Presbyterian Medical Services (PMS) Behavioral Services

Offers crisis intervention and short-term stabilization, along with counseling and early intervention for various substance use disorders.

COPE (Center of Protective Environment)

COPE offers specialized services to men, women, and children experiencing family and relationship violence and sexual assault including crisis intervention, support services, shelter, advocacy, legal services, intervention services, outreach, education, and counseling. They may be contacted in person, by phone, chatline, or a 24-hour hotline.

SANE (Sexual Assault Nurse Examiners)

Provides exams and forensic evidence collection for sexual assault survivors and referrals for follow-up support.

Crisis Resources

Otero Public Health Office (NMDOH)

The New Mexico Department of Health (NMDOH) Otero County Public Health Office includes the Southwest Pathways Program which provides Medication for Opioid Use Disorder (MOUD) and the Harm Reduction Program which provides syringe exchange and safer use supplies, overdose prevention services to include Fentanyl test strips and rescue breathing, Narcan training and dispensing, and education regarding safer substance use practices to prevent overdose and transmission of infectious diseases to support individuals with substance use disorders.

Alamogordo Public Schools Health Services Department

Publishes an annual Mental Health Guide for students, families, and the community. Provides referrals and resources for children in crisis.



COMMUNITY BEHAVIORAL HEALTH, DETOX, AND SUBSTANCE USE TREATMENT SERVICES IN OTERO COUNTY, NEW MEXICO

Behavioral Health and Substance Use Treatment Services

CHRISTUS Southern New Mexico (CSNM)

CSNM's Outpatient Behavioral Health and Therapy Services provides emergency mental health evaluations, crisis intervention, inpatient and outpatient behavioral health services, and Medication Assisted Treatment (MAT) including Medications for Opioid Use Disorder (MOUD) and Medications for Alcohol Use Disorder (MAUD). CSNM's Inpatient/Psychiatry Behavioral Health Services provides detox services for patients with a co-occurring mental health diagnosis. CSNM's Community Connections' certified Community Health Workers (CHW) provide and arrange for wrap-around services including arranging transportation services.

Presbyterian Medical Services (PMS) Behavioral Services

Offers comprehensive behavioral health services, including psychiatrics, comprehensive community support services, adults only psychosocial rehabilitation services (PSR) for individuals Serious Mental Illness (SMI), crisis intervention, short-term stabilization, relapse prevention, works with the District Attorney's Office's pre-prosecution diversion programs to provide counseling, and specialized services such as a women's only PTSD group. PMS also provides rapid access to avoid waiting lists and serves both juveniles and adults.

The Counseling Center (TCC)

Provides behavioral health assessment and treatment, crisis intervention, substance use disorder services, Comprehensive Community Support Services, overdose prevention, DWI programs, tele-health and telephone services to ensure accessibility, and medication evaluation. They also have an in-house psychiatric nurse practitioner.

Four Directions

Offers 90–180-day inpatient services, outpatient tele-health services, and transportation services for tribal members of any federally recognized tribe or nation. They have partnerships with local entities to assist with housing and employment.

Williams Counseling

Offers therapeutic services for adolescents and adults, including services for treatment courts.

Step House

A 12-month recovery program for men and women, providing services for probation/parole clients and pre-trial services.



HAFB Medical Group

Provides substance use treatment services for military members and their dependents.

Detox Services

CHRISTUS Southern New Mexico (CSNM)

CSNM's Inpatient/Psychiatry Behavioral Health Services provides detox services for patients with a co-occurring mental health diagnosis. CSNM's Outpatient Behavioral Health and Therapy Services provides ongoing behavioral health services and Medication Assisted Treatment (MAT), including Medications for Opioid Use Disorder (MOUD) and Medications for Alcohol Use Disorder (MAUD).

Harm Reduction Services

Otero Public Health Office (NMDOH)

Offers services on infection control, surveillance, outbreak response, education, testing & treatment, partners services and referrals for reportable diseases. The Harm Reduction provides services such as syringe exchange and safer use supplies, overdose prevention services to include Fentanyl test strips and rescue breathing, Narcan training/dispensing, and education regarding safer substance use practices to prevent overdose and transmission of infectious diseases. The Southwest Pathways program provides Medication Assistance Treatment (MAT) for individuals with Opioid Use Disorder (OUD) by providing overdose prevention education, opiate replacement therapy with buprenorphine, including Narcan training and distribution.

The Counseling Center

Offers naloxone/Narcan training and distribution and fentanyl test strips through the overdose program.

New Mexico Behavioral Services Department

Athena R. Huckaby, MPH is contracted to provide naloxone training in the southwest part of the state.

HOUSING SERVICES, HOUSING SHELTERS, AND RESIDENTIAL FACILITIES IN OTERO COUNTY, NEW MEXICO

Housing Services

Eastern Regional Housing Authority

The primary organization for housing resources in Alamogordo. They focus on low-income housing and Section 8 programs and explore repurposing old buildings to create transitional living apartments or quarters.

Habitat for Humanity

Provides housing support through community-driven construction projects, offering affordable housing solutions to low-income families in Otero County.



The Grajeda-Huckaby Low Barrier Housing Fund

Through the Community Foundation of Southern New Mexico. Provides emergency housing, eviction prevention, and other housing needs for people with substance use disorders. Services depend on funding availability.

Southeastern Community Action

Provides emergency financial assistance for rent, mortgage, and utilities.

Southern New Mexico Red Cross

Provides financial support for emergency shelter.

Independent Living Resource Center

Provides Section 8 housing application and recertification assistance to the disabled and elderly.

Veteran's Integration Center

Provides emergency housing, transitional housing, and rapid re-housing and homeless prevention for veterans.

Housing Shelters

COPE (Center of Protective Environment)

Provides shelter and support services for men, women, and children who are experiencing family and relationship violence and sexual assault.

Residential Facilities

Step House

A 12-month recovery program for men and women, providing services for probation and parole clients and pre-trial services, helping clients obtain necessary documentation such as ID and Social Security cards.

Four Directions

Offers 90–180-day inpatient services and outpatient tele-health services. It also provides transportation services for tribal members of any federally recognized tribe or nation and collaborates with local organizations to support housing and employment.

Angels with Broken Wings

Assists with housing initiatives to avoid eviction and provide housing support in Las Cruces. This organization works to prevent homelessness and support individuals in maintaining stable housing. Staff will come to Otero County to pick people up and bring to facility for services.

Tiger Care Center (Alamogordo Public Schools)

Provides resources for children experiencing homelessness, including clothing, beds, showers, and laundry services. This center addresses the needs of students facing housing instability and substance use issues.



Additional Resources

Medicaid and Managed Care Organizations (MCOs)

Offer housing support through Medicaid and value-added services provided by MCOs. These services include assistance with accessing housing support and ensuring individuals have the financial resources needed for stable living.

PEER SERVICES AND PEER PROGRAMS IN OTERO COUNTY, NEW MEXICO

Peer Services

Mobile Crisis Response Team (MCRT)

The Mobile Crisis Response Team (MCRT) in Otero County includes two peer support workers, a clinician, and a coordinator. This team operates 24 hours a day, providing crisis response and follow-up support for 30-60 days. The team collaborates closely with law enforcement and community support agencies to ensure comprehensive care. The MCRT has strong relationships with local law enforcement and is involved in crisis intervention training (CIT) for officers and community partners.

Presbyterian Medical Services (PMS)

PMS provides a range of behavioral health services, including crisis intervention, short-term stabilization, and relapse prevention programs. They have a women's only PTSD group and offer services for juveniles and adults. Peer support is integrated into their services to enhance the recovery process and provide ongoing support.

The Counseling Center (TCC)

Offers family social support services, including community-based prevention, intervention and reunification and family outreach services. They provide Juvenile Community Corrections and provide structured support groups such as Girls Circle and Boys Council, which focuses on building connections and resiliency among youth.

COPE (Center of Protective Environment)

COPE provides shelter and support services for men, women, and children who are experiencing family and relationship violence and sexual assault. The center includes peer support programs, education, outreach, and counseling to help survivors through their recovery journey. They also offer community referrals and batterers' intervention programs.

CHRISTUS Southern New Mexico (CSNM)

CSNM's Outpatient Behavioral Health and Therapy Services and Inpatient/Psychiatry Behavioral Health Services refer to external peer support programs to ensure continuity of care and support for patients. CSNM's Community Connections' certified Community Health Workers (CHW) provide and arrange for wrap-around services including arranging transportation services.



Step House

A 12-month recovery program for men and women, providing services for probation/parole clients and pre-trial services. They provide peer support services to help individuals on probation or parole and assist them in obtaining necessary documentation such as IDs and Social Security cards. The program accepts referrals from various sources, including pre-trial services.

Four Directions

Four Directions provides 90–180-day inpatient services and outpatient tele-health services. They offer transportation services for tribal members of any federally recognized tribe or nation and collaborate with local organizations to support housing and employment. Peer support is a critical component of their services, helping to ensure clients receive holistic and culturally sensitive care.

Additional Peer Support Resources

Alamogordo Public Schools Health Services Department

This department publishes an annual Mental Health Guide for students, families, and the community. They provide referrals and resources for children in crisis, integrating peer support to ensure students receive the necessary help and encouragement.

100% Otero

An initiative focused on addressing adverse childhood experiences and adverse social determinants of health through community collaboration and support. Peer support is a key element in their strategy to create a supportive and resilient community.

DATA RESOURCES AND PRACTICES IN OTERO COUNTY, NEW MEXICO

Data Collection and Sharing

Otero County Detention Center

The Otero County Detention Center has a discharge planner that facilitates the smooth transition of individuals from incarceration back into the community by providing housing support and connecting them with necessary services. They focus on enhancing data sharing and collaboration between different agencies to ensure continuity of care and support for reentry.

CHRISTUS Southern New Mexico (CSNM)

CSNM is involved in various data collection efforts, including patient support and resources navigation for recently released individuals. They work closely with the community to improve data sharing and collaboration among stakeholders.



NM Crisis and Access Line

Provides 24/7 support for mental health and substance use crises. The line collects data on crisis calls to understand trends and improve services. However, there are noted gaps in follow-up and data sharing with dispatchers to know the outcomes or impacts of the calls.

Mobile Crisis Response Team (MCRT)

The MCRT is embedded within the Alamogordo Police Department and operates county-wide addressing mental health, behavioral health, and substance-related crises. They provide 40-hour CIT Training and collaborate and co-respond with local law enforcement. Data collection and sharing are integral to their operations to improve crisis response and follow-up support.

GAPS

Crisis/988/911/Dispatch

- The 988 Crisis Line lacks follow-up or data-sharing mechanisms for dispatchers to know the outcomes or impacts of the calls.
- Dispatchers are not currently receiving support services; this is in the process of being implemented.
- There is no follow-up from 988 back to dispatch on what plan was created or needed.
- Limited availability of immediate behavioral health services and crisis intervention, especially in rural areas.
- Insufficient crisis stabilization units for individuals in severe mental health crises.
- Gaps in follow-up services for individuals after a crisis has been managed.

Healthcare

- No local medical detox programs or inpatient care beds, especially for longer-term stays, unless it is a co-occurring with mental health diagnosis at CHRISTUS Southern New Mexico. Inpatient substance use beds are often geographically inaccessible.
- Stigma is prevalent in healthcare settings, particularly around substance use, which can negate mental health needs.
- Long wait times for outpatient therapy/counseling are significant, especially after a crisis.

Law Enforcement and First Responders

- Gaps in coordination between law enforcement, EMS, and behavioral health providers during crises.
- Need for improved protocols for responding to mental health and substance use crises.
- Not all law enforcement officers in the county are trained in crisis intervention techniques. Although, CIT Training is available to all Law Enforcement.
- High turnover rates among law enforcement officers and delays in hiring and training.



Peer Support

- There are staffing shortages in certified peer support roles within the community.
- Challenges exist in getting clients to appointments, affecting the effectiveness of peer support.
- Shortage of places for people to get their peer support hours for certification.

Community Services

- Insufficient early intervention programs specifically targeting substance use disorders.
- Need for more accessible and comprehensive early intervention services in rural areas.
- Lack of public awareness about substance use disorders and available prevention resources.

Substance Use Services and Treatment

- Limited availability of providers offering Suboxone and other medically assisted treatments.
- Barriers to enrolling clients in MAT programs due to provider availability and geographical constraints.
- The Otero County lacks detox centers, forcing reliance on hospitals.

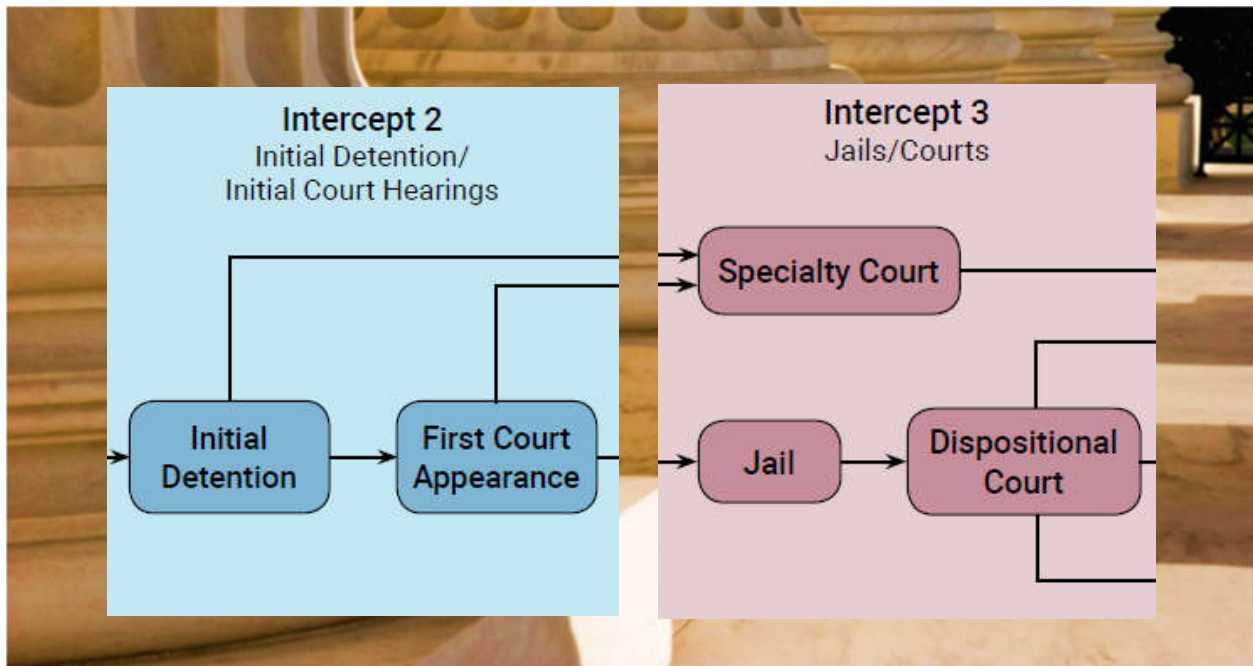
Housing and Homeless Services

- Limited resources for people experiencing homelessness, especially those with serious mental illness and substance use disorder.
- Challenges in finding housing and appropriate services within the community.
- Zero dedicated and consistent overnight shelter options.

Collection and Sharing of Data

- Lack of dedicated personnel for data analysis affects the ability to prioritize data collection and sharing effectively.
- Gaps in coordination and information sharing between law enforcement, EMS, and behavioral health providers during crises.
- Gaps in coordination and information sharing between states agencies regarding who collects and stores data.





INTERCEPT 2-3

RESOURCES

Booking

The Otero County Detention Center (OCDC) conducts comprehensive biopsychosocial assessments for individuals upon booking that evaluates risk for self-harm and the need for emergent medications. CDC provides round-the-clock mental health coverage and provides crisis intervention to detainees. The facility also offers medical detox and withdrawal protocol to include continuation of MAT program, ensuring that individuals receive necessary care during the initial stages of detention. Telehealth services for both medical and psychiatry are utilized for medication management, enabling timely and effective treatment for detainees.

Jail Structure and Personnel

The Otero County Detention Center (OCDC) maintains a robust structure with 24/7 medical and mental health coverage to address detainees' needs. Jail personnel include two mental health staff, thirteen nurses, an onsite discharge planner, and a psychiatrist and nurse practitioner who provide services via telehealth. This diverse team ensures that the facility can address a wide range of health and mental health needs of the detainees.



Jail Services

- All detainees are evaluated by licensed mental health professionals to address any mental health need presented including substance use. Ongoing bi-weekly individual sessions are provided for those that request or need it.
- All detainees are given a physical within the first two weeks of their incarceration in an effort to capture any unknown issues that may need to be addressed while incarcerated.
- All detainees are assigned tablets that have access to self-help programs for substance use such as the Reach Intervention Support and Engage (RISE) Program, anger management, law library, audio and video calling.
- Church services and individual clergy visits are offered weekly.

Initial Hearing

The 12th Judicial District Court handles competency cases and felony cases, including initial detention hearings, arraignments, and conditions of release hearings. For misdemeanor cases, the Otero County Magistrate Court conducts initial appearances and sets conditions of release for defendants.

District Attorney Office Pre-Prosecution Diversion Program

The District Attorney's Office provides Pre-prosecution diversion programs. The Pre-prosecution Diversion Program (PPD) provides anger management, domestic violence counseling, and addiction counseling services for first time offenders with controlled substance possession and drug paraphernalia possession charges.

Pre-trial Services

The Otero County Pre-Trial Services Program is a form of non-monetary release from detention. This program monitors a person's compliance with court ordered conditions of release and documents their compliance.

Problem-Solving Courts

Adult Treatment Court

The Otero County Adult Treatment Court is a specialized problem-solving court that offers a diversion program with intensive supervision and treatment as an alternative to incarceration. This court provides a structured program that includes intensive supervision, treatment, and regular court appearances. The goal is to address the root causes of criminal behavior by promoting rehabilitation and reducing recidivism. Participants in the Adult Treatment Court may undergo frequent drug testing, receive substance use treatment, and are required to attend regular status hearings with a judge. Successful completion of the program can lead to reduced sentences or other legal benefits, making it a critical component of the county's efforts to manage substance use issues within the justice system.



Veterans Treatment Court

Veteran's Treatment Court (VTC) is designed to identify Veteran's involved with the criminal justice system who suffer from substance use disorder, mental illness, or co-occurring disorders and link them to treatment and services in an effort to divert these individuals from incarceration. It is a specialty court that integrates mental health, substance use disorder treatment, drug testing, incentives and sanctions, and recovery support services in judicially supervised court settings. VTC personnel include the judge, treatment providers, case managers, legal staff, probation and parole staff, and volunteer veteran mentors.

DWI Supervision Program – Otero County

The DWI Supervision Program is overseen by the DWI Grant Council and administered by the Department of Finance (DFA) and Local Government Division (LGD). The Mission of the DWI Program is to reduce the incidence of DWI and alcohol related misuse and domestic violence. They provide misdemeanor compliance, supplemental funding for treatment and counseling, and partial funding for DWI school for DWI offenders. In addition, they also provide prevention training to local schools to reduce drug and alcohol use by kids and teens.

GAPS

Jail Booking

- Inadequate communication from hospital to the detention center regarding medical clearance, hospital discharges, and treatment plans.
- Difficulty to outsource for psychiatric stabilization due to hospital's policies and requiring court approval in a timely manner.
- More training is needed in de-escalation techniques and implementation when detainees are brought into custody.

Jail Structure and Personnel

- The Otero County Detention Center experiences large amount of high acuity and amount of detainees, which strains resources and limits access to services.
- There is insufficient funding for additional staff and resources necessary to support jail-based programs effectively.
- The facility faces high turnover rates among officers, leading to delays in hiring and training new personnel.

Jail Services

- There are limited specialized programs for inmates with co-occurring mental health and substance use disorders.
- Released clients often face housing instability or homelessness and lack other contact information.



- Released clients face transportation issues, especially for Medicaid provided transportation from OCDC.

Competency

- There are not enough resources to conduct comprehensive mental health assessments for competency evaluations.
- There is a need for more trained personnel to perform detailed behavioral health evaluations during competency assessments.

Initial Hearing

- There is a need for improved coordination between law enforcement, detention center staff, attorneys, and behavioral health providers.
- Inadequate communication affects the continuity of care and timely processing of cases.
- High caseloads and limited availability of public defenders result in less time per client and delayed legal representation for defendants.

Pre-trial Services

- There are not enough pre-trial diversion programs for individuals with mental health and substance use disorders.
- More comprehensive diversion options are needed to reduce the jail population and provide appropriate treatment.

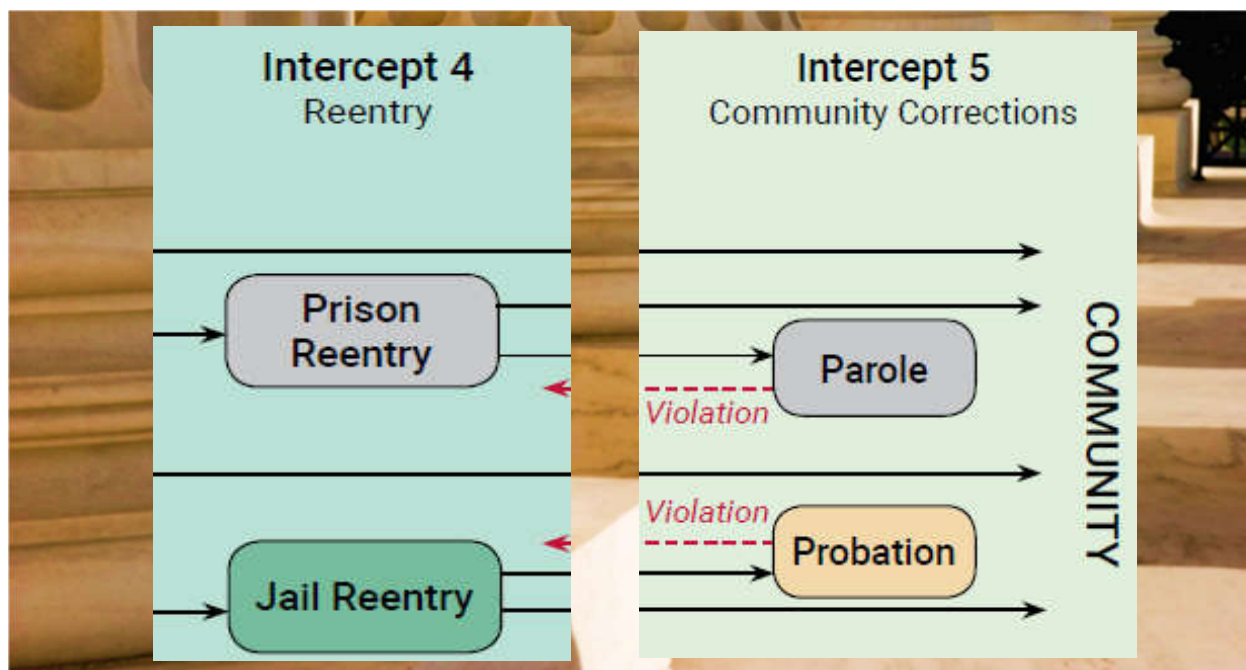
Problem-Solving Courts

- There is a need for additional specialty courts, such as a Mental Health Treatment Court and a Young Adult Court, beyond the existing Adult Treatment Court and Veterans Treatment Court
- The capacity of existing specialty court programs may need to be diversified to serve more individuals.

Jail Data Collection and Sharing

- There is a shortage of dedicated personnel for data analysis.
- Improved coordination and information sharing between healthcare providers, law enforcement, local governments, and community organizations are required.
- Current data collection systems are inadequate for tracking the distribution and impact of services, hindering effective service coordination and outcome measurement.





INTERCEPT 4-5

RESOURCES

Reentry Services

Otero County Detention Center (OCDC)

The Otero County Detention Center has a discharge planner dedicated to facilitating smooth transitions from incarceration back into the community. The discharge planner coordinates various reentry services, offering crucial support to individuals as they move from jail to community living. The discharge planner collaborates with multiple stakeholders to enhance reentry outcomes. OCDC provides coordination with residential treatment programs, halfway houses, and sober living and transition programs throughout New Mexico and surrounding states.

CHRISTUS Southern New Mexico's Community Connections

CHRISTUS Southern New Mexico's Community Connections provides comprehensive patient support and resource navigation for individuals recently released from incarceration. Their services assist these individuals in navigating community resources, addressing their medical and behavioral health needs, and connecting them to essential social services and housing assistance. They also provide a community closet for anyone in need of clothing items.

Eastern Regional Housing Authority

Housing assistance is available in Otero County. The Eastern Regional Housing Authority helps individuals find affordable housing as they transition from incarceration, except for individuals with drug



trafficking and sex related convictions. An individual with felony convictions within three years is handled on a case-by-case basis. Amount of housing is limited.

New Mexico Workforce Connection

Employment assistance is available through New Mexico Workforce Connection, which offers job placement services and training programs designed to help individuals reenter the workforce. Their services include job search assistance, resume building, interview preparation, and job training programs. Local nonprofits, such as Love INC, also play a vital role in providing job training and placement support. These organizations help individuals develop job skills, find employment, and maintain their jobs.

Other Resources

Social Security and Medicaid Assistance programs are in place to help individuals secure necessary financial support and health insurance. These programs offer enrollment assistance for Social Security benefits, support with Medicaid applications, and financial support for healthcare and basic living expenses.

Community-Based Organizations

Several community-based organizations in Otero County provide critical resources to individuals in need, helping them stabilize and reintegrate into the community. A limited list of resources includes:

- The Salvation Army provides food, clothing, and bus passes. They also provide the Angel Tree program that helps provide Christmas gifts to low-income families.
- Love INC offers food, clothing, financial classes, dog food, household goods, and limited array of durable medical equipment.
- COPE (Center of Protective Environment) offers specialized services for family and relationship violence and sexual assault survivors, including crisis intervention and support services. COPE also provides court ordered offender-based group treatment and intervention programs.
- The New Mexico Department of Health (NMDOH) contributes to reentry efforts by providing Narcan (naloxone) kits to individuals upon release from incarceration. These kits are essential for preventing opioid overdoses.
- Pathways and Career Education (PACE) offers high school equivalency preparation and testing, workforce readiness skills, English Language Learner (ELA), Computer Skills, and food manager course.
- Independent Living Resource Center serves people with physical or mental disabilities by providing support, advocacy, and removing barriers that prevent people with disabilities from independent living.
- The Counseling Center provides counseling, substance use counseling, overdoses prevention, DWI School, family support service, and reunification services.



Probation

Otero County Probation and Parole Office

The Otero County Probation and Parole Office is responsible for managing specialized caseloads for individuals with substance use disorders and other behavioral health needs. Probation and parole officers in this office provide crucial assistance to individuals in accessing substance use treatment, housing, and employment services. These officers are trained to support the unique needs of individuals on probation or parole, helping them navigate the complexities of reentry and ensuring compliance with court conditions.

Social Security and Medicaid Enrollment

Individuals on probation or parole can receive assistance enrolling in these programs so they have the financial support needed for basic living expenses and healthcare.

New Mexico Workforce Connection

The New Mexico Workforce Connection offers job placement services and training programs designed to help individuals on probation or parole reenter the workforce. Services include job search assistance, resume building, interview preparation, and job training programs.

GAPS

Jail Reentry

- Limited access to quality behavioral health care: There is an insufficient number of qualified behavioral health and psychiatric providers, leading to long wait times for services.
- Limited availability of medication-assisted treatment (MAT) upon release: Access to MAT, outside of prescribing Suboxone, is not adequately available for individuals transitioning from jail to the community. Specifically, individuals lack access to individual and group counseling and accountability. There is a lack of integrated care.
- Inability to recertify Medicaid and Medicare while incarcerated causes difficulty in community-based referrals and residential treatment programs.
- Trespass orders, especially from Walgreens, prevent some released individuals from picking up their medications from pharmacies. Additionally, trespass orders from places that provide access to personal hygiene services, such as showers and laundry services, prevent people from reintegration into daily life.

Community Reentry

- High demand for affordable and transitional housing with limited availability: There is a significant need for affordable and transitional housing, but availability is limited, making it difficult for individuals to secure stable housing post-release.
- Long wait lists for housing assistance programs: The existing housing assistance programs have long wait lists, which delays access to necessary housing support.

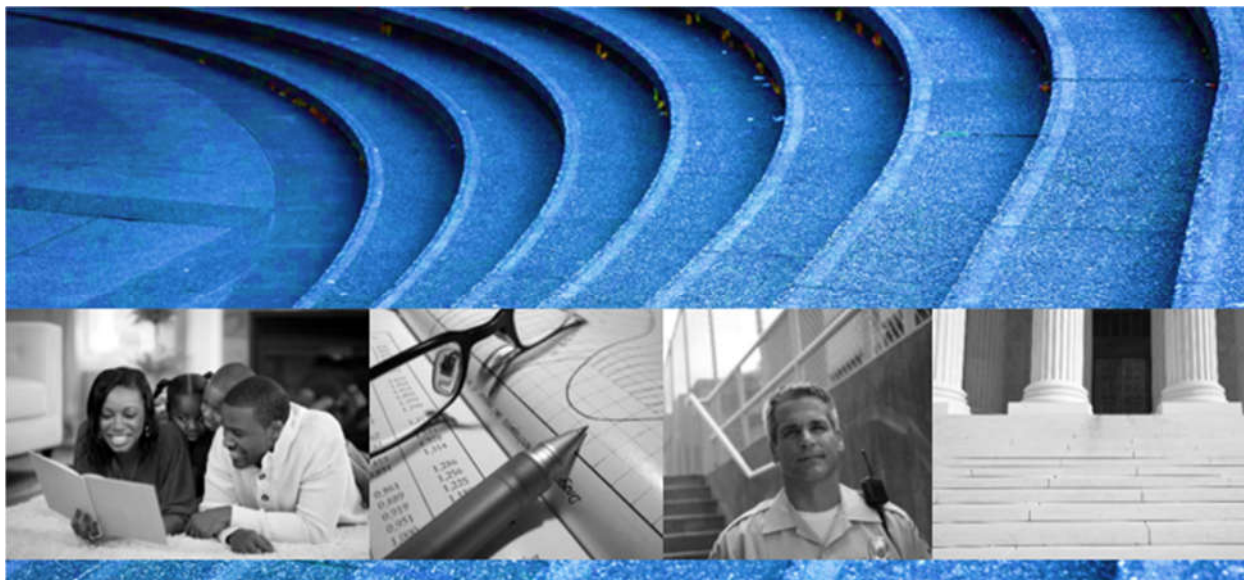


- Insufficient coordination between reentry services and community-based organizations: Improved integration and coordination between different service providers are needed to ensure a seamless network of reentry services.
- Transportation barriers making it difficult for individuals to attend post-release appointments and access services: Limited public transportation options, hinder individuals' ability to access treatment and support services, especially in rural areas.
- Stigma and discrimination affecting access to housing, employment, and services: Stigma and state and federal policies associated with criminal records affect individuals' ability to access essential services, like housing and employment, and integrate successfully into the community.
- Certain convictions prevent individuals from qualifying for housing support services.

Probation

- Limited access to quality behavioral health care: Similar to the gap in jail reentry, there is an insufficient number of behavioral health and psychiatric providers, leading to long wait times for individuals on probation.
- Transportation barriers making it difficult to access treatment and support services: Transportation options, including public transportation, are limited and do not align well with the needs of individuals on probation, complicating their access to necessary services.
- High demand for affordable housing with insufficient availability: The demand for affordable housing exceeds availability, creating challenges for individuals on probation to find stable housing.
- Barriers to employment for individuals with criminal records: Individuals with criminal records face significant challenges in securing employment, limiting their ability to reintegrate successfully.
- Insufficient integrated case management and coordination between probation/parole officers and service providers: There is a need for better coordination and integrated case management to provide comprehensive support for individuals on probation, facilitating their rehabilitation and reintegration.





Priorities for Change

The priorities for change are determined through a voting process. Workshop participants are asked to rank order a set of priority statements developed from identified system gaps. An online survey was used, followed by a facilitated discussion, to restate the top-ranked priorities into priority areas for strategic action planning. Below are the four priority statements developed, and below those are the ranking results with the full list of priority areas. The voting took place on May 29, 2024.



FACILITATED GROUP IDENTIFIED PRIORITY STATEMENTS

1. Enhance Support and Reducing Stigma for SUD and MH

Implement stigma reduction training for all healthcare professionals, healthcare professionals in detention centers, and among decision makers to enhance support for individuals with substance use disorders and mental health needs, ensuring they receive respectful care. Promote trauma-informed care practices in all healthcare settings. Establish countywide SUD and MH awareness programs for law enforcement and ongoing support services for dispatchers and first responders to improve crisis response and reduce criminal justice involvement. Foster collaboration with tribal communities for inclusive support systems.

2. Strengthen Workforce and Collaboration in Behavioral Health and Crisis Response

Implement targeted recruitment and retention strategies to address staffing shortages in behavioral health and crisis response services by providing competitive salaries, benefits, and career development pathways. Identify funding opportunities and engage in legislative advocacy for student loan forgiveness. Foster collaboration with tribal communities to ensure inclusive support and staffing solutions.

3. Expand Substance Use Treatment and Awareness

Establish a Medical Detox Center with Harm Reduction services in Otero County for adults and adolescents, providing accessible treatment for substance use disorders. Raise awareness about existing outpatient therapy and counseling options. Foster collaboration with tribal communities to ensure inclusive and comprehensive care.

4. Address Housing Instability and Homelessness for Vulnerable Populations

Prioritize housing solutions for individuals with substance use and/or mental health issues at risk of criminal justice involvement. Develop shelter facilities and additional transitional housing programs to address homelessness and housing instability, focusing on vulnerable populations such as veterans, adolescents, and individuals with felony convictions. Foster collaboration with tribal communities to ensure inclusive and effective housing solutions.



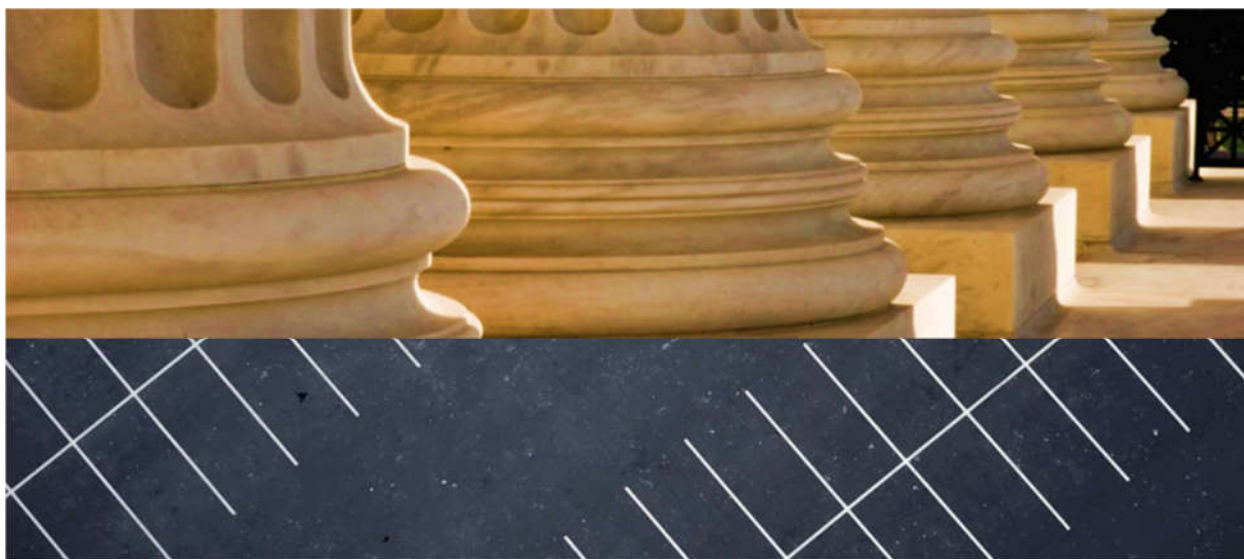
PRIORITY STATEMENT RANKING

Priority Statement	Score
Ensure continuation of comprehensive SUD and MH awareness programs for law enforcement and provide ongoing support services for dispatchers and first responders to improve the effectiveness of crisis response and reduce the risk of criminal justice involvement for individuals with substance use and/or mental health issues.	10.33
Establish a medical detox center in Otero County to provide accessible treatment for substance use disorders. Raise awareness about existing outpatient therapy and counseling options.	10.05
Develop and implement standardized follow-up protocols to ensure continuous coordination and communication between 988 dispatch crisis services, local 911 dispatch, and community resources, and increase the integration and collaboration between the Mobile Crisis Response Team (MCRT) and law enforcement agencies for seamless crisis management and support.	9.38
Prioritize housing solutions for individuals with substance use and/or mental health issues who are at risk of criminal justice involvement. Develop shelter facilities and additional transitional housing programs to address homelessness and housing instability, particularly for vulnerable populations such as veterans, adolescents, and individuals with felony convictions.	9.87
Develop and support transportation initiatives to ensure clients can attend medical and behavioral health appointments, particularly non-emergency services, thereby reducing the risk of missed appointments and subsequent criminal justice involvement. Develop additional transportation services to help clients attend non-medical or behavioral health appointments, such as court hearings, pharmacy pick-up, and probation and parole appointments. Collaborate with local transportation providers to improve accessibility and reliability for residents in need.	9.69
Implement stigma reduction training for healthcare professionals to enhance understanding and support for individuals with substance use disorders and mental health needs, ensuring they receive respectful and effective care. Promote the use of trauma-informed care practices across all healthcare settings.	7.13
Implement targeted recruitment and retention strategies to address staffing shortages across behavioral health and crisis response services by providing competitive salaries, benefits, and creating career development pathways.	10
Develop and enhance job training programs that align with current job market demands, focusing on providing skills and opportunities for sustainable employment for individuals with substance use and/or mental health issues at risk of criminal justice involvement. Increase access to childcare services to support parents participating in job training and employment programs, ensuring they can focus on their recovery and employment without additional stress.	3.59
Enhance training programs for new healthcare professionals, law enforcement, and detention center staff and provide ongoing professional development to ensure a well-prepared and resilient workforce capable of effectively addressing the needs of individuals with substance use and/or mental health issues at risk of criminal justice involvement.	9.21
Develop comprehensive support services for veterans, including housing assistance, mental health care, and job training programs, to prevent homelessness and criminal justice involvement. Collaborate with veteran organizations to ensure timely and effective delivery of services tailored to the unique needs of veterans with substance use and/or mental health issues.	3.92
Increase the availability of mental health services for adolescents, including specialized programs for court-ordered juveniles and school-based interventions, and substance use prevention services to address issues early and prevent escalation into criminal behavior.	8.18
Strengthen partnerships with tribal authorities and service providers to ensure culturally appropriate and accessible services for tribal members both on and off the Mescalero-Apache Tribal Land. Facilitate regular	5.79



communication and joint planning sessions to address the unique needs of tribal communities and prevent criminal justice involvement.	
Enhance services and programs for juveniles, particularly those court-ordered to receive services in remote/rural parts of the county, and address housing and substance use treatment gaps for adolescents aging out of the system. Improve support for court-involved individuals by enhancing pre-adjudication assistance, ensuring consistent reporting of new citations by law enforcement, and providing continued support post-trial to reduce recidivism and promote successful reintegration.	5.21
Increase resources and support services for victims of domestic violence, including safe shelter options, legal assistance, and counseling. Ensure these services are accessible to individuals with substance use and/or mental health issues to prevent escalation into criminal behavior. Promote awareness and outreach programs to ensure victims know how to access available resources and receive timely assistance.	2.64





Quick Fixes & Parking Lot

While most priorities identified during a Sequential Intercept Model mapping workshop require significant planning and opportunities, quick fixes can be implemented with minimal time and little, if any, financial investment. Yet quick fixes can significantly impact the trajectories of people with substance use challenges and co-occurring disorders in the justice system. In contrast, some gaps identified during the Sequential Intercept Mapping are too large or in-depth to address during the workshop. These issues are listed below in the “parking lot.”

QUICK FIXES

Implement 988/911 Follow-Up and Data Sharing System

Who: 988 Crisis Line administrators, Otero County Dispatchers, Otero County Healthcare Services.

What: Develop and implement a follow-up and data-sharing system from the 988-crisis line to dispatchers. This includes creating protocols for updating dispatchers on the outcomes of crisis calls and any necessary follow-up actions.

When: Immediately initiate planning, with implementation within the next few months.

Strengthen Relationships with the Eastern Regional Housing Authority

Who: Otero County Health Services, Otero County Detention Center, local community-based organizations, and local government officials.

What: Continue to coordinate and build stronger relationships with the Eastern Regional Housing Authority. This involves regular meetings, collaboration on housing initiatives, and ensuring that communication lines remain open. Develop a county-wide housing plan.

When: Immediately and ongoing.



Leverage Medicaid and MCOs

Who: Otero County Health Services, Otero County Detention Center, 12th Judicial District Court, Specialty Courts, Eastern Regional Housing Authority, Managed Care Organizations, and the New Mexico Healthcare Authority.

What: Utilize available housing support through Medicaid and Managed Care Organizations (MCOs) to address immediate housing needs. This involves coordinating with Medicaid providers and MCOs to access housing benefits for eligible individuals.

When: As soon as possible, with ongoing efforts to maintain and expand these services.

Improve Coordination Between Facilities and Providers

Who: Otero County Detention Center, CHRISTUS Southern New Mexico Behavioral Medicine, PMS Behavioral Services, The Counseling Center, Otero County Public Health Office, and the APD Mobile Crisis Response Team (MCRT).

What: Enhance communication and coordination between correctional facilities and community-based behavioral health providers to ensure continuity of care upon release. This involves creating a structured handoff process and regular communication between jail staff and community providers.

When: Immediate initiation with ongoing collaboration.

Develop Transportation Partnerships

Who: Otero County Healthcare Services, local government officials, CHRISTUS Southern New Mexico, local transportation providers, Medicaid Managed Care Organizations (MCOs), and community-based organizations.

What: Begin discussing expanding public transportation routes and providing transportation vouchers for individuals attending reentry programs. This includes negotiating with transportation providers and securing funding for vouchers.

When: Planning to start immediately, with implementation within six months.

Promote and Utilize SOAR Training

Who: Otero County Healthcare Services, Otero County Detention Center, CHRISTUS Southern New Mexico, Presbyterian Medical Services, Ben Archer, APD's Mobile Crisis Response Team, New Mexico State University – Alamogordo (NMSU-A), SOAR Works with SAMHSA, and community-based organizations.

What: Promote and utilize SSI/SSDI Outreach, Access, and Recovery (SOAR) training, which is free and available for anyone to undertake. This involves publicizing the training's availability and encouraging relevant personnel to participate.

When: Immediately and ongoing.



PARKING LOT

Housing and Shelter Resources

Otero County has very limited housing and shelter resources. The county and localities need to identify a lead department to oversee housing and shelter programs and invest in technical assistance for organizing, planning, data gathering, and grant assistance. This includes developing a county-wide housing plan as required by the Affordable Housing Act (Chapter 6, Article 27 NMSA 1978), to encourage the development of transitional housing, low-income housing, homeless shelters, Section 8 programs, and repurposing old buildings for transitional living.

Detox Center

A medical detox center is needed as there is no facility in Otero County that does not require a co-occurring diagnosis. The current options for medical detox are located outside of Otero County.

Shelters for Women

There are limited resources in New Mexico for women, particularly for shelter services. Facilities like Zia Recovery in Las Cruces and Four Winds in Albuquerque are mentioned, but local options are scarce. There is not a consistent dedicated shelter for women in Otero County, except those who are victims of domestic violence.

Adolescent Services

There is a need for adolescent services for youth in Mescalero, particularly for court-ordered juveniles.

Pre-Trial Support Services

Lack of resources for pre-trial support services for individuals with Serious Mental Illness (SMI), substance use disorder (SUD), and chronic homelessness. The Public Defender's office faces barriers in following up with appointments for this population, and missing pretrial appointments leads to individuals returning to custody.

Continuity of Care (COC)

There are reentry service gaps and challenges in enhancing access to treatment for individuals released from jail. This includes issues with transportation, housing, and the need for a warm handoff to appropriate services.

Transportation for post-release

Issues with transportation for clients' post-release, especially for those from out of state. Some clients do not have an address or telephone number, complicating the provision of services.

Overcrowding in Detention Centers

Overcrowding at the Otero County Detention Center leads to strained resources and limited access to services. There is a need for expanding capacity or utilizing alternative detention methods.



Strategic Action Plans

Priority Area: Implement targeted recruitment and retention strategies to address staffing shortages across behavioral health and crisis response services by providing competitive salaries and benefits and creating career development pathways. Expand Legislation for Behavioral Health Workforce Student Loan Forgiveness Programs.				
Objective		Action Steps	Who	When
1.	Enhance/Strengthen relationships with the behavioral health community	Gather pertinent info (e.g. student loan forgiveness, tax credit)	100% Otero, BH sector, BHC, Universities/Colleges, Christus, OCCHS, Tribal Communities	Fall 2024
		Plan/Schedule a gathering/summit to bring together the BH community	100% Otero, OCCHS/BHC, Tribal Communities, Otero County, BH Agencies, Universities	
		Encourage advocacy on behavioral health-related topics to elected officials		
		Create recruitment opportunities (e.g., internships) and incentives. Create an info hub/resource guide		
2.	Connect with Universities: UNM, NMSU, Highlands, ENMU, UTEP,	Brochure- Agencies, supervisors, internships, post internships, supervision	BH team	12/2024
3.	Telehealth			

Team Members: Kayla Blanchard, Christina Cisneros, Kimberly Lucero, Steph Guerra, Joanne Gronewold, Evelyn Harper



Priority Area: Establish Medical Detox Center with Harm Reduction services in Otero County for Adults and Adolescents and provide accessible treatment for substance use disorders. Raise awareness about existing outpatient therapy and counseling options.				
Objective		Action Steps	Who	When
1.	Study/research the best model for Otero County. Identify land, funding, and capacity to service patients (need for hiring personnel). Use ASAM to determine the level of care, implement harm reduction, and develop an action plan.	Identify funding for a study	OCHSD, Amber Paso Del Norte, SAMHSA Sacramento Foundation	1-2 years
		Implement the RFP process for the project.		
		Contact the ABQ jail, Daren's Place, Treatment centers	Christus Health, DOH, TCC-Tim	
2.	*Legislative change for law enforcement to direct/divert to detox/harm reduction for "personal use" drugs			
		Write proposed legislation	Rep. Harlan, Health Council, Pretrial Serv., Otero County Judges, TCC, Law Enforcement agencies, New Mexico Counties,	1-2
3.	Raise awareness for existing outpatient therapy and counseling options	Promoting APS, DOH, 100% Otero. Make sure it is available.	Health Council/BH Council, Mescalero Apache Tribe	Immediately
		Make sure the resource book is at the detention center when released		

Team Members: Kevin Funk, Tim Basha, Amber Mayhall, Lee Simmons, Tim Basha, Tracy Rivera, Gabrielle Martinez, Donnell Bryant, Rebecca Silva, Katie Silva, Carol Gordon



Priority Area: Prioritize housing solutions for individuals with substance use and/or mental health issues who are at risk of criminal justice involvement. Develop additional shelter facilities and transitional housing programs to address homelessness and housing instability, particularly for vulnerable populations such as veterans and adolescents.				
Objective		Action Steps	Who	When
1.	Technical Assistance Planning & Data Collection	Identify Agency (Otero County)	Angie Schneider	Immediate
		Community Developer> Zoning Issues	Don Hoffman	Immediate
		100% Otero Housing < Gather data	Maureen Schmittle	6 weeks
2	Lobbying Group	Planning Department City/County (Rise)>Meetings	Johnna Arredondo, Joann C Vullo	
		Policy Changes	Harlan Vincent	
		County HC Services		
		Real Estate>Incentives through the Governor's Office	Amy Whitfield	
3.	Grant Writing for Funding	Address discrimination ↑		
		RISE> Transitional Housing (BH)	Johnna Arredondo	
		MFA-Shovel Ready		

Team Members: Tarah Melendez, Marina Rice, Johnna Arredondo, Sandra Wilder, Jeanelle Romero, Veralyn Mendez, Maureen Schmittle, Lisa Yehle, Angie Schneider, Lisa Patch, Joann Vullo



Priority Area: Implement comprehensive SUD and MH Awareness Programs for Otero and Lincoln County Law Enforcement and Tribal Law Enforcement and provide ongoing support services for dispatchers and first responders to improve the effectiveness of crisis response and reduce the risk of criminal justice involvement for individuals with substance use and/or mental health issues.
 *Note: All objectives include equitable access elements (culturally aware, languages, etc.)

Objective		Action Steps	Who	When
1.	Anti-Stigma Campaign for the general community	Collaborate with MCRT initiative for further community outreach	Jeanette, Amber	
		Conduct a radio campaign/PSA -smart 911	Amber/ Hilton	
		Track Data->Survey, Create & Deploy		Baseline by 12/31/2024
2.	Anti-Stigma & Trauma Informed Training for professionals/business owners	Identify incentives	Committee	
		Identify recourses (CEUs)		
		Create a recognition/awards system (e.g. Plaque/sticker)		
3.	Engage leadership first	Determine whether anti-stigma training can be added to existing leadership programs.	Jen	
		Hold each other accountable.	All	
		Create a program for leaders	Committee	

Team member names: Martin Cook, Keriana Barcus, Jen Gruger, Armando Rhoades, Orlando Zapata, Sergio Castro, Jessica Olivas, Jeanette Borunda, Melissa Carter





Recommendations

During the workshop, the facilitators added an additional exercise to generate greater participant engagement and deeper insight into participants' perspectives on the resources and services barriers within the community. This exercise was conducted in the form of an open comment survey, where participants were asked to react (comment) to a set of identified gaps. Subsequently, the participant responses were reviewed and organized by the facilitators. A copy of the data summary is provided in the Appendix. These comments reflect the perspective and understanding of the responders and may or may not be accurate.

After considering the issues discussed during the meeting, the comments provided by participants, and the priority voting exercise, the facilitators identified a few recommendations and resources that may assist the community in furthering its goals of improving services for individuals with SUD who become involved with the criminal justice system.

ORGANIZING AND PARTNERING

Funding and Legislative Support:

To begin, it is essential to identify and secure funding. This can be achieved by applying for federal and state grants from organizations such as the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Paso Del Norte Foundation. Additionally, engaging local foundations like the Sacramento Mountains Foundation can provide financial support. Legislative advocacy is also critical. Changes in legislation should be promoted to allow law enforcement to divert individuals to detox and harm reduction services for personal drug use cases. Furthermore, expanding student loan forgiveness programs will help attract and retain behavioral health professionals.



Stakeholder Collaboration and Community Engagement:

A vital step is organizing a summit to bring together the behavioral health community, including agencies, tribal communities, universities, and elected officials. This event will facilitate discussions on strategies and gather valuable input. Forming partnerships with healthcare providers such as CHRISTUS Southern New Mexico, NM Department of Health, NM Healthcare Authority, Bureau of Indian Affairs, Ben Archer, Presbyterian Medical Services, and The Counseling Center. Engaging the judicial system and local law enforcement agencies, including Otero County Judges, Pretrial Services, and local law enforcement agencies. Additionally, community organizations like the Sacramento Mountains Foundation, 100% Otero, Otero County Community Health Council, and the Behavioral Health Collaborative should be included in planning and implementation efforts.

Capacity Building and Training:

To address the need for comprehensive services, telehealth should be integrated to expand reach and provide remote access to detox, medication management, and counseling services. Workforce development efforts must focus on creating recruitment opportunities such as internships and offering competitive salaries and benefits to attract qualified professionals. Developing an information hub/resource guide to connect professionals with available opportunities and resources is also recommended.

ACTIONABLE STEPS

Research and Planning (1-2 Years):

The initial phase involves conducting research to identify the best model for a medical detox center in Otero County. Utilizing the American Society of Addiction Medicine (ASAM) criteria will help determine appropriate levels of care. Identifying the backbone agency willing to develop and provide the services, suitable land for the detox center, and securing funding for construction and operational costs are critical steps. For example, the model used by the Santa Fe Recovery Center, which successfully integrates detox and outpatient services within the community, could be considered.

Implementation and Awareness Campaigns:

Identifying possible funding sources to establish a detox center, including harm reduction services, is a key step. Concurrently, raising awareness of existing outpatient therapy and counseling options through targeted campaigns is essential to ensure resources are known and accessible to the community.



Legislative and Policy Changes:

Drafting and proposing legislation to direct and divert law enforcement interventions to detox and harm reduction services will be necessary. Engaging with local and state representatives to support these legislative changes is also crucial. An example to consider is the legislative changes made in Vermont, which have successfully allowed law enforcement to refer individuals directly to treatment facilities rather than incarceration.

Sustainability and Evaluation:

Continuous monitoring and evaluation of the progress of the detox center and harm reduction services are needed to assess impact and identify areas for improvement. Establishing a system for ongoing community feedback will ensure that services meet the population's evolving needs.

GUIDANCE FOR ADVANCEMENT

Engaging community leaders and stakeholders regularly in the planning and implementation phases will be crucial. Creating task forces or committees to address specific aspects of the detox center and harm reduction services, ensuring diverse representation, is recommended. Promoting collaboration and integration between healthcare providers, law enforcement, and community organizations will help create a seamless continuum of care. Using technology to integrate services and ensure real-time communication and coordination among stakeholders is vital. Enhancing public awareness through campaigns to reduce negative attitudes associated with substance use disorders and promote harm reduction practices is necessary. Utilizing various media platforms, including social media, radio, and community events, will help reach a broader audience. By implementing these steps and leveraging available resources, Otero County can make significant progress in addressing substance use disorders, providing critical support to individuals in need, and enhancing overall community health and safety.



Appendix

Appendix 1 SIM Workshop Participant List

Appendix 2 SIM Workshop Agenda

Appendix 3 Community Response Data Summary

Appendix 4 Additional Resources Across the SIM



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APPENDIX 2: SIM WORKSHOP AGENDA



**Sequential Intercept Model Mapping Workshop:
Substance Use Focus**

Otero County, New Mexico

May 29, 2024

AGENDA

8:00

8:30

5:00

Registration and Networking

Welcome and Opening Remarks

- Welcome and Introductions
- Overview of the Workshop
- Workshop Focus, Goals, and Tasks
- Collaboration: What's Happening Locally

What Works!

- Keys to Success

The Sequential Intercept Model

- The Basis of Cross-Systems Mapping
- Six Key Points for Interception

Cross-Systems Mapping

- Creating a Local Map
- Examining the Gaps and Opportunities

Establishing Priorities

- Identify Potential, Promising Areas for Modification Within the Existing System
- Top Priorities
- Collaborating for Progress

Wrap Up

- Review
- Setting the Stage for Day 2

Adjourn

*There will be a 15-minute break mid-morning and mid-afternoon.
There will be break for lunch at approximately noon.*

**Sequential Intercept Model Mapping Workshop:
Substance Use Focus**

Otero County, New Mexico

May 30, 2024

AGENDA

- | | |
|-------------|------------------------------------|
| 8:00 | Registration and Networking |
| 8:30 | Opening |
| | ■ Remarks |
| | ■ Preview of the Day |
| | Review |
| | ■ Day 1 Accomplishments |
| | ■ Local County Priorities |
| | ■ Keys to Success in Community |
| | Action Planning |
| | Finalizing the Action Plans |
| | Next Steps |
| | Summary and Closing |
| 1:00 | Adjourn |

There will be a 15-minute break mid-morning.

APPENDIX 3: COMMUNITY COMMENT DATA SUMMARY

OTERO COUNTY EXPANDED GAPS AND COMMUNITY RESPONSE

During the SIM Mapping workshop, the facilitators identified a series of gaps in services in Otero County. Using this list of gaps, the facilitators requested the workshop participants (and others-as the link was shared with those who could not attend) review and respond to the list. The following is a summary of those responses and comments. The hope is this information will give community leadership and action teams more insight on important issues important to community members.

Gap 1: Lack of follow-up from 988 dispatch to 911 dispatch

The community responses to the identified gap, "Lack of follow-up from 988 dispatch to dispatch," reveal a blend of agreement, uncertainty, and specific concerns, providing valuable insights for community leaders. Many participants acknowledged the gap, highlighting issues such as the delay between 911 and 988 transfers and the broader national scope of the 988 system, which complicates follow-up processes. Some respondents, however, expressed uncertainty or a lack of knowledge about the procedures, indicating a need for increased awareness and education on how the 988 system operates. Specific concerns included the slow response times in rural areas and under certain agencies like the BIA, due to understaffing, which could affect the effectiveness of emergency responses. Recommendations from the community included clarifying the barriers to improve interactions, integrating 988 within the 911 center for smoother operations, and enhancing direct communication lines between 911 and 988 to facilitate better coordination and handoff. Overall, the feedback suggests that prioritizing this gap could significantly improve emergency response efficiency and effectiveness, particularly by focusing on better integration, communication, and public education efforts. Community leaders can use these insights to develop targeted strategies to address the identified issues and enhance the overall emergency response framework.

Gap 2: Need for better integration and follow-up between emergency services and mental health providers

The community responses to the gap statement, "Need for better integration and follow-up between emergency services and mental health providers," underscore a strong consensus on the importance of this issue, alongside specific suggestions and concerns. Many respondents agreed that better integration is necessary, highlighting the need for more staff to provide adequate follow-up and the importance of community and business education to address misunderstandings and improve support about individuals with Serious Mental Illness (SMI). Several comments emphasized the need for better training and certification for responders and suggested identifying areas of confusion or lack of understanding to improve overall effectiveness.

Participants also pointed out the necessity for seamless communication and collaboration between different agencies, with some recommending that mobile crisis response teams (MCRT) should be more integrated with dispatch and police services. One respondent noted the success of collaborative efforts

with Alamogordo to integrate MCRT, suggesting that similar approaches could be beneficial elsewhere. There was also an emphasis on the need for confidential communication systems to protect client information while ensuring effective coordination.

Overall, the tone of the responses is positive and solution-oriented, with many participants expressing support for enhanced integration and offering practical recommendations for improvement. Community leaders can use these insights to prioritize initiatives aimed at improving the collaboration between emergency services and mental health providers, focusing on increased staffing, better training, and enhanced community education efforts. These steps could significantly improve the efficiency and effectiveness of emergency responses, ensuring better outcomes for individuals in crisis.

Gap 3: Persistent staffing shortages across various behavioral health services

The community responses to the gap statement, "Persistent staffing shortages across various behavioral health services," highlight a critical issue with widespread agreement on its severity and suggestions for potential solutions. Many respondents acknowledged that staffing shortages are a significant problem both locally and nationwide, affecting the progress and effectiveness of mental health programs. The need for more behavioral health staff, including counselors and other professionals, was repeatedly emphasized.

Several comments pointed out the challenges of recruiting and retaining staff in rural areas, with one noting that Alamogordo is particularly affected. The lack of referral resources and the impact on service delivery were also highlighted. Suggested solutions included improving working conditions, offering better pay, and creating a stronger sense of community to attract and retain staff. Some respondents recommended state assistance in recruiting professionals and increasing salaries to make relocation more appealing.

Additional suggestions included creating a mandatory department for screening and increasing incentives or benefits for behavioral health professionals. There was also a call for the establishment of a State Mental Health Hospital in the Southern Region of New Mexico, which could help address staffing issues by attracting more professionals to the area.

Overall, the tone of the responses underscores the urgency of addressing staffing shortages, with a strong consensus on the need for better recruitment strategies, improved working conditions, and enhanced support for behavioral health services. Community leaders can use these insights to prioritize initiatives aimed at alleviating staffing shortages, such as advocating for higher salaries, better benefits, and state-level recruitment support. By addressing these concerns, the community can improve the availability and quality of mental health services, ultimately benefiting those in need.

Gap 4: Challenges in transportation for clients needing services.

The community responses to the gap statement, "Challenges in transportation for clients needing services," reveal widespread agreement on the severity of the issue, along with practical suggestions and concerns. Many respondents affirmed that transportation challenges are a significant barrier to accessing services, particularly for those in need of mental health and other behavioral health services.

Several participants noted that existing transportation resources are underutilized or insufficient, and there is a need to enhance and better coordinate these services. Suggestions for improvement included

writing grants to support collaboration between service providers and transportation agencies and mandating managed care organizations (MCOs) to contract with transportation providers.

Specific concerns included the difficulty in accessing public transportation, such as buses, and the affordability of these services. Some respondents highlighted the need for new agencies or modifications to existing public transportation systems to better serve clients. Additionally, there were calls for legislation to support transportation initiatives, with one respondent suggesting the use of Uber drivers as a potential solution.

Several practical recommendations were made, such as establishing a County/City funded ride program, enhancing existing services, and providing more bus passes. The idea of involving entrepreneurs and supporting independent transportation services through grants was also mentioned. Overall, the responses emphasize the need for better transportation solutions to ensure clients can access necessary services.

Community leaders can use these insights to prioritize transportation initiatives, such as securing funding through grants, improving coordination between existing services, and exploring legislative support for new transportation programs. By addressing these challenges, the community can significantly improve access to essential services for those in need.

Gap 5: Long wait times for outpatient therapy and counseling

The community responses to the gap statement, "Long wait times for outpatient therapy and counseling," consistently highlight significant concerns regarding access to timely mental health services. Respondents broadly agree that long wait times are a critical issue affecting service delivery and overall mental health outcomes.

Several comments point out that wait times for therapy and counseling can extend for months, making it difficult for individuals to receive timely care. This problem is often attributed to a shortage of mental health providers and the high demand for services. Some respondents noted that even when appointments are available, the quality of care might be compromised due to the strain on existing providers.

Suggestions to address this gap include offering incentives to attract more providers to the area, improving networking among providers to manage patient loads better, and increasing salaries to build a more robust staffing base. Another practical recommendation was for the City/County to invest in unused buildings to create additional space for counseling services, thereby potentially reducing wait times.

Respondents also emphasized the importance of improving communication and coordination among service providers. One suggestion was to rethink assessment processes to streamline initial evaluations and reduce delays in starting treatment. Additionally, the need for better support for substance use treatment was highlighted, given the unique challenges in this area.

Overall, the responses indicate a clear consensus on the need for more mental health providers and better management of existing resources to reduce wait times. Community leaders can use these insights to prioritize initiatives such as increasing funding for mental health services, providing incentives for new providers, and improving the infrastructure for outpatient therapy. Addressing these issues

could significantly enhance access to mental health care, ensuring timely and effective support for individuals in need.

Gap 6: Shortage of detox centers in the Otero County

The community responses to the gap statement, "Shortage of detox centers in the Otero County," highlight a significant concern with strong consensus on the need for more detoxification services. Many respondents agree that the shortage of detox centers is a critical issue, affecting the ability of individuals to receive necessary treatment for substance use.

Several participants expressed frustration over the lack of local detox services, noting that most resources are concentrated in areas like Albuquerque and Las Cruces, leaving a substantial gap in the Otero County. There is a call for advocacy to legislators to address this dire need, emphasizing the importance of state support and funding to establish a detox center.

Some respondents pointed out the potential reasons for this shortage, such as medical, financial, and liability issues. There were suggestions to explore grants and potential partnerships to fund new facilities. Additionally, the idea of converting unused buildings into detox centers was proposed as a practical solution to mitigate the problem.

Specific recommendations included establishing harm reduction centers and considering the economic development opportunities that a state hospital could bring to the region. The importance of risk and liability resolutions was also noted as a prerequisite for setting up new detox centers.

Overall, the tone of the responses underscores the urgent need for a detox center in Otero County, with strong support for legislative advocacy, funding initiatives, and innovative solutions to address this gap. Community leaders can use these insights to prioritize efforts to secure funding, explore grants, and engage in advocacy to develop more detoxification services, thereby improving access to essential substance use treatment for residents in Otero County.

Gap 7: Insufficient service connection or case collaboration between tribal and non-tribal agencies

The community responses to the gap statement, "Insufficient service connection or case collaboration between tribal and non-tribal agencies," highlight significant concerns regarding communication and collaboration. Many respondents agree that there is a notable gap in service connection and case collaboration, which adversely affects the efficiency and effectiveness of service delivery.

Several participants attributed this issue to a lack of communication and understanding between tribal and non-tribal agencies. There were calls for the introduction of tribal liaisons in the justice system and other sectors to facilitate better communication and collaboration. The importance of culturally familiar providers was also emphasized, suggesting that having providers who understand the cultural contexts can significantly improve service connection.

Recommendations included increasing collaboration between providers to leverage resources more effectively and building stronger communication channels to bridge the existing gaps. Some respondents highlighted the need for more outreach and communication efforts to ensure timely and effective service delivery.

There was also an acknowledgment of the efforts already in place in Mescalero, but a consensus that these efforts need to be expanded and improved. The idea of having no delays in getting tribal retainers for behavioral health services was mentioned as a critical improvement area.

Overall, the tone of the responses underscores the necessity for better communication and collaborative efforts between tribal and non-tribal agencies. Community leaders can use these insights to prioritize initiatives aimed at improving service connection and case collaboration, such as introducing tribal liaisons, enhancing communication strategies, and fostering culturally competent service delivery. By addressing these gaps, the community can ensure more integrated and effective services for all residents.

Gap 8: Stigma and inadequate training among healthcare and service providers regarding substance use disorders

The community responses to the gap statement, "Stigma and inadequate training among healthcare and service providers regarding substance use disorders," highlight a strong consensus on the need for increased education and training to address stigma and improve service delivery. Many respondents agree that stigma and insufficient training are significant barriers to effective treatment and support for individuals with substance use disorders.

Several participants emphasized the importance of using the term "substance use disorder" to reduce stigma and promote a more clinical understanding of the issue. There were calls for annual updates and trainings across the spectrum of healthcare and service providers, with suggestions to collaborate with local universities and other educational institutions to facilitate these training programs.

Recommendations included making education and training mandatory for healthcare professionals, with specific class hours required to maintain certification and employment. The idea of offering free training sessions by mental health companies was also proposed as a way to enhance accessibility and participation.

Respondents suggested county and community-wide campaigns to increase awareness and reduce stigma, including targeted public education efforts. There was a strong endorsement for more comprehensive and mandatory training programs, particularly for those working with incarcerated individuals and within tribal entities.

Additionally, some comments highlighted the need for specific training beyond Crisis Intervention Team (CIT) programs, suggesting that more specialized education is necessary to address the complexities of substance use disorders effectively.

Overall, the tone of the responses underscores the urgency of addressing stigma and enhancing training for healthcare and service providers. Community leaders can use these insights to prioritize initiatives focused on mandatory training, collaboration with educational institutions, and broad public education campaigns. By implementing these strategies, the community can improve the understanding and treatment of substance use disorders, ultimately leading to better outcomes for affected individuals.

Gap 9: High turnover among law enforcement officers working with behavioral health calls

The community responses to the gap statement, "High turnover among law enforcement officers working with behavioral health calls," indicate a significant concern with broad agreement on the impact of high turnover and suggestions for potential solutions. Many respondents acknowledged the issue, highlighting factors such as poor working conditions, insufficient pay, and lack of support as contributing to high turnover rates.

Several participants emphasized the need for better pay and benefits to retain law enforcement officers. There were suggestions to provide more living incentives and improve overall working conditions to make the roles more attractive. The importance of debriefing and crisis interventions for officers was also highlighted as a way to support their mental health and reduce burnout.

Some respondents suggested conducting an analysis to understand the reasons behind high turnover and addressing those specific issues. This could involve identifying why officers leave and implementing targeted strategies to retain them. Additionally, there were calls for increased community support and better communication to improve the relationship between law enforcement and the community.

While a few respondents noted that high turnover is not a new issue and has been a persistent problem, others pointed out that it might not be as severe as perceived, suggesting that a deeper investigation is needed to understand the true extent of the problem. However, it was revealed during the live discussion that the Cloudcroft Police Department had all quit during the same time the SIM workshop was occurring. The Tularosa Police Department only had one certified officer at the time of the SIM workshop, but had zero staff for several months. Both Cloudcroft and Tularosa PDs had to depend on the Otero County Sheriff's office and the New Mexico State Police.

Overall, the tone of the responses underscores the need for better pay, improved working conditions, and increased support for law enforcement officers. Community leaders can use these insights to prioritize initiatives aimed at enhancing officer retention, such as offering competitive salaries, providing comprehensive benefits, and implementing support programs. By addressing these factors, the community can improve the stability and effectiveness of law enforcement, particularly in handling behavioral health calls.

Gap 10: Not enough mental health and substance use disorder services for adolescents

The community responses to the gap statement, "Inadequate mental health and substance use disorder services for adolescents," indicate a critical concern with broad consensus on the need for improved services and infrastructure. Many respondents agreed that the current services are insufficient, with significant implications for the well-being of adolescents.

Several participants emphasized the urgent need for more training, better recruitment of providers, and the development of specialized programs to address the unique needs of adolescents. There were calls for direct referrals from schools to mental health and substance use disorder services, highlighting the importance of early intervention.

Some respondents noted that the lack of adolescent-specific treatment options leads to significant gaps in care. Suggestions included bringing back programs like adolescent drug courts and increasing funding

from legislative bodies to support new initiatives. The idea of using city or county funds to repurpose unused buildings for these services was also proposed.

Many comments highlighted the importance of starting prevention efforts early within the school system to mitigate substance use disorders before they escalate. There was also a strong recommendation for grant applications and legislative advocacy to secure the necessary resources for these programs.

Overall, the responses reflect a consensus on the need for more providers, better training, and increased funding to develop comprehensive mental health and substance use disorder services for adolescents. Community leaders can use these insights to prioritize initiatives focused on early intervention, school-based referrals, and enhanced training and recruitment efforts. By addressing these gaps, the community can improve access to critical services for adolescents, ensuring better health outcomes and support for young individuals facing mental health and substance use challenges.

Gap 11: Need for more shelters and housing assistance programs

The community responses to the gap statement, "Need for more shelters and housing assistance programs," reveal a strong consensus on the critical need for increased housing support and shelter services. Many respondents agreed that the current resources are insufficient, highlighting the urgency of addressing homelessness and housing instability.

Several participants emphasized the importance of securing funding and advocating to state legislators to address this dire need. Suggestions included hiring a city or county grant writer focused on housing assistance and promoting the creation of housing programs through grants and other funding sources. There were also calls for better collaboration with existing programs and faith-based organizations to enhance the available support network.

Some respondents noted the success of housing-first programs, which prioritize providing stable housing before addressing other issues such as employment or substance use. The concept of "Not in My Backyard" syndrome was mentioned, indicating the need for community education to combat resistance to establishing shelters and housing programs locally.

Specific recommendations included keeping a close watch on decision making bodies to ensure accountability and support for housing initiatives, as well as educating the community about the importance and benefits of these programs. Additionally, there was a mention of ongoing efforts by Mescalero Apache Tribe Housing Department to develop new housing solutions, which could serve as a model for other areas.

Overall, the responses reflect a consensus on the need for more shelters and housing assistance programs, with strong support for legislative advocacy, funding initiatives, and community education. Community leaders can use these insights to prioritize efforts aimed at expanding housing support, securing necessary funding, and fostering collaboration among various stakeholders. By addressing these gaps, the community can improve housing stability and reduce homelessness, ultimately enhancing the well-being of its residents.

Gap 12: Significant housing issues and homelessness among youth

The community responses to the gap statement, "Significant housing issues and homelessness among youth," highlight a critical concern with a strong consensus on the need for targeted solutions to address

youth homelessness and housing instability. Many respondents agreed that the current situation is dire, affecting the well-being and future prospects of young individuals.

Several participants emphasized the importance of establishing group homes and shelters specifically for homeless youth. There were calls for partnerships with school districts to support homeless students and ensure they receive the necessary resources and assistance. Some respondents suggested that parents and guardians should be held accountable to prevent youth homelessness, alongside strengthening services to improve family stability.

Specific recommendations included creating more specialty courts focused on youth and building comprehensive programs from the ground up to address youth homelessness effectively. There were also calls for increased awareness and action plans to tackle this issue, with suggestions for the City Commission to develop a Housing Plan that addresses the needs of homeless youth.

The idea of holding parents and guardians accountable was mentioned as a means to prevent youth homelessness, alongside strengthening services to improve family stability. Respondents also highlighted the broader societal impact, noting that children suffer due to the deficiencies in the current housing system and the prevalence of substance addiction among their guardians.

Overall, the responses reflect a consensus on the urgency of addressing youth homelessness, with strong support for legislative advocacy, funding initiatives, and community collaboration. Community leaders can use these insights to prioritize efforts aimed at expanding housing support for youth, fostering partnerships with educational institutions, and implementing comprehensive support programs. By addressing these gaps, the community can improve housing stability for young individuals, ensuring better outcomes for their future.

Gap 13: Inadequate resources for children aging out of foster care

The community responses to the gap statement, "Inadequate resources for children aging out of foster care," highlight a significant concern with broad agreement on the need for more support and resources for this vulnerable group. Many respondents emphasized the importance of addressing the needs of young adults transitioning from foster care to independence, particularly those aged 18 to 24.

Several participants pointed out the necessity of educating youth from preschool through college to prepare them for independent living. There were calls for developing continuity from adolescent to adult services to ensure a seamless transition and prevent gaps in support. The importance of accessing all available grant funding and fostering close community involvement was also emphasized.

Specific recommendations included increasing training and advocacy for fostering, exploring available prevention programming, and encouraging churches and community organizations to contribute financially to support these youth. Some respondents noted that while the Children, Youth, and Families Department (CYFD) offers programs for youth aging out of foster care, not all youth choose to access these resources, indicating a need for better outreach and engagement.

There were also mentions of the importance of fostering connections and providing more comprehensive support systems to ensure that children exiting foster care have access to the necessary resources. This includes mental health services, educational support, and job training programs.

Overall, the responses reflect a consensus on the urgency of improving resources and support for children aging out of foster care. Community leaders can use these insights to prioritize initiatives focused on enhancing education, securing funding, and fostering community involvement. By addressing these gaps, the community can better support young adults transitioning from foster care to independence, ensuring they have the tools and resources needed to succeed.

Gap 14: Insufficient employment training and job placement services

The community responses to the gap statement, "Insufficient employment training and job placement services," indicate a significant concern with mixed perceptions on the availability and effectiveness of current resources. Many respondents acknowledged the need for improved employment training and job placement services, while some noted that existing programs are underutilized or stigmatized.

Several participants pointed out that organizations like Workforce Solutions and the Department of Vocational Rehabilitation (DVR) offer employment training and job placement services, but there is a need for better awareness and utilization of these programs. Some respondents suggested involving the Workforce Innovation and Opportunity Act (WIOA) program and collaborating with New Mexico employment offices to enhance service delivery.

Specific recommendations included removing requirements that exclude individuals with criminal histories from employment opportunities, as this contributes to stigma and reduces job prospects for many. There was also a call for reducing discrimination in the workplace and providing more support for individuals re-entering the workforce, such as aftercare programs for those transitioning out of the justice system or other institutions.

While some respondents felt there were plenty of job opportunities available, others emphasized the need for better training and support to help individuals qualify for and secure these jobs. The importance of funding and financial support to bring individuals into the workforce was also highlighted.

Overall, the responses reflect a consensus on the need to improve employment training and job placement services, with a focus on reducing stigma, enhancing collaboration with existing programs, and increasing awareness and utilization of available resources. Community leaders can use these insights to prioritize initiatives aimed at expanding training opportunities, fostering partnerships, and addressing systemic barriers to employment. By addressing these gaps, the community can improve job prospects and economic stability for its residents.

Gap 15: focus on the need for improved outreach and services for homeless individuals, particularly those with substance use issues

The responses related to the gap statement, "focus on the need for improved outreach and services for homeless individuals, particularly those with substance use issues" highlight significant challenges and suggest practical solutions for improving outreach and services for homeless individuals, particularly those with substance use issues. Key points include the necessity for mobile outreach units to deliver essential services like showers, needle exchanges, and food distribution directly to homeless individuals. The responses emphasize the importance of maintaining and increasing Community Health Workers, as well as ensuring better communication and continuity of existing case management services. Additionally, there is a strong call for using city or county funds to repurpose unused buildings for temporary housing and support.

The community voices indicate a consensus on the need for proactive and sustained efforts, including improved coordination with the justice system and better utilization of existing resources. The tone of the responses reflects frustration with current systems but also hope and readiness for actionable solutions. Community leaders are encouraged to prioritize these recommendations, focusing on increased mobile outreach, enhanced infrastructure, and sustainable funding to effectively address the interconnected issues of homelessness and substance use.

ADDITIONAL GAPS

In addition to responding to the gaps identified by facilitators, workshop participants were asked to enter any additional gaps. The following is a summary of those gaps based on a review of the survey data.

Intercept 0: Community Services
Office of Peer Recovery and Engagement (OPRE) needs more training
Assistance for copays
Lack of resources for sex offenders
Transportation
Better connections and utilization of Certified Peer Support Workers (CPSW) and navigators
Affordable housing to attract professional workers
Intensive therapy
Supportive housing
Shortage of personal care service providers
Transition for kiddos
AOT
Only one NA meeting
Shortage of case managers in the community
Female directed recovery housing
Central directory of all community resources
Phone and internet service access
Navigation
The knowledge of support groups is insufficient
Inability to get treatment guardians outside of court intervention
Central location to address a variety of needs
Insufficient connections between stakeholder communities
Otero and city government not working with 12 step programs
Intercept 1: Law Enforcement
Confidential and hidden shelter for DV victims
Police led diversions
There is a lack of guidelines and follow through for training Law enforcement and judges
Harm reduction centers
Narcan/Naloxone training in the community and among police officers

APPENDIX 4: ADDITIONAL RESOURCES ACROSS THE SIM

RESOURCES: SUBSTANCE USE-SPECIFIC

Anti-Stigma Substance Use Language

- [Words Matter - Terms to Use and Avoid When Talking About Addiction](#). National Institute on Drug Abuse (NIDA).
- [Overcoming Stigma, Ending Discrimination Resource Guide](#). SAMHSA.
- [Stigma-AddictionLanguageGuide-v3.pdf \(shatterproof.org\)](#). Shatterproof.

Acquired Brain Injury

- [Achieving Healing through Education, Accountability, and Determination](#). A psycho-educational curriculum for traumatic brain injury. (A.H.E.A.D.)
- [National Association of State Head Injury Administrators \(NASHIA\)](#).
- [United States Brain Injury Alliance](#). (USBIA).

ASAM Criteria

- [The ASAM/AAAP Clinical Practice Guideline on the Management of Stimulant Use Disorder \(Draft\)](#). American Society of Addiction Medicine (ASAM).
- [The ASAM: National Practice Guideline for the Treatment of Opioid Use Disorder](#). American Society of Addiction Medicine. 2020 Focused Update. American Society of Addiction Medicine (ASAM).

Civil Commitment for SUD

- [States with Involuntary Commitment Laws for Addiction Treatment](#). (2018). National Center for State Courts (NCSC).

Cognitive Behavioral Therapy

- [Cognitive-Behavioral Therapy for Substance Use Disorders](#). (2010). McHugh, Hearon, & Otto. HHS Author Manuscripts.

Collective Impact

- [Other Models for Promoting Community Health and Development | Section 5. Collective Impact | Examples](#). Center for Community Health and Development at the University of Kansas.

Contingency Management

- [Contingency Management. Incentives for Sobriety](#). (1999). Higgins & Petry.

CMS 1115 Reentry Demonstration Waiver

- [Opportunities to Test Transition-Related Strategies to Support Community Reentry and Improve Care Transitions for Individuals Who Are Incarcerated.](#) (2023). Department of Health & Human Services (HHS).

Courts

- [Treatment Court Locators.](#) National Treatment Court Resource Center.
- [Survey of DWI Courts.](#) (2015). National Highway Traffic Safety Administration (NHTSA).
- [The 10 Essential Elements of Opioid Treatment Courts.](#) (2019). Center for Court Innovation.
- [San Diego Serial Inebriate Program.](#) San Diego Serial Inebriate Program (S.I.P.).

Drug Diversion Inside Correctional Facilities

- [Medication-assisted Treatment Inside Correctional Facilities: Addressing Medication Diversion.](#) SAMHSA.

Prescription Drug Monitoring Program (PDMP)

- [Prescription Drug Monitoring Programs \(PDMPs\) | Drug Overdose.](#) U.S. Centers for Disease Control and Prevention (CDC).

Drug Categories and Classifications

- [Commonly Used Drugs Charts.](#) National Institute on Drug Abuse (NIDA).
- [U.S. Controlled Drug Classifications.](#) Recovery Research Institute (RRI).
- [7 Drug Categories.](#) International Association of Chiefs of Police (IACP).
- [The Controlled Substances Act.](#) U.S. DOJ Drug Enforcement Administration (DEA).
- [What is methamphetamine?](#) National Institute on Drug Abuse (NIDA).
- [Fentanyl Facts.](#) U.S. Centers for Disease Control and Prevention (CDC).
- [The Growing Threat of Xylazine and Its Mixture with Illicit Drugs. DEA Joint Intelligence Report.](#) (2022). U.S. DOJ Drug Enforcement Administration (DEA).

Funding Resources

- [Maximizing the 21st Century Cures Act through the Sequential Intercept Model.](#) (2017). Policy Research Associates, Inc. (PRA).
- [Funding & Awards.](#) Bureau of Justice Assistance (BJA).
- [Grants | SAMHSA.](#) Substance Abuse and Mental Health Services Administration (SAMHSA).
 - [State Opioid Response \(SOR\) Grants | SAMHSA.](#)
 - [State Targeted Response to the Opioid Crisis Grants | SAMHSA.](#)

- [Substance Abuse and Mental Health Block Grants | SAMHSA](#) (*Note that SUBG and Mental Health Block Grant (MHBG) funds can be used for jail-based services*).
- [National Opioids Settlement](#).
- [FY 2023 Comprehensive Opioid, Stimulant, and Substance Use Site-based Program](#). Bureau of Justice Assistance.
 - [COSSUP Resource Center](#).

Harm Reduction

- [Harm Reduction training/Harm Reduction Specialists](#). International Certification & Reciprocity Consortium.
- [Harm Reduction and Overdose Prevention - 50 State Survey of Harm Reduction Laws](#). The Network for Public Health Law.
- [Information about Naloxone and Nalmefene](#). U.S. Food and Drug Administration (FDA).
- [FDA Approves First Over-the-Counter Naloxone Nasal Spray](#). U.S. Food and Drug Administration (FDA).
- Testing Strips:
 - [Enhancing Harm Reduction Services in Health Departments. Fentanyl Test Strips and Other Drug Checking Equipment](#). The National Council.
 - [Xylazine Test Strips for Drug Checking](#). (2023). Jones & Bailey. National Center for Biotechnology Information (NCBI).
 - [Fentanyl Facts: Fentanyl Test Strips](#). CDC.
 - [Xylazine Test Strips](#). SAMHSA.

Hep C and SUD Medication

- [Letter on State Medicaid Coverage for People with HCV and SUD](#). (2024). Hep C and SUD access to HCV medications called “direct-acting antivirals (DAAs)”. U.S. Department of Justice, Civil Rights Division.

Housing and Recovery Residences

- [Fact Sheet on Naloxone \(Narcan\) for CoC, ESG, YHDP and HOPWA Grantees](#). (2023). US Department of Housing and Urban Development (HUD).
- [Oxford House](#).
- Recovery Residences:
 - [Best Practices for Recovery Housing](#). SAMHSA.
 - [Recovery Housing: Best Practices and Suggested Minimum Guidelines](#). National Alliance for Recovery Residences (NARR). 2019.

Hub & Spoke Care Delivery Model

- [Hub and Spoke Model](#). Rural Health Information Hub.

Information Sharing and Privacy: HIPAA and 42 CFR, Part 2

- [Substance Use Confidentiality Regulations](#). SAMHSA.
- [HIPAA Privacy Rule and Sharing Information Related to Mental Health](#). U.S. Department of Health and Human Services.
- [FAQs: Applying the Substance Abuse Confidentiality Regulations to Health Information Exchange](#). Legal Action Center.
- [Information Sharing in Criminal Justice-Mental Health Collaborations: Working with HIPAA and Other Privacy Laws](#). CSG Justice Center.
- [Point-of-Service Information Sharing Between Criminal Justice and Behavioral Health Partners: Addressing Common Misconceptions](#). National Association of Counties.
- [Fact Sheet 42 CFR Part 2 Final Rule](#).
 - [Confidentiality of Substance Use Disorder Patient Records](#). U.S. Department of Health and Human Services.

Integrated Care: CCBHC, FQHCs, Rural Health Clinics, and Street Medicine Institute

- [Certified Community Behavioral Health Clinic \(CCBHC\) Certification Criteria](#). (2023). SAMHSA.
- [Federally Qualified Health Center \(FQHC\)](#). Medicine Learning Network.
- [Rural Health Clinics \(RHCs\) Overview](#). Rural Health Information Hub.
- [Street Medicine Institute \(SMI\)](#).

Integrated Dual Diagnosis Treatment (IDDT)

- [Efficacy of Integrated Dual Disorder Treatment for Dual Disorder Patients: A Systematic Literature Review](#). (2018). Neven, Kool, Bonebakker, & Mulder. Tijdschr Psychiatri.
- [Effectiveness of Integrated Dual Diagnosis Treatment \(IDDT\) in severe mental illness outpatients with a co-occurring substance use disorder](#). (2018). Kikkert, Goudriaan, de Waal, Peen, & Dekker. Journal of Substance Abuse Treatment.
- [Peers and Co-Occurring Research-Supported Interventions](#). (2017). Harrison, Cousins, Spybrook, & Curtis. Journal of Evidence-Based Social Work.

Jail and Correctional Settings

- [Managing Substance Withdrawal in Jails: A Legal Brief](#). Bureau of Justice Assistance.
- [Screening for Substance Use Disorders in Jails](#). Bureau of Justice Assistance.
- [Guidelines for Managing Substance Withdrawal in Jails](#). Bureau of Justice Assistance.

Law Enforcement Deflection and Diversion

- Police, Treatment, and Community Collaborative (P-TACC) is a national collaboration between agencies focused on pre-arrest diversion programs and initiatives.
- The Police Assisted Addiction and Recovery Initiative (PAARI) is a national program emphasizing non-arrest diversions into treatment and recovery programs.
 - PAARI Angel Programs
- Quick Response Teams (QRT) are pre-arrest deflection programs involving interdisciplinary overdose follow-up and engagement with survivors to link to treatment following overdose.
- Law Enforcement Assisted Diversion (LEAD).

Law Enforcement Drug Interdiction and Detection

- High Intensity Drug Trafficking Areas (HIDTA). Office of National Drug Control Policy.
- Organized Crime Drug Enforcement Task Forces (OCDETF). U.S. Department of Justice.
- Drug Recognition Experts (DREs). International Association of Chiefs of Police.

Medications for Opioid Use Disorder (MOUD) in Corrections

- Medication-assisted Treatment Inside Correctional Facilities: Addressing Medication Diversion. SAMHSA.
- Jail-Based Medication-Assisted Treatment. Promising Practices, Guidelines, and Resources for the Field. National Commission on Correctional Healthcare (NCCHC).
- Clinical Opiate Withdrawal Scale (COWS). National Institute of Health (NIH). 2003.
- The Opioid Crisis and the ADA. US Department of Justice, Civil Rights Division.
- Medication-Assisted Treatment (MAT In The Criminal Justice System: Brief Guidance To The States. SAMHSA.
- Medications for Opioid Use Disorder. SAMHSA.
- Medication-Assisted Treatment Program. Buprenorphine and Suboxone. IT MATTRs.
- FDA Approves New Buprenorphine Treatment Option for Opioid Use Disorder. (2023). U.S. Food and Drug Administration (FDA).
- Patient Information for SUBLOCADE® (buprenorphine extended-release) injection, for subcutaneous use (CIII). Indivior.
- About Opioid Use During Pregnancy. Centers for Disease Control and Prevention. CDC.

Mobile Health Units

- Mobile Medication Units Help Fill Gaps in Opioid Use Disorder Treatment. The Pew Charitable Trusts.

- Mobile Methadone Unit. SAMHSA.

Overdose Fatality Review

- Overdose Fatality Review: A Practitioner's Guide to Implementation. COSSAP.

Peer Supports and Services

- Peer Supports in Recovery Housing and Coordination Across the Substance Use Disorder Care Continuum. Recovery Housing Program Peer Support Quick Guide. HUD Community Planning and Development.
- How Can a Peer Specialist Support My Recovery From Problematic Substance Use? SAMHSA.

Prevention

- Prenatal Opioid and Substance Exposure. National Center on Birth Defects and Developmental Disabilities (NCBDDD).
- The Institute of Medicine's Continuum of Care (samhsa.gov)
- National Institute of Health:
 - Preventing Drug Misuse and Addiction: The Best Strategy | National Institute on Drug Abuse (NIDA) (nih.gov);
 - Preventing Drug Use Among Children and Adolescents -- A Research-Based Guide for Parents, Educators, and Community Leaders (nih.gov)
- National-Drug-Control-2022Strategy.pdf (whitehouse.gov)
- Principles of Substance Abuse Prevention. U. S. DOJ Office of Justice Programs (OJP).
 - Preventing Drug Misuse and Addiction: The Best Strategy. National Institute on Drug Abuse (NIDA).
 - Substance Use Disorder Prevention Models. Rural Health Information.
 - National Drug Use Survey: 2022 National Survey on Drug Use and Health (NSDUH) Releases. SAMHSA.
- SAMHSA Center for Substance Abuse Prevention (CSAP):
 - <https://www.samhsa.gov/about-us/who-we-are/offices-centers/csap>
 - <https://www.samhsa.gov/grants/block-grants/subg>

Program Examples

- San Diego Serial Inebriate Program. San Diego Serial Inebriate Program (S.I.P.).
- Comprehensive Opioid, Stimulant, and Substance Use Program (COSSUP) Federal grant launches innovative Massachusetts Trial Court program for court users and loved ones impacted by substance use. Project NORTH (Massachusetts). National Center for State Courts (NCSC).
- At a Glance – Specialized Programs in Community Corrections. Alternatives to Jail: Colorado IRT and STIRT.

Recovery

- [About Recovery](#) | National Institute on Drug Abuse (NIDA).
- [Faces and Voices of Recovery \(FAVOR\)](#) is the SUD counterpart to NAMI. Often local chapters provide Peer Support Specialist Training, Recovery Oriented System of Care (ROSC) training, WRAP trainings, advocacy, support meetings, harm reduction efforts and distribution, and language of recovery.
- [Recovery-Oriented System of Care \(ROSC\) Guide](#). (2010). SAMHSA.
- Find Recovery Resources: SAMHSA
 - <https://www.samhsa.gov/find-help/recovery>
 - <https://store.samhsa.gov/sites/default/files/pep12-recdef.pdf>
- [Wellness Recovery Action Plans \(WRAP\)](#).

SAMHSA TIP Series: SUD

- SAMHSA Substance Use Disorder TIP Series: [Search SAMHSA Publications](#). SAMHSA Publications and Digital Products.

Screening and Assessment

- [Screening and Assessment of Co-Occurring Disorders in the Justice System](#). SAMHSA.
- [Screening, Brief Intervention, and Referral to Treatment \(SBIRT\)](#). SAMHSA.
- Commonly Used Tools:
 - [TCU Drug Screen 5](#). Institute of Behavioral Research.
 - [Simple Screening Instrument for Substance Abuse](#). PsyPack.
 - [The Alcohol, Smoking and Substance Involvement Screening Test \(ASSIST\)](#). World Health Organization.
 - [Screening, Brief Intervention, and Referral to Treatment \(SBIRT\)](#). SAMHSA.
- Dr. Springer's validated **[Rapid Opioid Use Disorder Assessment \(ROUDA\)](#)** and **[Rapid Stimulant Use Disorder Assessment \(RSUDA\)](#)** diagnostic tools. (Di Paola A, Farabee D, & Springer SA. (2023). *Validation of Two Diagnostic Assessments for Opioid and Stimulant Use Disorder for Use by Non-Clinicians*. *Psychiatric Research and Clinical Practice*, 5(3), 78-83.
 - The ROUDA and RSUDA are both copyrighted by Sandra A. Springer, MD and Intellectual Property of Yale University. If you are interested in using the tools, please connect to [the link below](#) and enter your information in the form.
- At pre-trial, the [Risk and Needs Triage \(RANT\)](#) may be used to understand drug use, and property crimes. Also see [RANT: An evidence based supervision and clinical services recommendation solution](#).

State Opioid Treatment Authority (SOTA)

- [State Opioid Treatment Authorities](#). SAMHSA.

Substance Use Data, Response, and Trend Resources

- [Overdose Detection Mapping Application Program](#). Office of National Drug Control Policy.
 - High Intensity Drug Trafficking Areas (HIDTA) [ODMAP](#) (Overdose Map).
- [Critical Incident Management System](#) (CIMS).
- [FY 2023 Comprehensive Opioid, Stimulant, and Substance Use Site-based Program](#). U.S. DOJ Bureau of Justice Assistance (BJA).

Support Act

- [The SUPPORT Act: Medicaid](#). CMS.

Surgeon General's Report

- [Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health](#). U.S. Department of Health & Human Services (HHS).
 - [Highlights of The Surgeon General's Report on Alcohol, Drugs, and Health: At-a-Glance](#). HHS.
- [Addiction and Substance Misuse Reports and Publications](#). HHS.

Treatment and Intervention

- [SAMHSA Treatment Locator](#). SAMHSA.
- [Drugs, Brains, and Behavior: The Science of Addiction: References](#). National Institute on Drug Abuse (NIDA).
- [Drug Induced Psychosis](#). National Drug and Alcohol Research Centre.

Withdrawal Management and Sobering

- [Detoxification and Substance Abuse Treatment. Treatment Improvement Protocol \(TIP\) Series, No. 4 SAMHSA Tip 45](#). SAMHSA.
- [Sobering Care Standards](#). National Sobering Collaborative.

RESOURCES: GENERAL

Competence Evaluation and Restoration

- Policy Research Associates. [Competence to Stand Trial Microsite](#).
- Substance Abuse and Mental Health Services Administration. (2023). [Foundation Work for Exploring Incompetence to Stand Trial Evaluations and Competence Restoration for People with Serious Mental Illness/Serious Emotional Disturbance](#).

- Policy Research Associates. (2007, re-released 2020). Quick Fixes for Effectively Dealing with Persons Found Incompetent to Stand Trial.
- Finkle, M., Kurth, R., Cadle, C., and Mullan, J. (2009) Competency Courts: A Creative Solution for Restoring Competency to the Competency Process. *Behavioral Science and the Law*, 27, 767-786.

Crisis Care, Crisis Response, and Law Enforcement

- National Association of State Mental Health Program Directors. (2022). States' Options and Choices in Financing 988 and Crisis Services Systems.
- Substance Abuse and Mental Health Services Administration. 988 Guidance.
- #CrisisTalk 988 Crisis Jam Learning Community.
- Technical Assistance Collaborative. (2021). Implementation of the 988 Hotline: A Framework for State and Local Systems Planning.
- Kennedy-Satcher Center for Mental Health Equity. (2022). Embedding Equity into 988: National Scorecard.
- Pew. (2022). Data Collection and Analysis Are Key to Improving Emergency Responses to Behavioral Health Crises.
- National Council for Behavioral Health. (2021). Roadmap to the Ideal Crisis System: Essential Elements, Measurable Standards and Best Practices for Behavioral Health Crisis Response.
- National Association of State Mental Health Program Directors. Crisis Now: Transforming Services is Within our Reach.
- National Association of Counties. (2010). Crisis Care Services for Counties: Preventing Individuals with Mental Illnesses from Entering Local Corrections Systems.
- Abt Associates. (2020). A Guidebook to Reimagining America's Crisis Response Systems.
- Urban Institute. (2020). Alternatives to Arrests and Police Responses to Homelessness: Evidence-Based Models and Promising Practices.
- Open Society Foundations. (2018). Police and Harm Reduction.
- Center for American Progress. (2020). The Community Responder Model: How Cities Can Send the Right Responder to Every 911 Call.
- Vera Institute of Justice. (2020). Behavioral Health Crisis Alternatives: Shifting from Policy to Community Responses.
- National Association of State Mental Health Program Directors. (2020). Cops, Clinicians, or Both? Collaborative Approaches to Responding to Behavioral Health Emergencies.
- National Association of State Mental Health Program Directors and Treatment Advocacy Center. (2017). Beyond Beds: The Vital Role of a Full Continuum of Psychiatric Care.
- R Street. (2019). Statewide Policies Relating to Pre-Arrest Diversion and Crisis Response.
- Substance Abuse and Mental Health Services Administration. (2014). Crisis Services: Effectiveness, Cost-Effectiveness, and Funding Strategies.
- Substance Abuse and Mental Health Services Administration. (2019). Tailoring Crisis Response and Pre-Arrest Diversion Models for Rural Communities.
- Substance Abuse and Mental Health Services Administration. (2020). Crisis Services: Meeting Needs, Saving Lives.
 - Substance Abuse and Mental Health Services Administration. (2020). National Guidelines for Behavioral Health Crisis Care: Best Practice Toolkit.
- Crisis Intervention Team International. (2019). Crisis Intervention Team (CIT) Programs: A Best Practice Guide for Transforming Community Responses to Mental Health Crises.

- Suicide Prevention Resource Center. (2013). The Role of Law Enforcement Officers in Preventing Suicide.
- Bureau of Justice Assistance. (2014). Engaging Law Enforcement in Opioid Overdose Response: Frequently Asked Questions.
- International Association of Chiefs of Police. One Mind Campaign: Enhancing Law Enforcement Engagement with People in Crisis, with Mental Health Disorders and/or Developmental Disabilities.
- Bureau of Justice Assistance. Police-Mental Health Collaboration Toolkit.
- Policy Research Associates and the National League of Cities. (2020). Responding to Individuals in Behavioral Health Crisis Via Co-Responder Models: The Roles of Cities, Counties, Law Enforcement, and Providers.
- International Association of Chiefs of Police. Improving Police Response to Persons Affected by Mental Illness: Report from March 2016 IACP Symposium.
- Optum. (2015). In Salt Lake County, Optum Enhances Jail Diversion Initiatives with Effective Crisis Programs.
- The Case Assessment Management Program (CAMP) is a joint effort of the Los Angeles Department of Mental Health and the Los Angeles Police Department to provide effective follow-up and management of selected referrals involving high users of emergency services, the 911 system, and individuals at high risk of death or injury to themselves.

Brain Injury

- National Association of State Head Injury Administrators. (2020). Criminal and Juvenile Justice Best Practice Guide: Information and Tools for State Brain Injury Programs.
- National Association of State Head Injury Administrators. Supporting Materials including Screening Tools and Sample Consent Forms.

Housing

- The Council of State Governments Justice Center. (2021). Reducing Homelessness for People with Behavioral Health Needs Leaving Prisons and Jails: Recommendations to California's Council on Criminal Justice and Behavioral Health.
- Alliance for Health Reform. (2015). The Connection Between Health and Housing: The Evidence and Policy Landscape.
- Economic Roundtable. (2013). Getting Home: Outcomes from Housing High Cost Homeless Hospital Patients.
- 100,000 Homes. Housing First Self-Assessment.
- Community Solutions. Built for Zero.
- Urban Institute. (2012). Supportive Housing for Returning Prisoners: Outcomes and Impacts of the Returning Home-Ohio Pilot Project.
- Corporation for Supportive Housing. Guide to the Frequent Users Systems Engagement (FUSE) Model.
 - Corporation for Supportive Housing. NYC Frequent User Services Enhancement – Evaluation Findings.
- Corporation for Supportive Housing. Housing is the Best Medicine: Supportive Housing and the Social Determinants of Health.
- Substance Abuse and Mental Health Services Administration. (2015). TIP 55: Behavioral Health Services for People Who Are Homeless.
- National Homelessness Law Center. (2019). Housing Not Handcuffs 2019: Ending the Criminalization of Homelessness in U.S. Cities.

Information Sharing/Data Analysis and Matching

- Policy Research, Inc. (2024). Creating Data-Informed Strategies to Understand the Needs of People in Your Jail.
- Center for Policing Equity. (2020). Toolkit for Equitable Public Safety.
- Legal Action Center. (2020). Sample Consent Forms for Release of Substance Use Disorder Patient Records.
- Council of State Governments Justice Center. (2010). Information Sharing in Criminal Justice-Mental Health Collaborations: Working with HIPAA and Other Privacy Laws.
- American Probation and Parole Association. (2014). Corrections and Reentry: Protected Health Information Privacy Framework for Information Sharing.
- The Council of State Governments Justice Center. (2011). Ten-Step Guide to Transforming Probation Departments to Reduce Recidivism.
- Substance Abuse and Mental Health Services Administration. (2019). Data Collection Across the Sequential Intercept Model: Essential Measures.
- Substance Abuse and Mental Health Services Administration. (2018). Crisis Intervention Team (CIT) Methods for Using Data to Inform Practice: A Step-by-Step Guide.
- Data-Driven Justice Initiative. (2016). Data-Driven Justice Playbook: How to Develop a System of Diversion.
- Urban Institute. (2013). Justice Reinvestment at the Local Level: Planning and Implementation Guide.
- Vera Institute of Justice. (2012). Closing the Gap: Using Criminal Justice and Public Health Data to Improve Identification of Mental Illness.
- New Orleans Health Department. (2016). New Orleans Mental Health Dashboard.
- The Cook County, Illinois Jail Data Linkage Project: A Data Matching Initiative in Illinois became operational in 2002 and connected the behavioral health providers working in the Cook County Jail with the community mental health centers serving the Greater Chicago area. It quickly led to a change in state policy in support of the enhanced communication between service providers. The system has grown in the ensuing years to cover significantly more of the state.

Jail Inmate Information/Services

- NAMI California. Arrested Guides and Medication Forms.
- NAMI California. Inmate Mental Health Information Forms.
- Urban Institute. (2018). Strategies for Connecting Justice-Involved Populations to Health Coverage and Care.
- R Street. (2020). How Technology Can Strengthen Family Connections During Incarceration.

Medication-Assisted Treatment (MAT)/Opioids/Substance Use

- American Society of Addiction Medicine. Advancing Access to Addiction Medications.
- American Society of Addiction Medicine. (2015). The National Practice Guideline for the Use of Medications in the Treatment of Addiction Involving Opioid Use.
 - ASAM 2020 Focused Update.
 - Journal of Addiction Medicine. (2020). Executive Summary of the Focused Update of the ASAM National Practice Guideline for the Treatment of Opioid Use Disorder.

- National Commission on Correctional Health Care and the National Sheriffs' Association. (2018). Jail-Based Medication-Assisted Treatment: Promising Practices, Guidelines, and Resources for the Field.
- National Council for Behavioral Health. (2020). Medication-Assisted Treatment for Opioid Use Disorder in Jails and Prisons: A Planning and Implementation Toolkit.
- Substance Abuse and Mental Health Services Administration. (2019). Use of Medication-Assisted Treatment for Opioid Use Disorder in Criminal Justice Settings.
- Substance Abuse and Mental Health Services Administration. (2019). Medication-Assisted Treatment Inside Correctional Facilities: Addressing Medication Diversion.
- Substance Abuse and Mental Health Services Administration. (2015). Federal Guidelines for Opioid Treatment Programs.
- Substance Abuse and Mental Health Services Administration. (2020). Treatment Improvement Protocol (TIP) 63: Medications for Opioid Use Disorder.
- Substance Abuse and Mental Health Services Administration. (2014). Clinical Use of Extended-Release Injectable Naltrexone in the Treatment of Opioid Use Disorder: A Brief Guide.
- Substance Abuse and Mental Health Services Administration. (2015). Medication for the Treatment of Alcohol Use Disorder: A Brief Guide.
- U.S. Department of Health and Human Services. (2018). Facing Addiction in America: The Surgeon General's Spotlight on Opioids.

Mental Health First Aid

- Mental Health First Aid. Mental Health First Aid is a skills-based training course that teaches participants about mental health and substance-use issues.
- Illinois General Assembly. (2013). Public Act 098-0195: Illinois Mental Health First Aid Training Act.
- Pennsylvania Mental Health and Justice Center of Excellence. City of Philadelphia Mental Health First Aid Initiative.

Peer Support/Peer Specialists

- Policy Research Associates. (2020). Peer Support Roles Across the Sequential Intercept Model.
- Malik, C., Ezekiel, N., Brinkley, A., & Volpe, J. (2023). Building New Horizons: Opening Career Pathways for Peers with Criminal Justice Backgrounds.
- Department of Behavioral Health and Intellectual Disability Services. Peer Support Toolkit.
- University of Colorado Anschutz Medical Campus, Behavioral Health and Wellness Program (2015). DIMENSIONS: Peer Support Program Toolkit.
- Local Program Examples:
 - People USA. Rose Houses are short-term crisis respites that are home-like alternatives to hospital psychiatric ERs and inpatient units. They are 100% operated by peers.
 - Mental Health Association of Nebraska. Keya House is a four-bedroom house for adults with mental health and/or substance use issues, staffed with Peer Specialists.
 - Mental Health Association of Nebraska. Honu Home is a peer-operated respite for individuals coming out of prison or on parole or state probation.
 - MHA NE/Lincoln Police Department REAL Referral Program. The REAL referral program works closely with law enforcement officials, community corrections officers and other local human service providers to offer diversion from higher levels of care and to provide a recovery model form of community support with the help of trained Peer Specialists.

Pretrial/Arrest Diversion

- Substance Abuse and Mental Health Services Administration. (2015). Municipal Courts: An Effective Tool for Diverting People with Mental and Substance Use Disorders from the Criminal Justice System.
- CSG Justice Center. (2015). Improving Responses to People with Mental Illness at the Pretrial Stage: Essential Elements.
- National Resource Center on Justice Involved Women. (2016). Building Gender Informed Practices at the Pretrial Stage.
- Laura and John Arnold Foundation. (2013). The Hidden Costs of Pretrial Diversion.

Procedural Justice

- Center for Court Innovation. (2019). Procedural Justice at the Manhattan Criminal Court.
- Chintakrindi, S., Upton, A., Louison A.M., Case, B., & Steadman, H. (2013). Transitional Case Management for Reducing Recidivism of Individuals with Mental Disorders and Multiple Misdemeanors.
- American Bar Association. (2016). Criminal Justice Standards on Mental Health.
- Hawaii Opportunity Probation with Enforcement (HOPE) Program Profile. (2011). HOPE is a community supervision strategy for probationers with substance use disorders, particularly those who have long histories of drug use and involvement with the criminal justice system and are considered at high risk of failing probation or returning to prison.

Racial Equity and Disparities

- Mathematica. (2021). Using a Culturally Responsive and Equitable Evaluation Approach to Guide Research and Evaluation.
- Law360. (2021). Data Collection Is Crucial For Equity In Diversion Programs.
- Chicago Beyond. (2018). Why Am I Always Being Researched? A Guidebook for Community Organizations, Researchers, and Funders.
- National Academies of Sciences, Engineering, and Medicine. (2021). Addressing the Drivers of Criminal Justice Involvement to Advance Racial Equity: Proceedings of a Workshop—in Brief.
- Substance Abuse and Mental Health Services Administration. (2015) TIP 59: Improving Cultural Competence.
- SAMHSA's Program to Achieve Wellness. Modifying Evidence-Based Practices to Increase Cultural Competence: An Overview.
- Actionable Intelligence for Social Policy. (2020). A Toolkit for Centering Racial Equity Throughout Data Integration.
- The W. Haywood Burns Institute. Reducing Racial and Ethnic Disparities: A NON-COMPREHENSIVE Checklist.
- National Institute of Corrections. (2014). Incorporating Racial Equality Into Criminal Justice Reform.
- Vera Institute of Justice. (2015). A Prosecutor's Guide for Advancing Racial Equity.

Reentry

- Substance Abuse and Mental Health Services Administration. (2017). Guidelines for the Successful Transition of People with Behavioral Health Disorders from Jail and Prison.
- Substance Abuse and Mental Health Services Administration. (2016). Reentry Resources for Individuals, Providers, Communities, and States.

- Substance Abuse and Mental Health Services Administration. (2020). After Incarceration: A Guide to Helping Women Reenter the Community.
- National Institute of Corrections and Center for Effective Public Policy. (2015). Behavior Management of Justice-Involved Individuals: Contemporary Research and State-of-the-Art Policy and Practice.
- The Council of State Governments Justice Center. (2009). National Reentry Resource Center
- Community Oriented Correctional Health Services. Technology and Continuity of Care: Connecting Justice and Health: Nine Case Studies.
- Washington State Institute of Public Policy. (2014). Predicting Criminal Recidivism: A Systematic Review of Offender Risk Assessments in Washington State.

Screening and Assessment

- Substance Abuse and Mental Health Services Administration. (2019). Screening and Assessment of Co-occurring Disorders in the Justice System.
- The Stepping Up Initiative. (2017). Reducing the Number of People with Mental Illnesses in Jail: Six Questions County Leaders Need to Ask.
- Center for Court Innovation. Digest of Evidence-Based Assessment Tools.
- Urban Institute. (2012). The Role of Screening and Assessment in Jail Reentry.
- Steadman, H.J., Scott, J.E., Osher, F., Agnese, T.K., and Robbins, P.C. (2005). Validation of the Brief Jail Mental Health Screen. *Psychiatric Services*, 56, 816-822.

Sequential Intercept Model

- Policy Research Associates. The Sequential Intercept Model Microsite.
- Munetz, M.R., and Griffin, P.A. (2006). Use of the Sequential Intercept Model as an Approach to Decriminalization of People with Serious Mental Illness. *Psychiatric Services*, 57, 544-549.
- Griffin, P.A., Heilbrun, K., Mulvey, E.P., DeMatteo, D., and Schubert, C.A. (2015). The Sequential Intercept Model and Criminal Justice. New York: Oxford University Press.
- Urban Institute. (2018). Using the Sequential Intercept Model to Guide Local Reform.

SSI/SSDI Outreach, Access, and Recovery (SOAR)

Increasing efforts to enroll justice-involved persons with behavioral disorders in the Supplement Security Income and the Social Security Disability Insurance programs can be accomplished through utilization of SSI/SSDI Outreach, Access, and Recovery (SOAR) trained staff. Enrollment in SSI/SSDI not only provides automatic Medicaid or Medicare in many states, but also provides monthly income sufficient to access housing programs.

- The online SOAR training portal.
- Information regarding FAQs for SOAR for justice-involved persons.
- Dennis, D., Ware, D., and Steadman, H.J. (2014). Best Practices for Increasing Access to SSI and SSDI on Exit from Criminal Justice Settings. *Psychiatric Services*, 65, 1081-1083.

Telehealth

- Remington, A.A. (2016). 24/7 Connecting with Counselors Anytime, Anywhere. National Council Magazine. Issue 1, page 51.

Transition-Aged Youth

- National Institute of Justice. (2016). Environmental Scan of Developmentally Appropriate Criminal Justice Responses to Justice-Involved Young Adults.
- Harvard Kennedy School Malcolm Weiner Center for Social Policy. (2016). Public Safety and Emerging Adults in Connecticut: Providing Effective and Developmentally Appropriate Responses for Youth Under Age 21.
- Roca, Inc. Intervention Program for Young Adults.
- University of Massachusetts Medical School. Transitions to Adulthood Center for Research.

Trauma and Trauma-Informed Care

- SAMHSA. (2014). SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach.
- SAMHSA. (2014). TIP 57: Trauma-Informed Care in Behavioral Health Services.
- SAMHSA, SAMHSA's National Center on Trauma-Informed Care, and SAMHSA's GAINS Center. (2011). Essential Components of Trauma Informed Judicial Practice.
- SAMHSA's GAINS Center. (2011). Trauma-Specific Interventions for Justice-Involved Individuals.
- National Resource Center on Justice-Involved Women. (2015). Jail Tip Sheets on Justice-Involved Women.
- Bureau of Justice Assistance. VALOR Officer Safety and Wellness Program.

Veterans

- SAMHSA's GAINS Center. (2008). Responding to the Needs of Justice-Involved Combat Veterans with Service-Related Trauma and Mental Health Conditions.
- Justice for Vets. (2017). Ten Key Components of Veterans Treatment Courts.