



**Behavioral Health Planning Council**  
**Meeting Minutes**  
**Oct 8<sup>th</sup>, 2025**  
**9am-12pm**

**Present:** *\*if there's anyone who was at this meeting but did not sign into the chat with their name and agency, their name may be missing from this list of those present.*

Jennifer Burke, Chair of the BHPC (excused from this meeting)  
Dr. Royleen Ross, BHPC Co-chair  
Jacqueline Nielsen, BHSD, BHPC Member, ASUM Co-Chair  
Natalie Rivera, BHPC Liaison  
Annabelle Martinez, HCA/BHSD  
Amy Sandoval, HCA, BHSD Business Operations Manager  
Monica Miura, CASC Chair, Community Youth Advocate  
Stacey Keener, CPSW, Advocate for MH  
Lisa Trujillo, Family member  
Karmela Martinez, Operations Manager NM IAD  
Emily Kaltenbach, ALTSD Secretary, BHPC Member  
Dr. Wendy Price, NM Corrections Department, BHPC Member  
Jeremy Lihte, NM Leaders in Recovery, newly appointed MAC Rep.  
Patrick Beyers-Smith, BHPC Member  
Lisa Howley, BHSD/HCA, BHPC Member  
Alex Dominguez, SF County BH Program Manager  
Dr Sonia Siaz, NM PED  
Julie Hardle  
Rosella Sanchez, NM Crisis and Access  
Amber Grewal, Pres Health Plan  
Allen Dominguez, CYFD Adolescent Services Manager  
Dr. Diana Trujillo, CYFD BHS Southern Bureau Chief  
Susie Kimble, BHPC, Mesilla Valley  
Paul Jenkins, ASUM Co-chair  
Athena Huckaby, ASUM Co- Chair  
Davina Nez, Substance use Prevention Specialist, Pres  
Trinidad Arguello, BHPC member, newly appointed Provider Rep.

Julie Sanchez, ALTSD  
Charlene Espinoza, Supervisor healthcare Services, Molina Healthcare  
Anna Horner, Bernalillo Health Council, Presenter  
Cinda Dillahunt, CASC Member  
Karen Canaday, BHSD  
Sindy Sacoman  
Brain Serna  
Mary Stramel  
Cindy Collyer  
Chastity Sandoval, BHSD/HCA Tribal Liaison  
Lilliana Venzor-Trejo, MHC  
Brandon Estrada, Peak Behavioral Health/ LC 2, presenter  
Erin Carney  
Quanah Walker, United Healthcare Behavioral Health  
Patrcia Vigil  
Mari Jimenez, Molina Healthcare  
Julie Salvador, Co-PD, State Opiod Response Grants, presenter  
Michael Padilla, UNM State Opiod Response  
Drew Peterson, United Healthcare

**Land Acknowledgment by Jennifer Burke**

**Approval of Agenda-** Motion to approve the agenda with the addition of adding Jeremy to do an update about the Clinical Supervision Project- Susie Kimble moves to accept the agenda with the addition, Monica Miura seconds the motion.

**Approval of August 13<sup>th</sup> Meeting Minutes-** Approval of the August Meeting Minutes was motioned for approval by Paul Jenkins and seconded by Stacey Keener.

## Strategies to Address Opioid Use and Stimulant Use by Julie Salvador with UNM

### Presentation: State Opioid Response (SOR) Initiative

#### *New Mexico's part in addressing the national opioid use disorder crisis:*

- 2017, the Substance and Mental Health Services Administration (SAMHSA) began a series of grants to states to address OUD
- Funds from SAMHSA awarded to the NM Behavioral Health Services Division (BHSD); Healthcare Authority (HCA).
- Administered in partnership with Falling Colors and University of New Mexico (UNM) to assist BHSD to address Opioid Use Disorder (OUD) and help people and our communities thrive

#### *The NM BHSD Team:*

- Direction and oversight from the following:
- Operations Manager for Prevention & Substance Use Disorders; Co-SOR PD, Michael Padilla.
- Deputy Director of BHSD, Tami Spellbring; Clinical Services Operations Manager, Nick Palmisano.
- BHSD and HCA leads in finance and contracting support SOR.
- State Opioid Treatment Authority, Office of Substance Abuse and Prevention (OSAP), and Office of Peer Recovery and Engagement (OPRE).

#### *The UNM team:*

- Project Director, Julie G. Salvador: Daily project oversight and direction, reports, presentations, day-to-day operations/support to BHSD Directors
- Project Manager, Flor Cano-Soto: Oversees most staff, handles budgets, contract scopes of work, reporting to SAMHSA
- Treatment Liaison, Regina "Gina" James: Main agency contact; GPRA training and data collection; treatment partner lead reporting.
- Program Coordinator, Rachel Abeyta: Emphasis on NM Bridge hospital Buprenorphine program, MOUD ECHO program, related workforce efforts
- Program Coordinator, Erin Watts: Workforce development, trainings, ECHO programs, etc.
- Data management, quality and reporting, Tyler Kincaid

#### *NM SOR-*

- Prevention
- Treatment
- Recovery
- Overdose Prevention

## 135 CONTRACTED COLLABORATORS TO DATE:

Hub and Spoke System to expand:

- primary prevention, overdose prevention, treatment and recovery for opioid use disorder, Stimulant Use Disorder, and co-occurring.

### *PARTNERS:*

- Presbyterian Healthcare Services, El Centro Family Health; UNM Emergency; internal; family; psychiatry; hospital; Paxis Institute; Avocado artists; Bernie Lieving and 8 regional Narcan training and distribution partners; peer supervision; Awareness and Media, trainers/TA.
- Regional partners: primary care, behavioral health, recovery housing; schools; detention centers, etc.

## PREVENTION:

### **Pax good behavior game-**

- Pax Good Behavior Game and Indigenous PAX: School-based (Pre-Kinder thru 8th Grade) primary prevention utilizing positive reinforcement and contingency management to build self-regulation skills among youth.
  - In the 2024-2025 Academic Year, implemented in 85 Schools in 43 School Districts, including 14 tribal community schools and 720 staff trained in NM. 97% of school staff trained regarded PAX strategies as beneficial for students with emotional or behavioral challenges
- **Cumulative Pax GBG Data from 2019 – 2025 Implementation:**
  - 130 Schools served
  - 43 Districts served
  - 14 Indigenous-Serving Schools served
  - 3,472 total number of Staff trained in PAX GBG and advanced trainings
  - 52,987 estimated number of Youth reached\*
- **Cumulative Community-Based PAX Data from 2019 – 2025 Implementation:**
  - 80 Organizations reached with PAX Tools
  - 451 total number of Staff trained in PAX Tools
  - 97,497 estimated number of Youth reached\*

*\*Estimated number of youth served was provided by participants*

### *Intertribal Connection Initiative:*

- **Intertribal Connection Initiative (ICI)** aims to improve cultural exchange and emphasizes importance of creating and sustaining intertribal connections to improve protective factors.
  - Through cultural exchange and cultural workshops, increase protective factors for Indigenous youth.
  - Foster intertribal connections that enhance a sense of belonging, identity, and community.
  - Promote life, culture, and connection for Indigenous youth by bridging the gap between generations and tribes.

These efforts provide platforms for healing, building social support networks, cultivate resilience, and strengthen cultural connections—vital strategies in preventing mental health issues, suicide, and substance use among Indigenous populations. (**Avokado Artists**)

[summary, <https://www.facebook.com/AvokadoArtists/posts/for-the-past-several-months-avokado-artists-has-been-working-behind-the-scenes-t/1192027592923050/>]

*Intertribal Connection Initiative, a Culturally Defined Evidence Practice in SOR 4:*

**Reach in fy-24:**

- 59 Events held from January 2025 through September 2025
- 689 Youth participants
- 442 Adult participants
- 30 distinct Tribal Nations represented among participants

**Community, family, & Connection:**

- Participants expressed joy in being together, connecting with relatives, friends, and the community as a whole.
- “Bringing the youth together”
- “The opportunity to learn with my family in my community”
- “Getting together with my relatives and community members”
- “Spending time with the community, with my child”
- “Being here and interacting with our loved ones in our community!”

*A Dose of Reality:*

- Social Marketing: A Dose of Reality Website and media campaigns with prevention and safe use of prescription opioids messaging
  - Reach: Over 2 million social engagements, clicks on ads, and visits to website.
  - Youth focus in SOR 4: Campaign focused on youth (16-24) engagement in harm reduction and treatment.
    - Will be digital campaign, ‘Tik Tok’, YouTube reels, etc.

## SOR prevention: media

- A Dose of Reality awareness campaign: Social Media, website, billboards, TV, radio, theater, etc.
  - Narcan
  - Resources
  - Prevention Tips
  - Treatment Map

<https://www.doseofreality.com/>

## SOR PREVENTION MEDIA:



### PREVENT

- Use heroin or other opioids **safely to avoid an overdose event** in the first place – once an OD has occurred, it's a medical emergency.
- Use prescription opioids as prescribed, **do not share**.
- Use one drug at a time – if using multiple drugs, use less of everything. Avoid alcohol while using.
- Have a **rescue buddy** that knows where Naloxone is and how to use it.
- Don't use drugs alone.**

### RECOGNIZE

#### SIGNS OF AN OPIOID OVERDOSE

- Slow breathing or not breathing at all – if still breathing there may be snoring or gurgling sounds.
- Blue or purplish skin (especially lips & nail beds).
- Won't respond to attempts to wake the person.

For additional info and help:  
**NeverUseAlone.com**  
**1-800-484-3731**  
**Call or Text 988**  
**988nm.com**



### RESPOND

- Try to wake the person** – say their name and rub hard on their biceps/arms. If there's no response.
- Look, listen and feel for breathing** (clear mouth out if necessary).
- Give two breaths, one right after the other** (if you aren't going to do mouth to mouth, roll the person on their side).
- Give Naloxone.**
- Continue rescue breathing.** 1 breath every 5 seconds. Continue for 2 minutes, if no response, give 2nd dose.

### GIVE

- Hold the nasal spray with your thumb on the bottom of the plunger and your first and middle fingers on either side of the nozzle.
 
- With the person on their back or side, gently insert the tip of the nozzle into one nostril until your fingers reach the bottom of their nose.
 

### NALOXONE

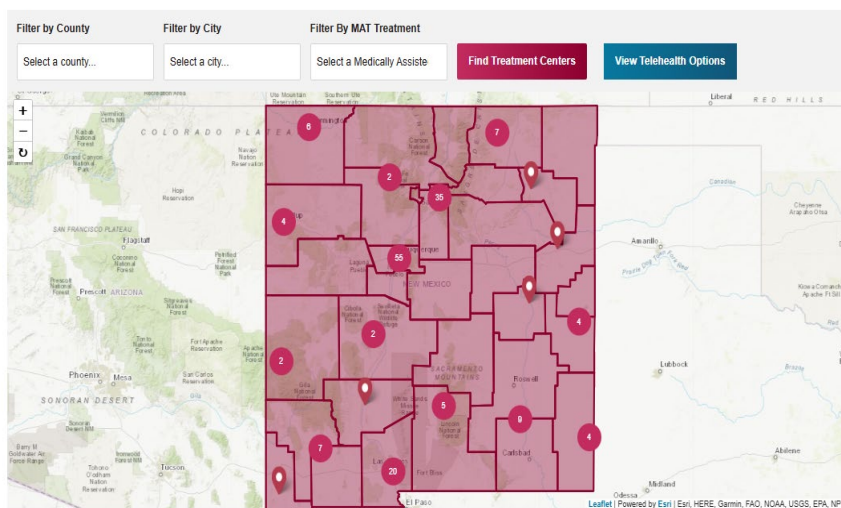
- Press the plunger firmly to give the dose of Naloxone Nasal Spray.
 

If you **DO NOT** want to give rescue breaths for ANY reason, call 911, roll the person on their side, and give Naloxone every 2 minutes until an ambulance arrives.



### AFTER THE PERSON WAKES UP

- If possible, **stay with the person** until medical help arrives. They can overdose again even after they wake up – the Naloxone will start to wear off in 30-90 minutes.
- If the person goes back into the overdose while you're waiting for medical help, give them more Naloxone.
- Don't let the person use more drugs.
- Place them in the recovery position** by rolling them onto their side – hand under head and one knee out.



## OVERDOSE PREVENTION:

### *SOR Overdose prevention:*

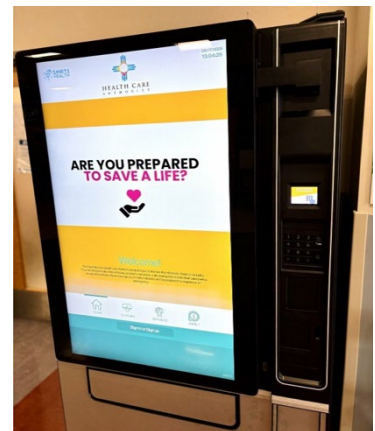
**Naloxone Distribution and Training:** Eight regional hubs to train and distribute naloxone statewide; community members, workforce, first responders, schools, tribal communities, etc.

- Overdose Prevention Coordinator, *Bernie Lieving*.
- Tailored outreach for law enforcement (LETI) and tribal communities.
- **Eight Regional Distribution Hubs:** Experts in overdose prevention to order Narcan, train, distribute and report on reversals identified;
- Newly developed Narcan training and distribution portal (**developed by Loka Creative/Lokaya**)
- **30 Narcan Vending Machines:** 12 Machines placed to date in some Income Support Division (ISD) offices, CTCs, ER, detention centers, recovery centers; placement of another 18 site placements in process.

### *Narcan vending machines:*

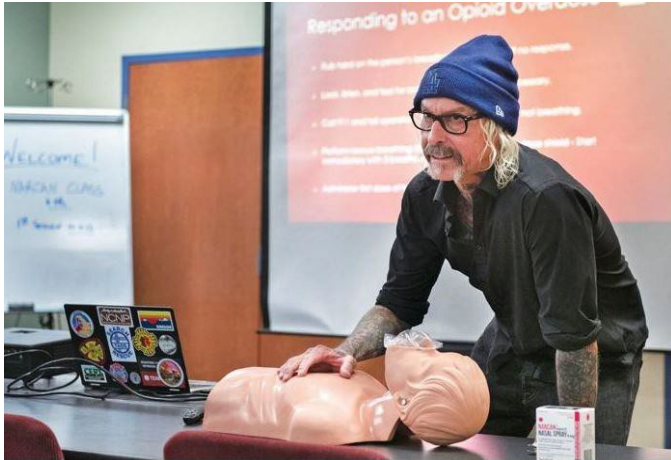
Machine Placement to Date:

1. Memorial Medical Center Las Cruces,
2. Dona Ana County Detention Center: Las Cruces,
3. Rio Grande ATP Taos:
4. Rio Grande ATP Las Vegas:
5. La Sala Crisis Center: Santa Fe
6. Serenity Mesa Healing: Albuquerque
7. LifeHouse: Carlsbad
8. Mesilla Valley Community of Hope: Las Cruces
9. Turning Point Recovery Center:
10. Income Support Division Rio Arriba County: Espanola
11. Income Support Division San Juan County: Farmington, NM
12. Income Support Division Lea County: Hobbs, NM



*\*Julie mentions that if anyone is interested In getting a Narcan Vending Machine in their area to please reach out to her.*

***Bernie Lieving, Overdose Prevention Coordinator:***



***SOR OVERDOSE PREVENTION:***

- Total kits distributed: 170,579
- Total Overdose Reversals Reported: 1,764
- People trained in community: 30,804
- Workforce trained: 12,631

Request training and kits at *A Dose of Reality NM* website.

## **TREATMENT**

**More people getting treatment services:**

- 4,201\* people started treatment for Opioid Use Disorder with medications (buprenorphine, methadone, and naltrexone)
  - Reported by our treatment partner agencies in hospitals, primary care and behavioral health settings (including telemedicine).

*\*Only includes a portion of new patients, per year (~50-100 tracked) by SOR grant*

***SOR TREATMENT KEY ACTIVITIES:***

- Expansion of providers and agencies that provide Medications for OUD (MOUD)
  - Treatment workforce expansion
  - Support for agencies to provide MOUD
    - Hospitals
    - Behavioral Health Agencies
    - Primary Care Agencies
    - Detention Facilities

- Skilled Nursing Facilities
- *And any other facility with NP, PA, MD, DO etc. who could prescribe any of these MOUD*

### ***SOR WORKFORCE EXPANSION:***

- Training in buprenorphine and Medications for Opioid Use Disorder for prescribers
  - 640 providers trained
  - Training in Therapeutic Approaches such as Motivational Interviewing, ASAM criteria, and Community Reinforcement Approach and Family Therapy (CRAFT), Matrix Model adult and adolescent; Seeking Safety adult and adolescent, Twelve Step Facilitation, ethics, cultural humility, and SO MUCH MORE!
- 41,900 workforce trained

<https://nmrecovery.org/>  
ewatts@salud.unm.edu

### ***IMPACT OF TRAININGS ON WORKFORCE:***

SOR sent a survey to attendees of workforce trainings to understand the impact of these trainings (over past year).

- **Results:**
  - 70% of those who filled out the survey were already implementing the methods in their practice
    - Nearly everyone (97%) said the trainings helped improve their skills and ability to implement the methods
  - Over half (53%) that were not already implementing the methods are NOW implementing the methods

### ***Many ongoing training opportunities:***

SOR supports a number of ongoing long and short format trainings--

Brandon Warrick, MD: Trainings on MOUD for youth and emerging illicit drugs

- Evelyn Plumb, PhD, Leslie Hayes, MD, Vanessa Jacobsohn, MD, Evelyn Plumb, PhD: 5hr "MOUD Kick-Start" that meets NM Medical Board opioid prescribing requirements
- Leslie Hayes, MD: Online and regional hybrid trainings around pregnant and post partum treatment using MOUD; Training of Assertive Community Treatment teams statewide.
- Sergio Huerta, MD: Trainings and support for pharmacists, for Skilled Nursing Facilities, and for Psychiatric Emergency Services
- Tom Chavez, PhD: Trainings in ABQ local establishments to increase awareness and skills to identify OUD and refer for treatment.

- ASAP Didactic Webinar: Dr. Larissa Lindsey, UNMH - Therapeutic aspects of OUD treatment highlighted
- ASAP Didactic Webinar: Dr. Canaca and Dr. Santos - Multinational/cultural Spanish version of the ASAP didactic
- NM Bridge OUD & SUD Education Series: 1 hour webinar with Q&A format

**CUSTOMIZED TRAININGS! CONTACT US! ([rabeyta@salud.unm.edu](mailto:rabeyta@salud.unm.edu))**

***NM BRIDGE PROGRAM:***

- Goal of NM Bridge: To support acute care settings (hospitals –primarily EDs) improving the treatment of OUD: initiating buprenorphine, providing naloxone kits, and developing a warm referral/connection process to community-based treatment.
- Strategy: Two broad components –
  - Robust Implementation Support team
    - *(‘you can do it; we can help’ approach)*
  - Step by Step guide for Implementation
    - *(‘Blueprint’)*

**NM Bridge Team:**

- Recruitment & Engagement
  - Phil Seidenberg, MD
  - Margaret Greenwood-Ericksen, MD
- Education for providers, nurses, and staff
  - Eric Ketcham, MD
  - Cindy Ketcham, EdD, MSHE, BSN, CCHP-RN, CARN
  - Leslie Hayes, MD
- Community Referrals, Peer Support, & Medicaid Support
  - Sally Wait, BSN
  - Donald Hume, CPSW
- Ongoing Support & Identifying/Addressing Barriers
  - Brandon Warrick MD
  - Sergio Huerta, MD
- Grant Leadership & Support
  - Julie Salvador, PhD
  - Rachel Abeyta, BFA



### **NM Bridge Hospitals:**

1. Christus St. Vincent Regional Medical Center – Santa Fe
2. Gallup Indian Medical Center – Gallup
3. Genesis Rehabilitation Center (SNF) – Albuquerque
4. Gerald Champion Regional Medical Center – Alamogordo
5. Holy Cross Medical Center (ED & OB) – Taos
6. Lincoln County Medical Center – Ruidoso
7. Los Alamos Medical Center – Los Alamos
8. Lovelace Women’s Hospital (ED & OB) – Albuquerque
9. Memorial Medical Center – Las Cruces
10. Mesilla Valley Hospital – Las Cruces
11. Northern Navajo Medical Center – Shiprock
12. Plains Regional Medical Center – Clovis
13. San Juan Regional Medical Center – Farmington
14. Sierra Vista Hospital – Truth or Consequences
15. Socorro General Hospital – Socorro
16. University of New Mexico Hospital (Adult & Pediatric EDs) – Albuquerque

### **Support to Agencies:**

#### Behavioral Health Agencies:

- Supporting agencies that provide therapy, peer support and similar but did not provide MOUD.
- Implementation support provided by addiction provider experts in medications, therapy and peer supports.
  - “MOUD ECHO” is hub of this support; online and in person.

#### Examples:

- Mountain Center
- Mental Health Resources
- Rio Grande ATP
- Turning Point Recovery (adding buprenorphine)

### **Support teleMOUD at NM PUBLIC Health Offices-**

Find your **PATH** to **RECOVERY**

New Mexico Pathways is a program designed to help you break free from your opioid dependency and take back your life. It's a personalized approach, tailoring treatment to your needs and helping you navigate your pathway to recovery through access to **FREE** and **LOW-COST** services.

[Find Your Pathway to Recovery](#)

Call the Helpline: 1-833-796-8773

**Your path forward...**

If you're struggling with opioid use, including prescription painkillers.

**Get answers.**

Explore our FAQs to learn more about our comprehensive

**Looking to help?**

Are you a healthcare practitioner looking to help? Join our team to



**RenewHealth**  
Addiction Recovery Services

## TELEHEALTH TREATMENT FOR ADDICTION RECOVERY

At Renew Health our patients receive the most effective outpatient treatments available for substance abuse and mental health along with the care of



**Providing Coverage for Uninsured:**

- Med Rx Prescription Program: Ensures access to MOUD and other co-occurring medications free of charge at over 300 pharmacies statewide.
- Long-Term Access to Medications via the Department of Health Pathways Program: providing MOUD treatment and other co-occurring primary health care free of charge.

**MOUD ECHO**

**Medication for the treatment of Opioid Use Disorder**

Join MOUD ECHO for an education and support program that covers key aspects of prescribing with a focus on buprenorphine in clinic settings.

This ECHO is more than a webinar but a place to ask questions and get free consultation from experts and peers. This ECHO follows the Project ECHO Model, which means every session includes time for participants to present de-identified patient cases for feedback and recommendations. Each session has time for you to get support in treating your patients!

[Click here](#) to learn more about the Project ECHO model.



**Interested in joining MOUD ECHO?**

MOUD ECHO is designed to support prescribers who are interested in providing medication assisted treatment (buprenorphine medication, naltrexone, and associated therapy and recovery supports) for persons with opioid use disorder. These prescribers include Doctors of Medicine (MD), Doctors of Osteopathic Medicine (DO), Physician Assistants (PA), Nurse Practitioners (NP), other advanced practitioners, and prescribers

## DISSMINATION & SUSTAINABILITY:

- **Results:** Achievement of prescribing benchmarks at 6 months was significantly increased by attendance at MOUD ECHO sessions including –
  - Obtaining training and licensure:
    - *Odds Ratio (OR) = 1.24; P = .001*
  - Starting to prescribe
    - *OR = 1.31; P = .004*
  - Adding patients
    - *OR = 1.14; P = .025*

## Street Medicine program support:

SOR supports this ongoing program via one day/week of an addictions trained psychiatrist to provide care, treatment and referrals to treatment providers, housing and other services in metro Albuquerque.

## RECOVERY:

### *SOR RECOVERY SERVICES:*

- **Recovery:** Services include peer support, community recovery groups and celebrations, programs that focus on recovery capital and role of peers – 12,188 people have received recovery services through NM STR & SOR
  - Efforts include:
    - Expansion of peer placement in Emergency Departments (NM Bridge) across NM
    - Expansion of Certified Peer Support Worker (CPSW) continuing education trainings to include focus on OUD (over 3,130 people trained)
    - Certified with OUD training: 397+
    - Choice Recovery Path program
    - Recovery Capital Program training with Santa Fe Recovery Center
    - Recovery Celebrations
    - Support for Recovery Housing & Certification

### *ADULT and YOUTH PEER SUPPORT AND RECOVERY:*

- **Inside Out, Española:**
  - Inside Out is a peer led recovery services agency.
  - Past funds to provide mobile naloxone; peer services
  - Most recently, engaging high risk youth in the Espanola area in treatment, including groups, other support services and referral to medications for OUD treatment.
  - Youth peer led group for youth 16-25 (target range)
  - **Serenity Mesa, Albuquerque:**

- Youth peers and peer-led groups; and direct access to MOUD for youth via sub contract.

### ***RECOVERY HOUSING CERTIFICATION PROGRAM***

- SOR helped support Recovery Housing for 4 agencies in the first year of SOR 4 (2024-25) in a pilot to expand recovery housing for persons active in Intensive Outpatient Treatment (IOP).
- SOR also funded the NM Society of Addiction Medicine (NMSAM) to develop a process for certification of recovery housing to help ensure quality standards are met, in alignment with the National Association of Recovery Housing.
- Funds will continue to support Recovery Housing expansion and certification statewide this year (2025-26).
- SOR SUPPLEMENTAL FUNDS 2025 – Supporting Cottonwood Clinical Services, Farmington, to increase access to MOUD treatment with youth AND provide youth recovery housing.

To find the full of the presentation please click here:

[../..../Downloads/NMSOR Grants Overview - BH Planning Council October 2025.jgsFINAL.pptx](#)

### **Public Questions:**

**Drew Peterson, United HC-** asks Julie how is her and her team working with the CARA program, and the 1115 waiver?

A: Julie shares of Dr. Leslie Hayes who specializes in working with pregnant/ post-partum mothers with SUD and that about 3-4 times a year they do an in person/hybrid training specifically for that population, in collaboration with CARA.

**Lisa Howley-** asks about the information shared about Recovery Housing and the certification wondering if the objective for that is to have standards and certification through state statute, and how inclusive is it to other housing that isn't funded with SOR funding?

A: Julie shares that this is new, but that it was worked on last year for about 3 months to have the NM Society for Addiction and Recovery to link up with NAR to come up with a standard and a process, but that this year, they met to talk about how they are going to do this. Julie shares that it would be great to have Lisa and other folks to meet to talk about this to be able to get a better understanding of what barriers each person might be seeing when it comes to funding through Medicaid vs. non-Medicaid.

**Monica Miura-** Shares that she is not seeing a lot of PAX in her area and asks if NM PED promotes PAX, she shares that looking on the NM PED website, that it doesn't look like NM PED is promoting this within PED.

How are we working within this grant; is there an element of working with PED?

A: Julie shares that Monica could absolutely help with this- Also that Scott is the person taking over the PAX Good Behavior Game, but that currently she does not know the answer to Monica's question although Julie believes that this is a great question and a great opportunity for more conversation about this.

⇒ Monica suggests getting a presentation presented on this to the CASC.

### Local Collaborative 2- SB 3 Update by Brandon Estrada and Anna Horner

Brandon is the Business Development Manager for Peak Behavioral Health as well as the point of contact for LC 2 which is the Bernalillo County Local Collaborative.

Anna Horner is with Impact Futures and works very closely with the Health Equity Council in Bernalillo. There are currently 43 Health Councils within the state being 1 within each county and 10 Tribal Health Councils which all work very closely with the Local Collaboratives.

Background on LC 2: LC 2 has a formation packet that is updated about 2x per year- here is some info on LC 2 from that formation packet:

2004 Legislation passed to address New Mexico's Behavioral Health system with the creation of:

1. State-Level Behavioral Health Collaborative:  
15 state agencies involved in behavioral health and the governor's office working to create a statewide BH delivery system.
2. Local Behavioral Health Collaboratives:  
18 region-based collaboratives intended to:
  - Create, enhance and sustain needed partnerships among local agencies, community groups, families, consumers and advocates.
  - Be the voice of local communities, help identify needs, develop a range of resources, and ensure the relevance and responsiveness of services and supports to improve the quality of life of those affected by behavioral Health outcomes.
  - To the extent possible, provide local input to the state collaborative on policy aspects of BH services.

\*\*The local collaboratives to date have now been moved to be overseen by the Behavioral Health Investment and Reform Committee.

3. The LC's are to report and give feedback to the State; the Behavioral Health Planning Council as well as the stakeholders within our communities.

#### LC 2 timeline: 2023-2024

**Dec 23'- Jan 24'**: Informal meetings on logistics for formally becoming an LC. NM Dream Center approved as fiscal sponsor for LC 2.

**Feb/Mar 24'**: Building attendance, early visioning, meeting location/time logistics.

**April 24'**: Membership discussion, results from survey sent out in March discussed.

**June 24'**: Education and conversations on leadership structures Metro Behavioral and Mental Health Provider and Partner 'Social'.

**July 24'**: LC3 presentation on their structure, education and conversations on voting membership requirements.

**Aug 24'**: LC 2 Development Retreat

**Oct 24'**: Finalization of LC2 bylaws.

**Nov 24'**: Completion of Steering Committee Scope of Work and Membership Process.

**Dec 24'**: Completion of shared vision, values and priorities.

**Jan 25'**: Community Survey Membership Drive, Steering Committee Elections.

The visions values and priorities that LC 2 have thus far come up with through their meetings, retreats and workshopping as are follows:

**Vision**: "LC2 envisions a community where all people have access to timely, equitable affordable and effective behavioral health services. Through collaboration, advocacy and education we promote a cohesive behavioral health system that supports the multigenerational and culturally diverse communities of Bernalillo County."

**Values**: Equity, Inclusion, Community, Advocacy.

**Priorities**: Education and Community Awareness, Resources, Advocacy.

\*LC 2 Currently meets once a month and is considered a true LC. There are a few operational things that LC 2 needs to focus on moving forward but as of now is still considered an operating LC.

At LC2's last meeting SB3 was a topic of discussion-

LC 2 is in no way tied to SB3 other than being overseen by the BH Reform and Investment Act Executive Committee, therefore at this time LC 2's goal is to push themselves as deep into the conversation as possible, so LC 2 can have a place at the table in this conversation.

The Purpose of last week's meeting was to invite the State Coordinator for SB3, Esperanza Lucero along with the County Leadership for Bernalillo County, Wayne Lindstrom and Dr. Bronman to this meeting to convene a space for LC2's partners to learn about SB 3 and region 2 planning, as well as, to identify who the leadership was and how LC 2 can adapt a relationship with that leadership, as well as to explain the role of LC 2 to the leadership and explain how LC 2 can be of partnership with SB 3.

Another piece of information that was released at this meeting was the Executive Committee discussing early access funding of 2 million dollars per regio, where funding can begin to be requested for services such as: pre- and post-natal services, residential services, MAT treatment, and Crisis Response.

Dr. Wayne Lindstrom and Dr. Bronman shared what's going on in Bernalillo County along with their plans for moving forward- one of the biggest things emphasized was that currently, SB 1 is supposed to be putting \$1 billion into a fund for BH within NM to be producing 50 million per year. Currently that fund is only at 250 million and projected to produce only \$18 million across the state. Therefore, one of the big messages to LC 2 was that until that funding is there, there is very little to go around and that any stakeholder who is interested should be doing some advocacy on trying to push the state to that 1-billion-dollar investment.

The next steps for LC 2:

1. To be a facilitator specifically in region 2, making sure stakeholders are engaged and informed. Therefore, staying in contact with stakeholders.
2. Advocate for full funding and complete initial AOC submission once Sandia Support letter is received.
3. Promote and advocate for a comprehensive review and plan to address structured system change.

Some last thoughts from Anna Horner: Anna shares about an article in the news recently speaking to the amount the state has invested in Behavioral Health reform; however, NM has moved from 36<sup>th</sup> in the Nation on key Behavioral and Mental Health Outcomes to 44<sup>th</sup> in the nation from 2022-2023. Therefore a big part of the conversation that LC 2 is wanting to emphasize, and urges everyone to emphasize within their regional planning, is how are we

thinking of changing the system? Rather than taking the money that has been invested and pouring it into the existing system that is struggling to produce outcomes, how are we building into these regional plans, system change initiatives, strategies, foundation measures, etc. so that we are not just dumping money into something that isn't working.

LC2 contact info:

[lc2.impact@gmail.com](mailto:lc2.impact@gmail.com)

[brandon.estrada@peakbehavioral.com](mailto:brandon.estrada@peakbehavioral.com)

LC-2 Mtg Info:

Date: 1st Wednesday of the month

Time: 2:00 PM - 3:30 PM

Location Type: Virtual

Virtual Location: [Zoom Meeting Link](#)

Link to SB3 click below:

[SB 3 overview](#)

## OPRE Update by Mark Garnand

Mark is the Programs Operation Manager for the Office of Peer Recovery and Engagement working with Annabelle Martinez.

- Mark shares that OPRE is hosting the first within NM, Forensic Peer Endorsement training currently taking place at the BHSD office. Mark shares that there are 25 Peer's taking this training to get their Forensic Peer Endorsement and that there are 3 trainers from the Safe Project that came in from the east coast to do this training in person, at the BHSD office. The training is a 4-day training that lasts from 8:30am-4:30pm.
- Mark also shares that OPRE has an inter-agency agreement with the NM Department of Corrections, where OPRE has trained folks to become a Certified Peer Support Worker while incarcerated within the NM Department of Corrections. The next training within the corrections dept. is in December.
- OPRE has several Wellness Centers throughout New Mexico that OPRE helps fund and support with Peers and assistance across the state.
- OPRE also has an initiative called the Supportive Peer Employment Project right now- this project has 7 different peers which they are working to place in different communities and agencies around NM who have never had a peer within their agency working before.

- OPRE had a very successful Peer Summit which took place in May of this year with great attendance and was held at the Indian Cultural Center in Albuquerque.
- Currently OPRE has a Peer Housing Endorsement which peers are now able to take a training for to get the housing endorsement.
- OPRE is currently also working on a few other endorsements such as a veteran's endorsement and an endorsement for peers to work with mothers pre- or post-natal who are dealing with SUD.

***Discussion around CPSW's, State and National CPSW certifications and reciprocity, in the chat:***

***Wendy Linebrink Allison:*** Has there been any consideration at potentially replicating the AZ model to have the CPSW training offered through agencies, rather than by the state? In my perspective this would allow for the possibility to create more opportunities to train CPSWs across our state.

At one time, we had conversations on the possibility of offering the CPSW training through the community colleges, similar to the CHW training. Is there any consideration at the possibility of this opportunity to expand CPSW training opportunities? Not everyone can attend a 40-hour 1 week training. By breaking this up into a college class model, maybe we can open the door for others to become CPSWs with an alternative training model.

***Athena Huckaby:*** Yes, I think there need to be many paths. I work with a peer who is nationally certified. There should be many paths for training and then peers can be checked off as state certified.

***Wendy Linebrink -Allison:*** I think the matter that needs addressed here is that the state needs to create reciprocity to allow nationally certified peers to either become state certified without additional cost, training, or tests needing to be taken, OR to be recognized as a peer that can have their services billed under CMS and MAD guidelines. I believe currently the state guidelines to bill for peer services indicate that a peer must be state certified.

***COMMENTS/QUESTIONS:***

***Dr. Royleen Ross:*** asks about the Native American Endorsement. Which Annabelle Martinez shares with the group is in the works and the state is currently working on what that endorsement will look like.

***Elise Padilla:*** Brings up the question of whether the state is working around the issue of Peers being placed in roles outside of the scope of work and training that peers receive. Elise shares that this is a growing concern that is being brought up in many communities. Annabelle shares that this is a concern that the state is definitely always looking at and looking at the ways the state can mitigate this concern and shares that BHSD/OPRE is always working on initiatives to address this concern- specifically the different CPSW endorsements that are coming into fruition being one of the many ways the state is working to provide further training and education to peers to work in certain areas.

***Links shared from the chat:***

This training on peer support, roles, etc. is open to all:

[https://magellanhealth.zoom.us/webinar/register/WN\\_CNIWWk3nSFKjNSn7x056iA](https://magellanhealth.zoom.us/webinar/register/WN_CNIWWk3nSFKjNSn7x056iA)

I just wanted to share this story about forensic peers being needed, especially in Southern New Mexico:

[https://www.linkedin.com/posts/athenarhuckaby\\_healthequity-systemchange-nowrongdoor-activity-7376738083502919680-2rO6?utm\\_source=share&utm\\_medium=member\\_desktop&rcm=ACoAAAPRjeoBXI5PKPkFtDPp021\\_ySiGEmY11Ck](https://www.linkedin.com/posts/athenarhuckaby_healthequity-systemchange-nowrongdoor-activity-7376738083502919680-2rO6?utm_source=share&utm_medium=member_desktop&rcm=ACoAAAPRjeoBXI5PKPkFtDPp021_ySiGEmY11Ck)

Preserving the Peer Role: Understanding and Preventing Peer Drift: Magellan Health. Oct.15, 2025, 1:00 pm Mountain- [https://magellanhealth.zoom.us/webinar/register/WN\\_CNIWWk3nSFKjNSn7x056iA](https://magellanhealth.zoom.us/webinar/register/WN_CNIWWk3nSFKjNSn7x056iA)

State that has program for peer support with the IDD @ <https://www.cb-cg.com/idd-peer-mentoring.html>

### Local Collaborative Update – LC 18, by Dr. Layne Kalbfleisch

LC 18 recently held a 13-hour Veterans event on August 23<sup>rd</sup> at Northern NM College where there was a full day of events for veterans and their families. LC 18 fed people 3 meals and several snacks throughout the event where there were also two dance gatherings as well as prayer offerings. There was also a visit from the NM Veterans Department of Affairs by Secretary Jamie Herrera whose family is from Nambe Pueblo. The honor guard was also in attendance and there were 100 names read for honoring's of different Veterans from different pueblos. There were over 85 people in attendance throughout the day which by the end of, had the community asking if the LC 18 would make this an annual event. There were swag bags that were left over from this event which the LC was able to get put into 988 resource bags.

LC 18 is about to provide a survey for its members to share topics of concerns and initiatives for the LC to be able to determine funding opportunities for the next year.

The two main priorities that are coming out are the Rick Vigil Education Fund as well as the Veteran's event that was just mentioned. The third main topic of discussion is the Nambe falls retreat.

## RCoNM- Recovery Month Recap by Elise Padilla

Eise Padilla is the executive director of the NM Peer Coalition. The NM Peer Coalition along with Recovery Communities of NM worked this September to help fund different agencies to put on their own September Recovery Month events all around the state of NM. This year there were 32 different organizations who received funding to put on their recovery month events. Elise shares what a blessing it was to be able to fund these different organizations to be able to put on events within their communities weather it was their first time holding a recovery month event, or they have been doing it for years now. Elise shares that as we all know, there is still a large amount of stigma surrounding recovery and that there are many barriers when it comes to recovery, but that these events allow for people who may be struggling, who have a family member, friend or loved one who is dealing with SUD or mental health struggles, to know that there is an entire community of people in recovery to back them and that there are many resources around our state for these persons to find their own pathway to recovery.

Shared from the chat:

here's our picture gallery from our event in Las Cruces. I was the chair this year!

<https://www.lcsuicideprevention.com/recoverycelebrationpics>

## Clinical Supervision Project update by Jeremy Lihte

Jeremy shares that PINES Institute which is a nonprofit on the side of Recovery Communities of NM whom has been tasked along with the Department of Higher Education to help get money out to any agencies who are providing clinical supervision. The applications are out now and will be accepted through December.

Supervision Expansion Grant now open – apply here: <https://forms.office.com/r/LX0j3aLrVp>

## Sub-Committee Reports (ASUM, CASC, NASC)

### CASC Update by Monica Miura

- At the most recent CASC meeting on Sept 9<sup>th</sup> there was a presentation by Jesse Clifton, who is an attorney at DRNM and is monitoring the BH Services of the Kevin S settlement. CASC was able to get a presentation update by Jesse for the 3<sup>rd</sup> year in a row now on the Kevin S settlement.
- CASC also went through the CASC feedback on SB 3 that was shared with the group.
- CASC also got an update from Natalie Rivera on Sept Recovery Month events which Monica shares she was excited to see more youth involvement with this year.

### NASC Update

There was no one to update on NASC, however NASC has now moved to quarterly meetings with the next meeting being in November.

### ASUM Update by Jackie Nielsen (off the agenda as Jackie was unable to attend the meeting and there was no other ASUM attendance to give an update)

- The ASUM talked about alcohol misuse and education efforts at their most recent meeting pertaining to their goals for gathering information.
- There were also discussions about staffing challenges within the state as well as prevention efforts.
- The ASUM is still in the gathering of information phase of coming up with recommendations.

### MAC update

- No MAC update currently.
- The recommendation has gone through to the board of commissions to add Jeremy as an official member of the MAC, once this membership goes through, Jeremy will be in attendance at the next MAC meeting and will be able to update the BHPC.

**Meeting Adjourned**