2022 STATEWIDE TOWN HALL
Transforming Behavioral Health in New Mexico:
A pathway towards hope and healing
Date: June 15-16, 2022
Location: Isleta Resort & Casino
EXECUTIVE SUMMARY

New Mexicans want to see thriving behavioral health across our state. They call for an integration of behavioral health in New Mexico’s public education system. Town hall participants believe individuals wishing to join the behavioral health workforce should have access to internship and mentoring opportunities so they may realize their dreams and hopefully remain in the state. Trauma-informed professional development for behavioral health professionals is critical. To keep our hard-working behavioral health professionals supported, their pay should exceed the national average, and challenges related to provider licensing and credentialing need to be addressed to provide adequate service and access. To help improve the behavioral health system and coordination with other public systems, New Mexico needs a platform that allows the inclusion of statewide behavioral health data alongside data on physical health and homelessness for example. Access to services can also be improved through improved billing process and agreements with bordering states. Finally, New Mexicans want behavioral health supported permanently through the creation of a statewide dedicated permanent fund.

These recommendations and others resulted from the New Mexico First Behavioral Health Town Hall, held June 15-16, 2022, in the Pueblo of Isleta. Approximately 200 individuals from around the state produced a platform of eight consensus recommendations, each garnering support from 85 percent or more of the participants.

Behavioral Health in New Mexico

Behavioral health is an important part of overall health and wellness. It relates to the connection between behavior and the health of one’s mind, body and spirit and affects how we think, feel, and act. Many of New Mexico’s challenges with behavioral health can be traced back to social determinants of health (SDOH), the conditions in the places where New Mexico residents live, learn, work, and play that affect a wide range of health, functioning, and quality-of-life outcomes and risks. In New Mexico, there are four areas of behavioral health that have been and are of increasing concern across the state: suicide rates, substance use, mental health, and children’s behavioral health services. The pandemic that began in 2020 has only exacerbated the scope of challenges and concerns.

Statewide Town Hall Process

New Mexico First’s statewide town halls are best understood as a sequence of activities surrounding a central event. Town hall activities are designed for nonpartisan discussion, consensus, and action to initiate positive policy change to improve the quality of life for New Mexicans.

Prior to the June 2022 town hall, New Mexico First convened six community conversations and published a background report. The event opened with an invocation from Vernon B. Abeita, Governor of the Pueblo of Isleta and video messages from U.S. Senators Martin Heinrich and Ben Ray Lujan. Guest speakers included a panel of experts and 10-minute talks, providing additional context for deliberative working group discussions.

Participants worked in ten small groups, during which they assessed opportunities and barriers to thriving behavioral health in our state. They prioritized those issues into recommendations, which were polled for consensus.
Recommendation Overview

At the end of the first day, there were 26 recommendations. Similar recommendations were merged and refined, with each group given the opportunity to suggest changes to recommendations coming from other groups. In the final session, a total of 22 recommendations were taken to a vote with eight surpassing the 85% approval threshold. The final eight consensus recommendations are:

CONDUCT TRAUMA-INFORMED TRAINING
Expand training for providers to increase competency to serve clients of all cultures, languages, ages, gender identification/sexual orientation to include survivors of and those who have been exposed to sexual trauma and violence.

INTEGRATE MENTAL AND BEHAVIORAL HEALTH SERVICES IN EDUCATION SETTINGS
Create, fund, and integrate mental health services in all N.M. public educational systems and implement public outreach campaigns and resources to parents, caregivers, and guardians.

SUPPORT INTERNSHIPS AND MENTORSHIPS
Implement and support mentorship and internship opportunities in underserved areas within provider health systems and create linkage to students who are aspiring mental health professionals.

IMPROVE BILLING AND INTERSTATE AGREEMENTS
Ensure that more New Mexicans have secure access to medical and behavioral health resources by improving provider billing processes and initiating streamlined interstate agreements.

PAY WORKFORCE ABOVE NATIONAL MARKET RATES
Fully fund behavioral health professionals and staff at rates above national market rates, incentivizing culturally and linguistically appropriate service delivery, measuring success not only by contacts but also by outcomes.

CENTRALIZE STATEWIDE ACCESS TO DATA
Create and implement a statewide platform inclusive of databases (such as Health Information Exchange, Homeless Management Information System, etc.) with access to information to provide comprehensive services for clients.

RESOLVE LICENSING ISSUES
Streamline the licensing and credentialing process from internship through employment.

PERMANENTLY FUND BEHAVIORAL HEALTH
The state of New Mexico shall create a permanent fund dedicated to behavioral health needs.
INTRODUCTION

Purpose of the Town Hall

Behavioral health relates to the connection between behavior and the health of one’s mind, body and spirit and affects how we think, feel, and act. Behavioral health is often used as an umbrella-term, that encompasses mental health, which relates to a person’s emotional, social, and psychological wellness. Behavioral health conditions and the behavioral health field have historically been financed, authorized, structured, researched, and regulated differently than other areas of health.

A two-way relationship exists between behavioral health and social determinants, as income, education level, housing status, food security, racism, and more can contribute to and exacerbate challenges with behavioral health. People with behavioral health conditions, including substance use disorders, may be particularly vulnerable in situations of scarcity or stress, such as an economic downturn, in an emergency or pandemic. Poor behavioral health can sabotage personal choices and affect living conditions that further limit opportunities.

While behavioral health is a broad topic that can include issues such as eating disorders, diabetes management, weight loss, and marriage and relationship counseling, there are four areas of behavioral health that are of acute concern for New Mexico communities and policy leaders. These are: suicide rates, substance use, mental health, and children’s services. Consider, for example:

- New Mexico has the second highest suicide rate in the US.
- Suicide was the 8th leading cause of death among New Mexicans
- NM has had the highest alcohol-related death rate in the US since 1997
- One in five deaths among working age adults (20-64) in NM is attributable to alcohol; twice as high as the national average.
- In 2019, New Mexico had the 12th highest overdose death rate in the nation – in a state that ranks 36th in the country for population size.
- The prevalence of persistent feelings of sadness or hopelessness among NM high school students increased by 25% from 2015 to 2019.

Behavioral health in New Mexico is in crisis. And yet just as all this negative data exposes vulnerability and can serve as a call-to-action, it is important to also recognize New Mexico’s many unique assets; high prevalence of intergenerational families, strong culture heritage and language preservation, rich diversity, stunning natural beauty, temperate weather, and abundant sunshine.

To leverage the many assets and draw on data and lived experience, New Mexico First’s 2022 town hall encouraged participants to explore the state’s opportunities and barriers to thriving behavioral health. They listened to speakers. They listened to each other and shared their experience and wisdom. Together, they crafted recommendations for elected, appointed, and private sector decision-makers to strengthen behavioral health across New Mexico.
About New Mexico First

New Mexico First builds consensus on our state and communities' critical issues and leads positive policy change through deliberative town halls, forums, and nonpartisan work on health, the economy, education, natural resources, and good governance. Our state’s two U.S. Senators – Martin Heinrich and Ben Ray Lujan – serve as New Mexico First's honorary co-chairs. The organization was co-founded in 1986 by U.S. Senators Jeff Bingaman and Pete V. Domenici. The board of directors is made up of 21 cross-partisan members who represent geographic communities and communities of interest across New Mexico’s three congressional districts.

Who Attended?

Attended by 200 people, the town hall brought together people from across the state. Participants came from urban, rural, and sovereign Pueblos and Tribes across New Mexico, and included business and nonprofit professionals, behavioral health professionals, the faith community, educators, students, government officials and more. Due to the public health concerns during the pandemic, the town hall was conducted as a hybrid event to reduce contact. Half of the participants joined online, and the other half in person.
Town Hall Background Report

Prior to the town hall, New Mexico First released a background report highlighting the main issues for behavioral health in our state. The report highlights the issues and root causes underlying mental and behavioral health challenges in New Mexico. Participants were encouraged to review the report in advance of the town hall. The background report can be accessed online¹ and includes the following main sections:

- Statewide Trends and Issues
- Behavioral Health Workforce
- Community Awareness/Access and Referrals for Service
- Services & Treatment
- Funding

Extras

In the appendix, readers will find additional ideas and resources of interest:

- Recommendations that offer valuable ideas but did not achieve the consensus of the full town hall
- A list of Town Hall leaders
- New Mexicans who participated in the town hall
- An overview of the community conversations conducted prior to the June town hall
- A list of the town hall sponsors

TOWN HALL PROCESS

New Mexico First’s statewide town halls are best understood as a sequence of activities surrounding a central event. Prior to the 2022 town hall event, New Mexico First hosted six community conversations on the subject of mental and behavioral health in the western, southern, and southeast parts of the state. Visits to communities in northern regions were postponed due to the wildfire disaster. One online community conversation took place with a statewide community of interest. Town hall and community conversation participants consisted of state residents with a range of lived experience and expertise.

The Behavioral Health Town Hall was a hybrid convening (held in person and online) and took place June 15-16, 2022. The onsite location was The Isleta Resort and Casino, south of Albuquerque.

Using New Mexico First’s proven consensus-building process, the two-day event asked participants to share their best ideas for making progress as a state regarding behavioral health. During the town hall, participants were divided into small groups to discuss issue and policy options, as well as develop and refine recommendations for addressing the critical issues. Participants deliberated and came to consensus on eight recommendations to transform behavioral health in New Mexico.

But the work didn’t stop there! The implementation process began immediately following the central town hall event, with presentations on the town hall recommendations to political and statewide leaders. The Town Hall Implementation Committee is comprised of volunteers who registered for the town hall. The committee collaborates to implement the town hall recommendations where they are needed, at local, regional, and statewide levels. The implementation period could last as long as 18 months following the town hall, through two legislative sessions. An overview of the town hall process is offered below.

Step 1: Learn the Issues

Planning Committee: Diverse and representative group of volunteers share their expertise and lived experience to inform the planning of the entire town hall project and process.

Community Conversations: Listen to community share their experiences regarding behavioral health.

Background Report: Review report before attending the town hall.

Context Setting and Shared Learning: Listen to guest speakers and ask questions.
Step 2: Explore Possibilities

Small Working Groups: Consider promising opportunities or crucial issues that need to be addressed.

Step 3: Develop Common Ground

Draft Recommendations: Record actions that will impact the state’s future progress.

Amend Recommendations: Refine recommendations for consideration by full group.

Agree on Final Recommendations: Reach consensus on final recommendations in the full group.

Step 4: Advancing Change

Final Report: Released and accessible to all stakeholders at www.nmfirst.org

Reflection: Community will be invited to reflect on the recommendations and continue to refine.

Implementation: The Implementation Committee will work to advance the recommendations agreed to by town hall participants.

Timeline

- May 2022: Community Conversations in Gallup, Grants, Las Cruces, Deming, Hobbs and with Online Community
- June 15-16, 2022: Hybrid Town Hall Event
- August – December 2022: Share Recommendations and Report with Communities Who Hosted Conversations and Action Teams Prepare for the Legislative Session
- September - November 2022: Conduct Community Conversations with Communities in Northern Sectors of New Mexico
- January - March 2023: Implementation Committee Advances Town Hall Recommendations During the Legislative Session
- April 2023: Review Progress and Strategize about Implementation Committee’s Next Steps
TOWN HALL RECOMMENDATIONS

The following recommendations were developed by participants in the ten working groups at the town hall. After the initial ideas were shared, all participants reviewed each other’s work, offered refinements, and ultimately voted on their level of support for each recommendation. All the following items achieved a high consensus threshold, receiving support from 85 percent of the town hall.

**Recommendation 1**
Expand training for providers to increase competency to serve clients of all cultures, languages, ages, gender identification/sexual orientation to include survivors of and those who have been exposed to sexual trauma and violence. **Consensus Percentage: 85%**

**Recommendation 2**
Create, fund, and integrate mental health services in all N.M. public educational systems and implement public outreach campaigns and resources to parents, caregivers, and guardians. **Consensus Percentage: 86%**

**Recommendation 3**
Implement and support mentorship/internship opportunities in underserved areas within provider health systems and create linkage to students who are aspiring mental health professionals. **Consensus Percentage: 88%**

**Recommendation 4**
Expand covered services, funding, and provider rates for Medicaid to ensure more New Mexicans, including incarcerated individuals where allowable, have secure access to medical and behavioral health resources, including simplifying and improving the provider billing process, identifying barriers to out-of-state services that impede access, and initiate interstate agreements that will streamline payers’ acceptance of out-of-state services. **Consensus Percentage: 91%**

**Recommendation 5**
Fully fund the continuum of behavioral health professionals and staff at rates above national competitive market rates and further incentivize culturally and linguistically appropriate service delivery for all in need as measured not only by contacts but by outcomes. **Consensus Percentage: 86%**

**Recommendation 6**
Create and implement a statewide platform inclusive of databases (such as Health Information Exchange, Homeless Management Information System, etc.) with access to information to provide comprehensive services for clients. **Consensus Percentage: 89%**

**Recommendation 7**
Streamline the licensing and credentialing process from internship through employment. **Consensus Percentage: 88%**

**Recommendation 8**
The state of New Mexico shall create a permanent fund dedicated to behavioral health needs. **Consensus Percentage: 85%**
TOWN HALL IMPLEMENTATION

The recommendations will not sit on a shelf. New Mexico First has organized an implementation committee to advance the town hall priorities and has already presented the recommendations before policymakers and state agencies. Implementation team committee members will engage directly with decision makers at the local and state level including legislators, county commissioners, and school board members. Additionally, the committee will plan and host community conversations in northern New Mexico to ensure their voices are heard and represented, and to augment or modify recommendations to be responsive to the behavioral health implications of New Mexico’s historic wildfires. Implementation efforts can run for 12-18 months. The process is chaired by Mika Tari, LMSW, who will lead the effort to advance the recommendations with federal, tribal, state, local and private sector leaders.

Mika Tari is the Executive Director of the New Mexico Chapter of the National Association of Social Workers. Mika earned her master’s degree in Social Work from New Mexico State University and has lived and worked in New Mexico for 23 years. After spending her first 15 years working in group homes for those on the Autism spectrum and those with IDD, she moved to New Mexico and continued to work in nonprofits that did similar work as well as work supporting employment and early childhood development. Recently, Mika worked for the New Mexico Human Services Department, serving five years in the Medical Assistance Division. She served as Deputy Director for five years with the Behavioral Health Services Division and was also briefly interim director of BHSD.
APPENDIX A: ADDITIONAL IDEAS

Recommendations that did not achieve consensus are sorted thematically below and include the level of support from town hall participants.

Ideas that achieved 84% Consensus and below

Access for Under-served Communities

Recommendation A: Improve and increase access to mental and behavioral health services for rural, frontier communities and special populations: Provide access to technology, telehealth, mobile units, digital training, and literacy. Streamline licensure, certification, credentialing, and expansion of reciprocal interstate compacts. Offer financial incentives for behavioral health providers, businesses and programs through salary enhancements, business and property tax reduction programs and loans. **Consensus Percentage: 82%**

Recommendation B: Improve and increase access to mental and behavioral health services for rural and frontier communities and other populations in need by creating a continuum of behavioral health services that share equivalency to reimbursement rates of primary care and accessibility and affordability. **Consensus Percentage: 81%**

Recommendation C: Actively recruit, train, and retain homegrown and gender-balanced behavioral health workforce that is linguistically, culturally, and ethnically representative of all populations in New Mexico, through equitable financial incentives, supporting local and regional academic and residency programs, providing access to supervision, and educating students about student loan repayment options. **Consensus Percentage: 71%**

Recommendation D: Increase and fund clinical collaboration and supervision among behavioral health providers, including small and rural based. **Consensus Percentage: 65%**

Recommendation E: Develop a statewide public fund, gross receipts taxes, or bonds that could deliver behavioral health services to the non-insured, under-insured. **Consensus Percentage: 63%**

Recommendation F: Partner with the Behavioral Health Collaborative, Medical Assistance Division, and Behavioral Health Services Department to reform policies and practices (for example Bils4Nils) that currently limit opportunities for practitioners to expand their practice to serve Medicaid clients. **Consensus Percentage: 54%**

Behavioral Health Training and Professional Development

Recommendation G: Fully fund Social Emotional Learning training for students and professional development for teachers for pre-k through 12, that is ethnically, linguistically, and culturally centered, focused on marginalized and oppressed groups (race, gender, disability, age, LGBTQIA+). *(Integration team it should be aware of need for money-secure resources). **Consensus Percentage: 77%**
Recommendation H: Identify, fund, and integrate accessible, relevant, and appropriate professional development and referral resources, throughout the BH Continuum, including mentorship for behavioral health and community practitioners across the age spectrum. **Consensus Percentage: 68%**

**Oversight of CYFD**

Recommendation I: Establish external oversight *(implementation team to further define)* for CYFD (potential ombudsman) to ensure family and child responsive trauma informed policies. Reform includes funding accountability directly related to policy requirements connected to outcomes including CYFD cultural shift that is child and family responsive, and trauma informed. **Consensus Percentage: 79%**

Recommendation J:

Establish external oversight for CYFD (potential ombudsman) to ensure family and child responsive trauma informed policies. Reform includes funding accountability directly related to policy requirements connected to CYFD cultural shift that’s child and family responsive and trauma informed. **Consensus Percentage: 73%**

**Policy Decisions Guided by Community**

Recommendation K: Identify and intentionally leverage and direct funding for BH services & facilities to New Mexico communities, guided by input from those with lived experience and those from the communities to be served, especially rural and tribal communities. **Consensus Percentage: 81%**

Recommendation L: Support policy recommendations from the NM Primary Care Council and Public Health Task Force to improve the behavioral health system and develop an improved primary care structure. **Consensus Percentage: 65%**

**Prioritizing Housing as Critical Part of Behavioral Health**

Recommendation M: To support a housing-first approach, increase quality housing access, including renovating or repurposing unused commercial properties using general fund, nonrecurring capital outlay funding, economic and community development funding mechanisms, public/private partnerships including relationship development among landlords in communities, and improving coordination between federal, state, and local housing authorities. **Consensus Percentage: 68%**

**Retaining Workforce**

Recommendation N: Actively recruit, train, and retain a gender balanced behavioral health workforce that is linguistically, culturally, and ethnically representative of all populations in New Mexico, through equitable financial incentives, supporting academic programs, providing access to supervision, and fully funding student loan repayment programs to meet the number of qualified applicants. **Consensus Percentage: 82%**
APPENDIX B: TOWN HALL LEADERS

Town Hall Speakers and Panelists

- Vernon B. Abeita, Governor, *Pueblo of Isleta*, Invocation
- Michael Barndollar, *New Mexico First Board member*, Closing Remarks
- Stacy Burleson, Co-Founder and Executive Director of Women in Leadership
- Carlos Contreras, Virtual Emcee
- Annabella Farmer, *Searchlight New Mexico* – Panel Discussion Moderator
- Greggory D. Hull, Mayor of Rio Rancho
- Jodie Jepson, ABQ Street Connect/Heading Home Executive Director
- Alicia Manzano, Emcee
- Marshall Martinez, Executive Director, Equality New Mexico
- Marcus Mims, *Chair, New Mexico First*, Welcome and Context
- Kathleen Oweegon, Owner – *Bridges of Peace*, Overview of Process and Next Steps
- Dr. Mauricio Tohen, Chairman of the Department of Psychiatry and Behavioral Sciences at the University of New Mexico Health Sciences Department
- Nikka Peralta, Founder, Mending Hearts LLC
- Mariela Ruiz-Angel, City of Albuquerque Director of Albuquerque Community Safety

Town Hall Planning Committee

- Michael Barndollar (*Co Chair*), Principal, Barndollar Associates Consulting
- Henry Brutus (*Co Chair*), ProAction, Inc.
- Mika Tari, Executive Director, National Associated of Social Workers – New Mexico Chapter
- Veronica Alonzo, WIOA Adult and DW coordinator, New Mexico Dept. of Workforce Solutions
- Dr. Dale Alverson, Medical Director, Center for Telehealth
- Gerilyn Antonio, Tribal Liaison, New Mexico Alliance of Health Councils
- Maralyn Beck, Founder – New Mexico Child First Network
- Steven Brooks, Special Project Coordinator, Bernalillo County Health Initiative
- Vicki Chavez, Executive Director, Southwest Regional Education Cooperative
- George Davis, Child, and adolescent psychologist
- Kris Ericson, Principal, Ericson Consulting
- Carolyn Gamiao, Department of Health and Human Services, Rio Arriba County
- Jerry Harrison, Executive Director, New Mexico Health Resources
- Joshua Jones, Judgement Recovery and Consulting
- Kimmie Jordan, Mental Health Rehabilitation Services
- Mayra Lovas, Senior Program Officer, J.F. Maddox Foundation
- Melisha Montano, OPRE and Engagement Program Manager, Behavioral Health Services Division (State of New Mexico)
- Melissa Ontiveros, Director, Community Action Agency of Southern New Mexico
- Bryce Pittenger, Interim CEO, Behavioral Health Collaborative State Agencies
- Nichole Rogers, African American Community and Business Liaison, City of Albuquerque
Anna Rondon, Executive Director, New Mexico Social Justice and Equity Institute
Bill Wagner, Executive Director, Centro Savila
Tony Watkins, Family Engagement Coordinator, Albuquerque Public Schools
Wendy Wintermute, Resources Manager, New Mexico Alliance of Health Councils
Kim Wong, Faculty, College of Business Information & Technology, Central New Mexico College

New Mexico First Facilitation Team

- Veronica Alonzo, Recorder
- Sharon Berman, Master Recorder
- Lynne Canning, Facilitator
- Genevieve Chavez-Mitchel, Facilitator
- Solana Cummings, Recorder
- Monica Esparza, Facilitator
- Corina Gomez, Recorder
- Michael Hock, Facilitator
- Kathy Komoll, Facilitator
- Chama Lefton, Facilitator
- Liz Liano, Recorder
- Jeremy Lihte, Facilitator
- Flora Lucero, Online Support
- T.K. O’Geary, Facilitator
- Kathleen Oweegon, Facilitator/In-person Support
- Donna Owens, Recorder
- Valerie Rangel, Recorder
- Tina Ruiz, Recorder
- Wanda Umber, Recorder
- Vaughn Valois, Recorder
- Barbara Ventrello, Recorder
- Wendy Wintermute, Facilitator

New Mexico First Staff

- Danielle Gonzales, Executive Director
- Sharon Berman, Strategic Civic Engagement & Policy Manager
- Theresa Cardenas, Strategic Civic Engagement & Policy Manager
- Kenn Rodriguez, Admin. & Communications Coordinator

Town Hall Contributors

- Kris Ericson, PhD, Researcher
- Robert Fullbright, photographer
- Michelle Mirabal, Program & Event Coordinator
### APPENDIX C: REGISTRANTS

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Edward Rubin
Doña Ana County

Jennifer Sanchez
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Juan E. (Buck) Sanchez
Bernalillo County

Suzy Sanchez Beg
Bernalillo County

Maureen Schmittle
Otero County

Jennifer Schouman
Bernalillo County

Gabby Secor
Bernalillo County

Antoinette Sedillo Lopez
Bernalillo County

Brian Serna
Santa Fe County

Rachel Sierra
Grant County

Patricia Smith
Bernalillo County

Krista-Mari Sorra
Bernalillo County

Tonya Spargo
Sandoval County

Kristen Stasi
Bernalillo County

Althea Stevenson
San Juan County

Abigail Stiles
Bernalillo County

Sarah Strongin
Bernalillo County

Marla Summers
Bernalillo County

Bill Tallman
Bernalillo County

Mika Tari
Sandoval County

Janell Taylor
Eddy County

Tammie Teague
Lea County

Dr. Mauricio Tohen Bernalillo County

Dr. Mauricio Tohen
Bernalillo County

Melissa Toledo-Ontiveros
Doña Ana County

Monica Toquinto
Bernalillo County

Alleyne Toya
Bernalillo County

Analicia Trujillo
Bernalillo County

Krisztina Udvardi
Bernalillo County

Tania Valdez
Bernalillo County

Devona Valdez
Sandoval County

Beatrice Vallo
Bernalillo County

Brandy Van Pelt
Santa Fe County

Charlie Verploegh
Bernalillo County

Rob Vigil
Rio Arriba County

Darlene Vigil
Taos County

Annette Vigil
Bernalillo County

Elizabeth Vincent
Bernalillo County

Tony Watkins
Bernalillo County

Trina Wheeler
Bernalillo County

Mary White
Doña Ana County

Constance Williams
Roosevelt County

Kenneth Winfrey
Bernalillo County

Julie Zuniga
Bernalillo County

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Community Conversations

Before the town hall, New Mexico First convened community conversation with six communities statewide. Guiding questions included:

- How do you define behavioral health?
- Why is behavioral health and well-being important to your community?
- How is behavioral health supported in your community?
- What are challenges to behavioral health in your community?
- Do you have access to services and resources to be/stay healthy?
- What solutions has your community produced to make folks healthier that can be shared or modeled with the rest of the state?
- How has your community been impacted by COVID-19 regarding behavioral health?

Community Conversation Locations

- May 6 – Gallup, El Morro Event Center
- May 6 – Grants, Gabby’s Café
- May 11 – Las Cruces, Community Action Agency
- May 11 – Deming, Luna County Courthouse
- May 16 – Hobbs City Hall Annex
- June 6 – Women in Leadership: Conversation with Incarcerated & Formerly Incarcerated Women webinar

Community Conversations Notes

- Compiled Notes
- May 6 – Gallup
- May 6 – Grants
- May 11 – Las Cruces
- May 11 – Deming
- May 16 – Hobbs
- June 6 – Women in Leadership webinar
APPENDIX E: TOWN HALL SPONSORS

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