Stability First - A Blueprint for New Mexico:
Community Safety, Behavioral Health Supported Living Services, SB3 Regional Planning and Workforce Development
New Mexico can deliver measurable public safety gains by building a Stability-first continuum: supportive housing, healthcare, expanded workforce, and coordinated community safety services

July 2026 White Paper for interim Health and Human Services Committee meeting

New Mexico is at an inflection point: we can interrupt the cycle of people revolving through homelessness, emergency rooms, jails, and living on the streets by investing in stability as the foundation of public safety and reducing poverty and homelessness. This paper proposes a coordinated, statewide strategy built on four mutually reinforcing initiatives:

1. Building a Statewide Community Safety Infrastructure—establishing a statewide coordination system that expands non-police crisis response systems, like the Albuquerque Community Safety (ACS) department, enabling police to focus on fighting crime by establishing and expanding social service and behavioral health programs like the ACS department throughout the state.

2. Establishing a Behavioral Health Supported Living program (similar to the Developmental Disabilities Waiver program) that is financed with Medicaid funds (71% paid by the federal government); providing supportive living, intensive case management, and wraparound services to people with serious mental illness, substance use disorder, or brain injury whose conditions impairs their ability to autonomously manage their affairs; unnecessarily consuming scarce law enforcement, medical and social services resources- while their conditions steadily deteriorate over time. The January 2026 report from Manatt Health to the NM Health Care Authority found that 7,185 individuals with serious behavioral health needs can be served at an annual cost to the State of just $9.7 million; substantially reducing unnecessary consumption of police, emergency room and healthcare and social services resources.

3. Expand the provisions in SB3 beyond Regional Behavioral Health Planning by establishing a statewide Behavioral Health strategic plan. Use the January 2026 report by Manatt Health as the platform to establish a five year State plan for equitable behavioral health investment—developing regional behavioral health strategic plans to align priorities, fill service gaps, reduce duplication, and create “Systems of Care;” (providing case management, detox, stabilization, respite, mental health and substance use treatment and supportive housing).

4. Rolling out Behavioral Health Workforce Development at Scale—creating a pipeline that treats behavioral health careers as critical infrastructure; using tuition support and paid internship pathways, plus service incentives to fill shortages in psychiatric nursing, counseling, social work, psychology, and addiction treatment.

The impact of adopting these strategies within five years: reduced crime by stabilizing people whose untreated mental health and substance use disorders lead to them break the law; reduced homelessness and deaths of people surviving on the street, reduced overdose deaths; reduced use of scarce police resources on social problems; reduced numbers of people stuck in cycles of crisis, and creating a larger, well-paid behavioral health workforce - achieved through measurable targets, shared accountability, and smart financing.

Key Principles:

1) Stability is the starting point - stability is public safety. When people lack stable housing, stable care, and stable income, the system defaults to the most expensive interventions: police contact, involuntary holds without placements, ER boarding, and incarceration. New Mexico's current challenge is not a lack of compassion or even a lack of spending—it's a lack of coordinated capacity:

- Not enough detox/respite/treatment slots at the moment someone says "yes."
- Not enough supportive living for people who can't live independently.
- A workforce pipeline that can't meet demand.
- Plans that don't line up across state/county/city.

A Stability-first approach focuses policy on what actually reduces crisis: housing, services, navigation, workforce, and coordination.

2) Community Safety: Send Help, Not Guns. New Mexico should define community safety as a statewide capacity—not just a city innovation, meaning not a single agency doing street outreach everywhere—rather coordination, funding and standards help create alignment across 988, crisis response, peer navigation, and local non-police programs and support for regional "resiliency hubs" / navigation capacity. A non-police crisis response support would expand models like ACS where feasible and create state standards/training for mobile crisis and peer navigation. The state should invest in "navigator" roles that don't just hand someone a brochure, that walk them through the door and confirm service connection, and that track outcomes (connection achieved, retained, stabilized). Resiliency hubs can be created around warming/cooling and basic stabilization, hygiene and survival resources, on-site navigation, triage, and referral, and linkage to detox/respite/treatment/housing placements.

3) Behavioral Health Supported Living program: Build the Missing "Stability Benefit" – the problem the Behavioral Health Waiver solves. There is a clear population: people with serious mental illness, substance use disorder, traumatic brain injury, and co-occurring conditions—who cannot stabilize without long-term supports. Today, many cycle from street to ER to jail to discharge and back to the street, often worsening each time. The State of NM can create a Medicaid state plan amendment with a waiver-like benefit that funds supportive living / supportive housing services, intensive case management, crisis-to-stability transitions (including respite) and wraparound supports (med adherence support, transportation, peer support, etc.). The State of NM can also expand / repurpose our exciting "Community Benefit" by modifying eligibility rules so people with serious behavioral health conditions can qualify—without requiring purely "mechanical" or nursing-home type impairments.

Our Behavioral Health Supported Living policy language includes eligibility for serious mental illness / SUD / TBI with functional impairment, high utilization risk: repeated crisis episodes, homelessness, ER/jail cycling, and inability to maintain housing/health without ongoing support. Covered services would include residential and in-home supports, case management (including "door-through-door" navigation), peer support as a reimbursable cornerstone (with rates sufficient to retain staff), supportive employment linkages, and family/kinship caregiver supports where appropriate. The waiver must be paired with a capacity plan: detox, respite, stabilization, and supportive living slots.

4) SB3 (2025 legislative session) as the Backbone: Regional Planning and Accountability. SB3 created a statewide structure that can finally function like an operating system, not a patchwork. SB3 creates 13 regions focused on publishing their capacity map (detox, respite, treatment, supportive housing, crisis services), workforce map (vacancies, pay bands, training pipeline), and investment priorities tied to measurable outcomes. The result will be a public dashboard tracking detox beds available, treatment slots available, respite capacity, supportive housing openings, average wait times, and discharges to "no-respite/no-housing" situations. When effective, SB3 funding should reward reduced ER/jail churn, retention of staff, successful placements into stable housing/care, and continuity (people don't lose providers every 60–90 days).

5) Treat Workforce Development Like Infrastructure - New Mexico can't build stability without workers—full stop. A 3-layer pipeline should include a) immediate workforce stabilization through raising reimbursement and wage floors for key roles (peer support, case managers, LADAC), incentives for hard-to-fill shifts (nights/weekends), and burnout prevention: supervision, caseload caps, clinical support, b) tuition and service pathways for critical fields including psychiatric nursing, social work, counseling, psychology, and alcohol/drug counseling. Mechanisms can include tuition scholarships tied to service commitments, loan repayment for years of service in NM, and paid practicums / internships to reduce dropout and expand access, and c) youth and community-based onramps, including high school and community college internships / paid exposure tracks, fast-track peer support certification + ladders into counseling/social work, and "earn and learn" models that recruit people with lived experience as leaders

Projected Impact

Measurable impacts by 2030 include reducing deaths among unsheltered people, reducing "discharge to street with no respite plan," reducing overdose deaths and reducing repeat ER/jail/homelessness cycling among enrolled Supported Living program participants. Capacity targets should include statewide Community Safety services, more behavioral health and detox beds statewide, respite/stabilization beds and supportive living/supportive housing slots. Workforce targets should include increasing behavioral health workforce headcount, increasing the number of certified behavioral health paraprofessionals, increasing retention at 12 months, and expanding graduate program completions in key fields. Transparency should include publishing SB3 regional plans annually, launching statewide bed/wait-time dashboard, and creating cross-agency coordination protocols for crisis response and placement.