

New Mexico

Justice Reinvestment Working Group

Data Drivers Presentation #3

July 24th, 2024



July 24th Meeting Overview



1. Introduction
2. County Detention Facility Trends
3. Behavioral Health & the Criminal Justice System
4. The Sequential Intercept Model
5. Examples of SIM Mapping in New Mexico
6. New Mexico Key Challenges
7. Looking Ahead
8. Wrap Up & Questions

The Working Group

- ✓ Objective
- ✓ Role
- ✓ Engagement Timeline

Working Group Objective

“We are committed to using data and evidence to identify ways to improve the quality and functioning of New Mexico’s Criminal Justice System.”

-Signed letter to BJA, August 2023

Working Group Role



Examine

Examine data findings presented by CJI at each Working Group meeting

Identify

Identify system pressure points, policies, and practices

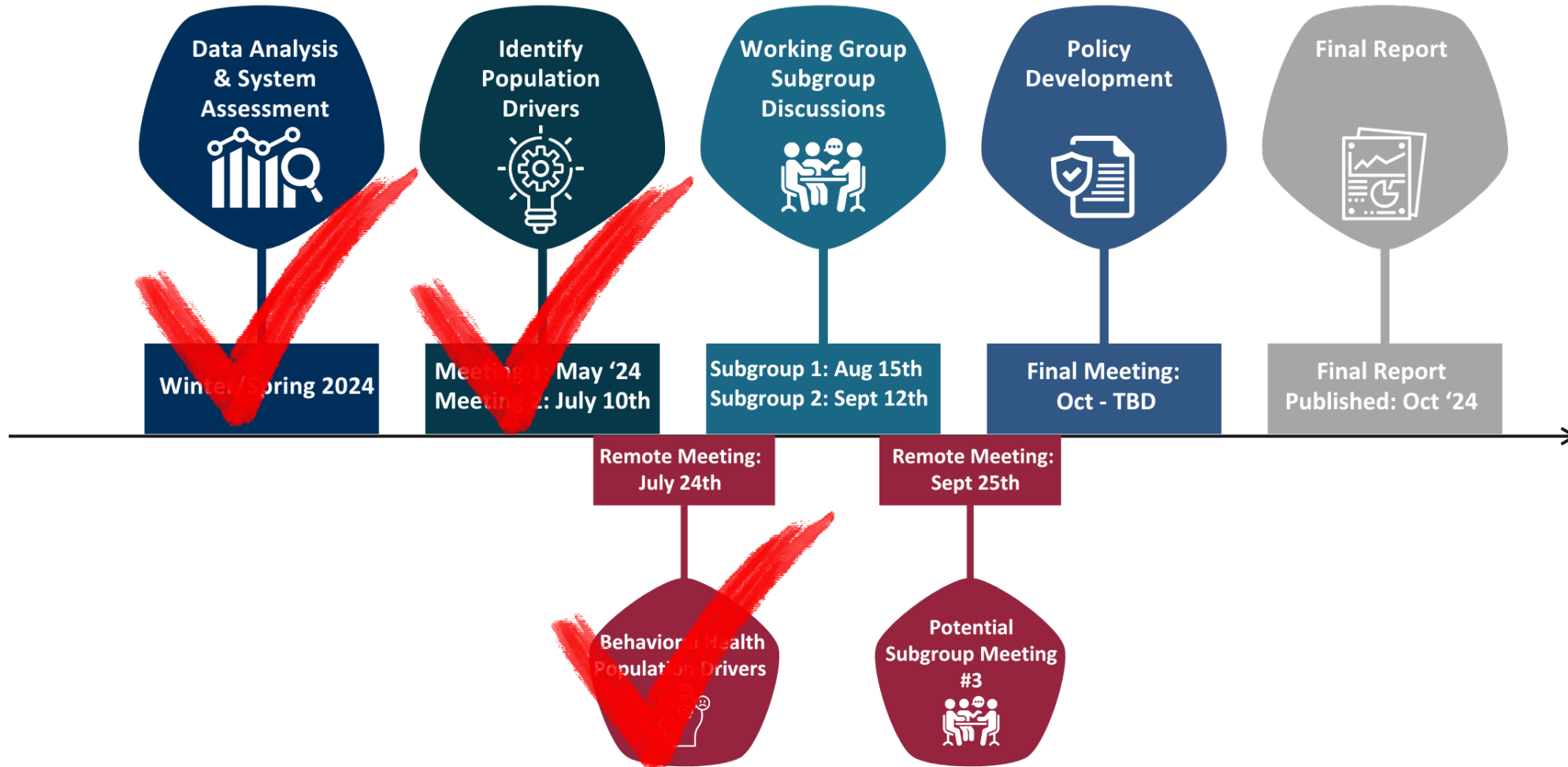
Develop

Collaboratively develop recommendations for state level policy and practice

Review & Approve

Review and approve final report drafted by CJI containing all Working Group recommendations

Working Group Engagement Timeline



County Detention Facility Trends

- ✓ Snapshot Population Breakdown
- ✓ Snapshot Population Time Served

County Detention Facility Trends

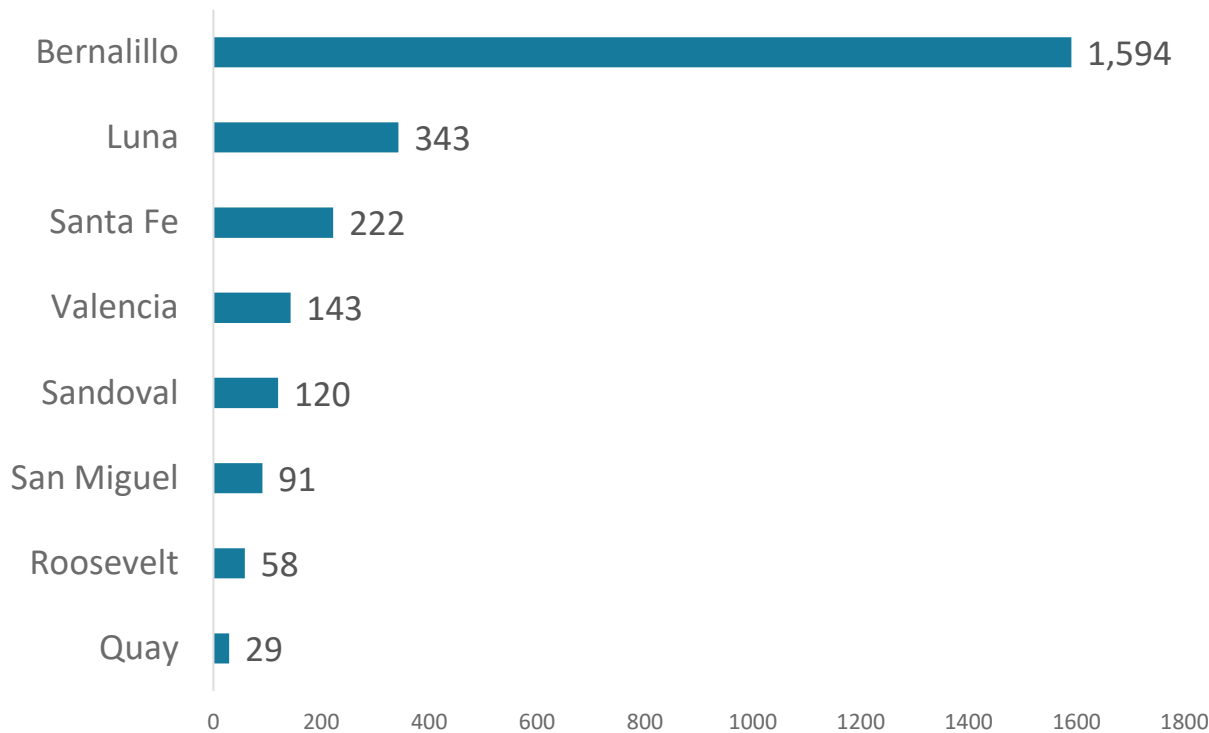


Snapshot Population

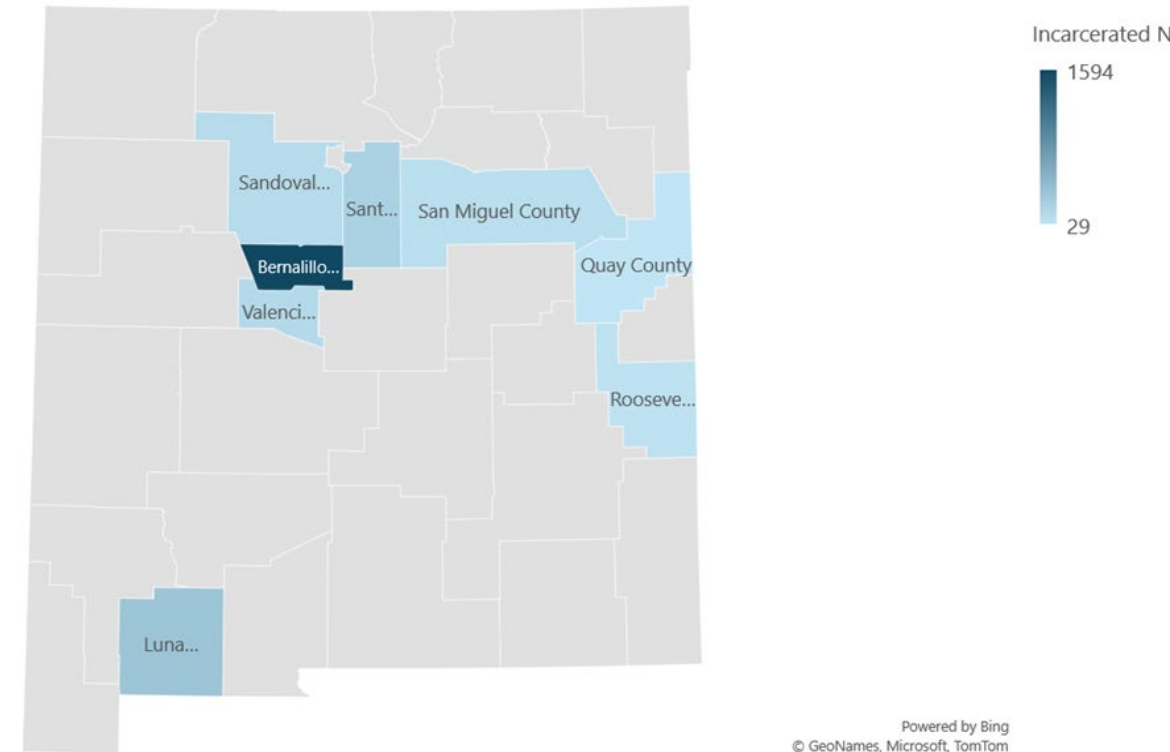
- ✓ Charge Count
- ✓ Document Type
- ✓ Crime Class
- ✓ Crime Category
- ✓ Pretrial Status
- ✓ Snapshot Demographics

Snapshot Population Counts Ranged Widely Across State

Number of Incarcerated Individuals on Snapshot Date by County Detention Facility



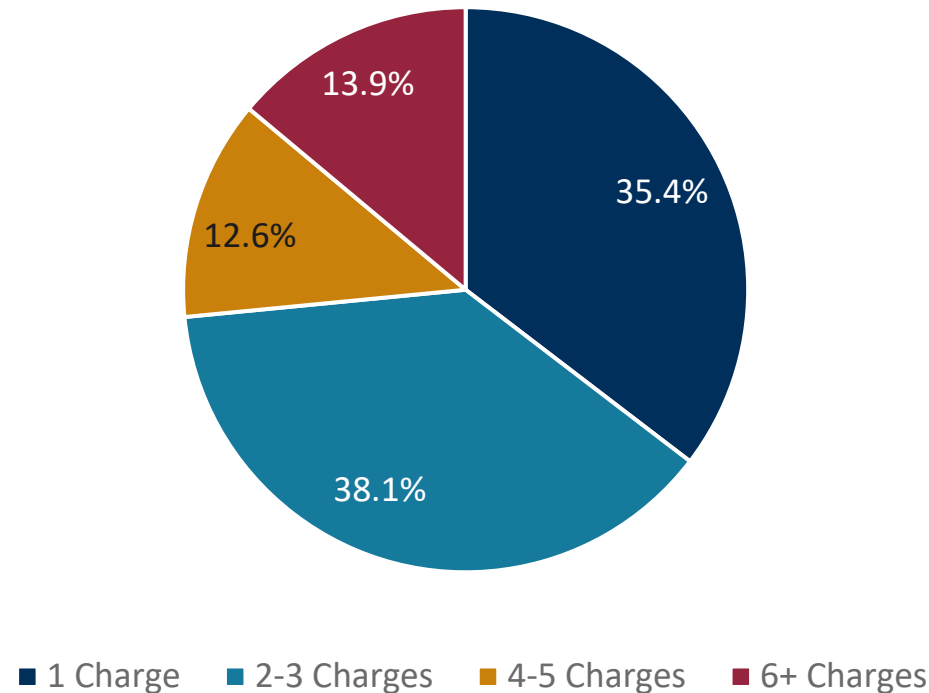
Number of Incarcerated Individuals on Snapshot Date by County Detention Facility



Most Individuals in Non-Bernalillo Counties Booked on 2-3 Charges



Charge Count Percentage of Snapshot Pop., Other Counties* (n = 1,006)

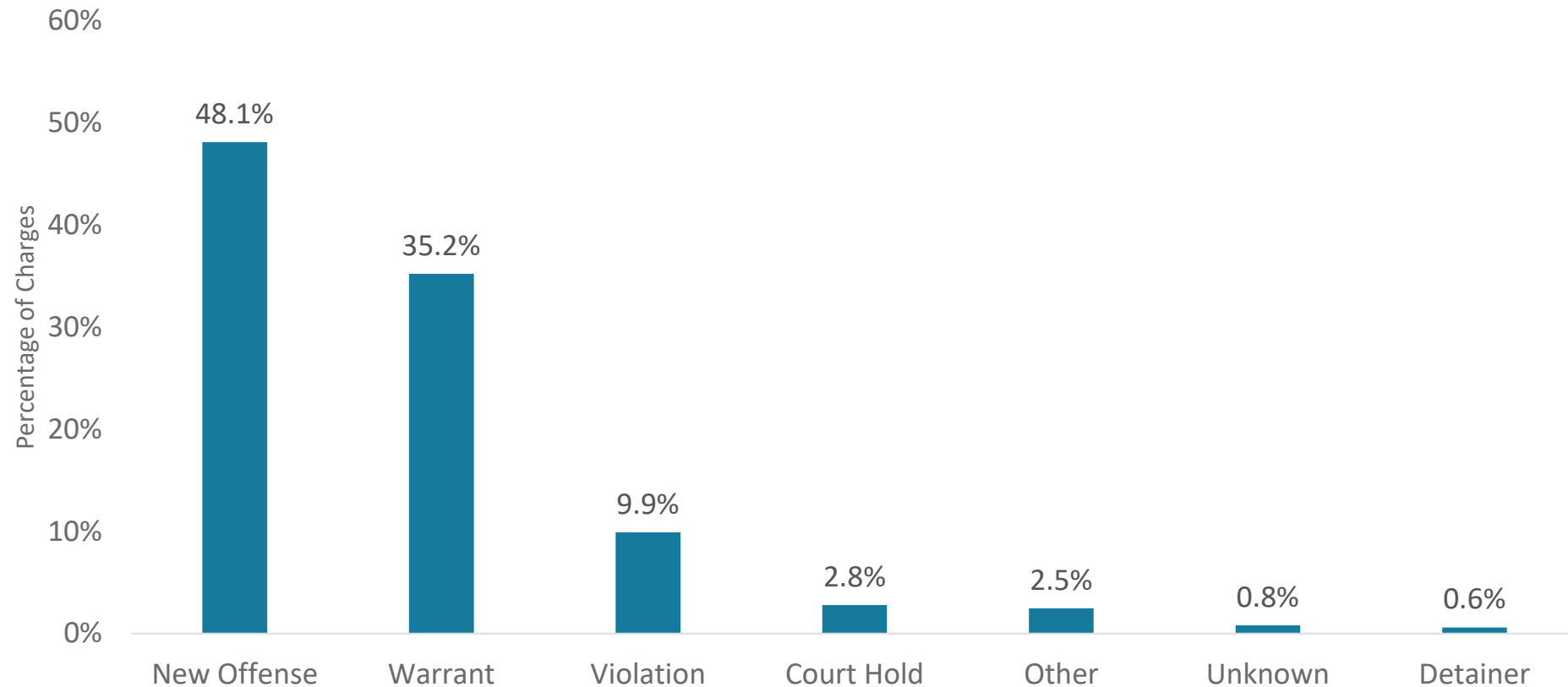


*Data from Luna, Quay, Roosevelt, San Miguel, Sandoval, Santa Fe, and Valencia counties

Nearly Half of All Charges in Non-Bernalillo Counties Were for Warrants, Violations, & Court Holds



Percentage of Document Types at Offense-Level, Other Counties* (n = 2,867)

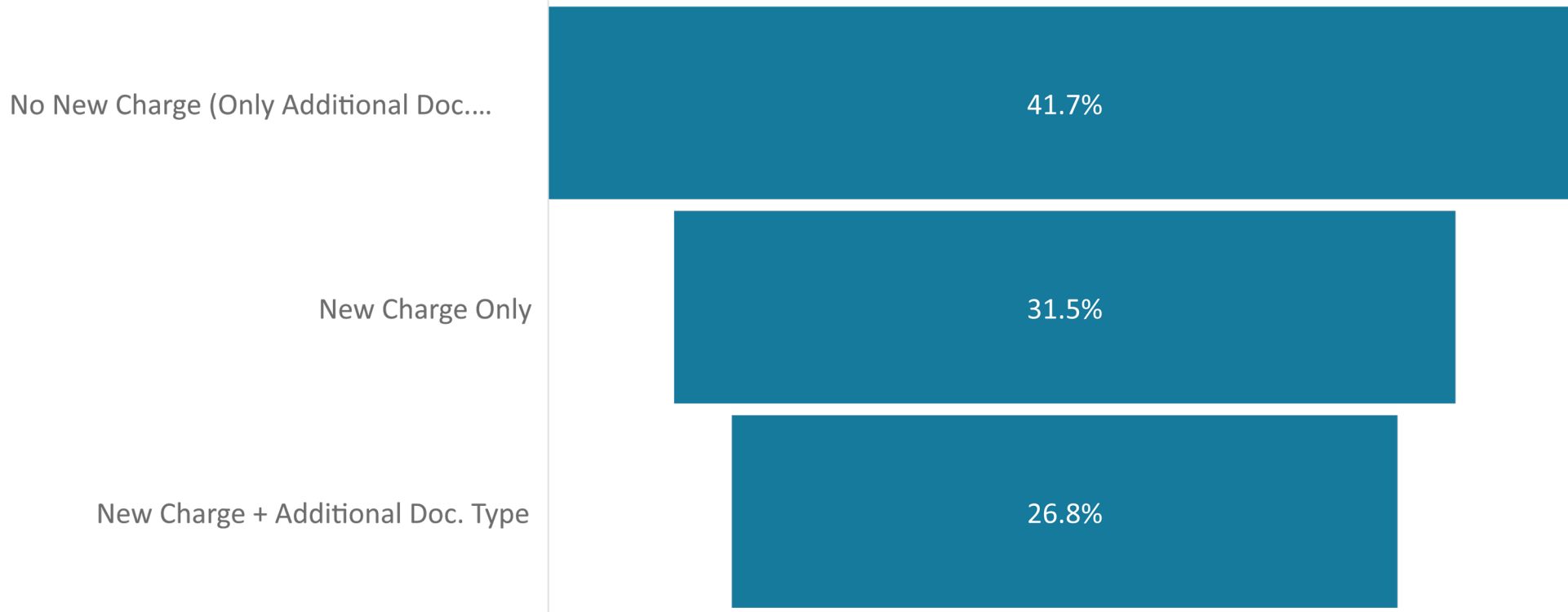


*Data from Luna, Quay, Roosevelt, San Miguel, Sandoval, Santa Fe, and Valencia counties

27% of Individuals Booked in Non-Bernalillo Counties On New Charges With an Additional Document Type



Percentage of Document Type Combinations at Individual Level, Other Counties* (n = 1,006)

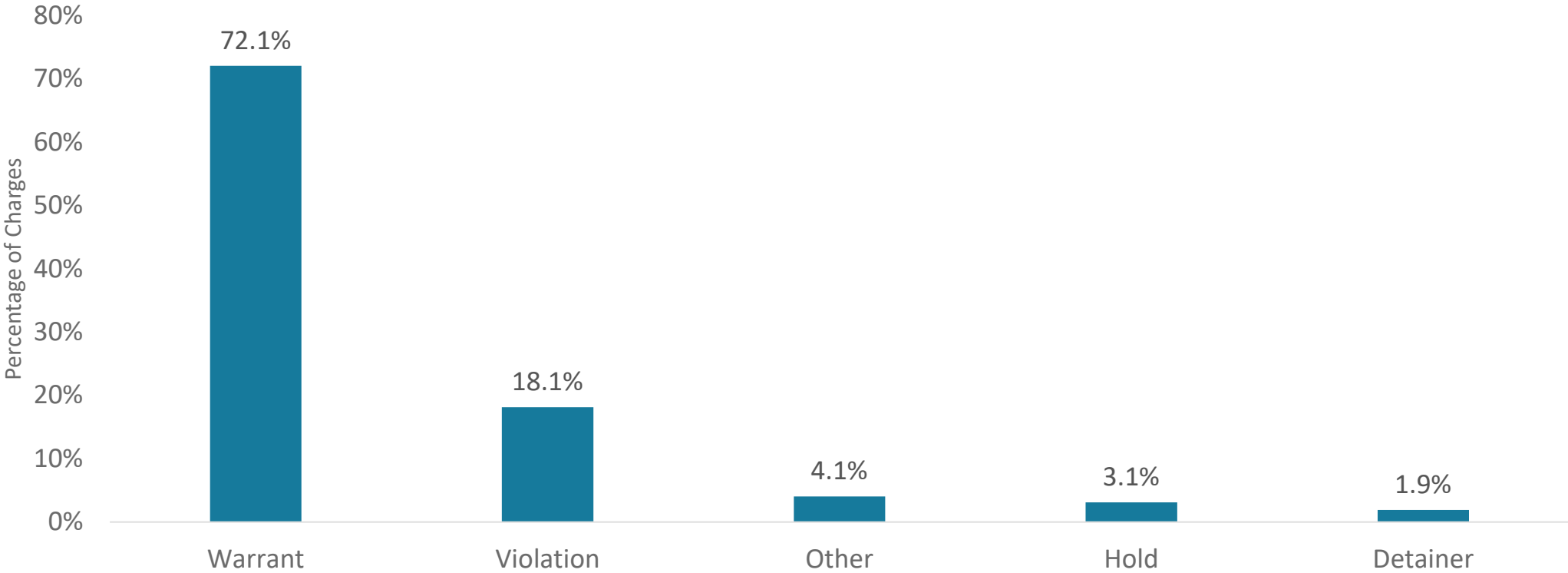


*Data from Luna, Quay, Roosevelt, San Miguel, Sandoval, Santa Fe, and Valencia counties

Of Those Booked Without a New Charge in Non-Bernalillo Counties, Majority Booked on a Warrant



Most Serious Document Type Among Individuals with No New Charge, Other Counties* (n = 419)

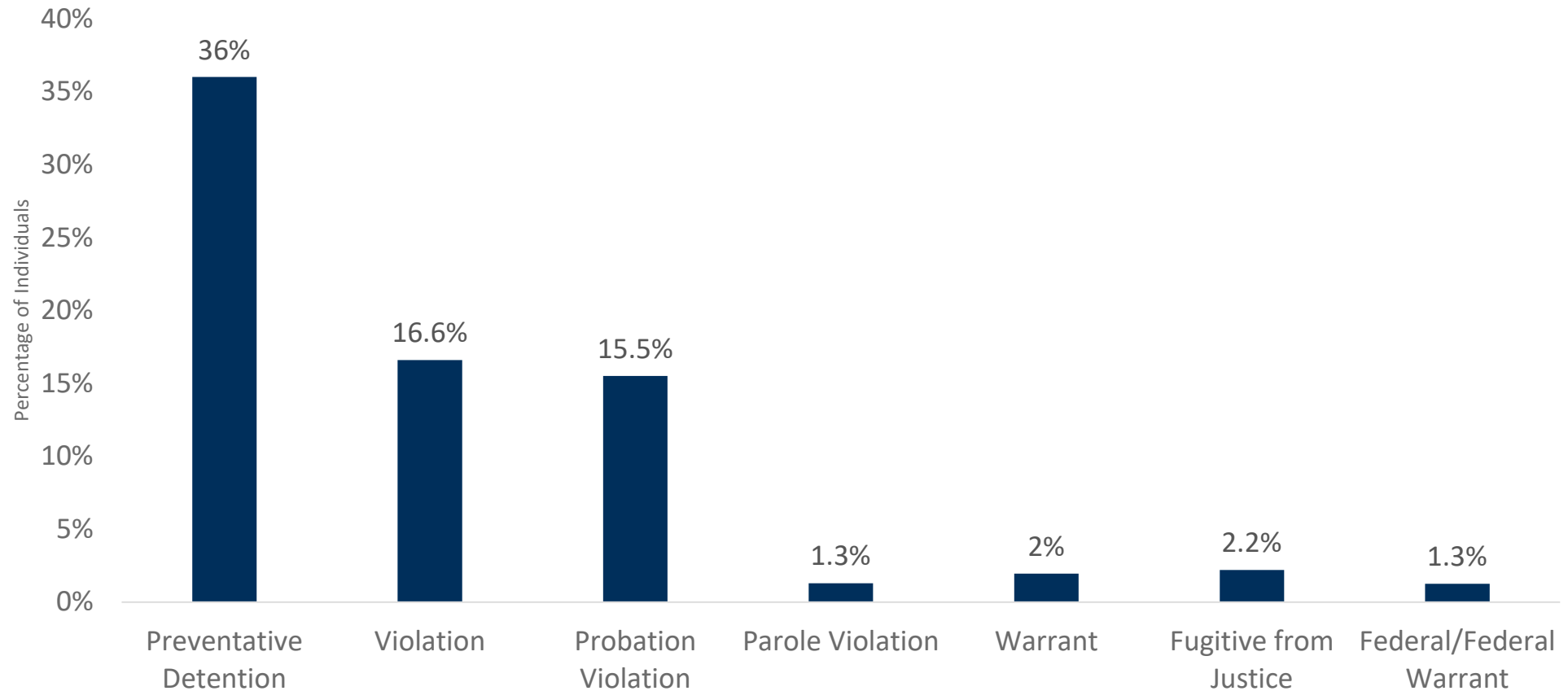


*Data from Luna, Quay, Roosevelt, San Miguel, Sandoval, Santa Fe, and Valencia counties

About 40% of Individuals in the Bernalillo Snapshot had a “Preventative Detention”



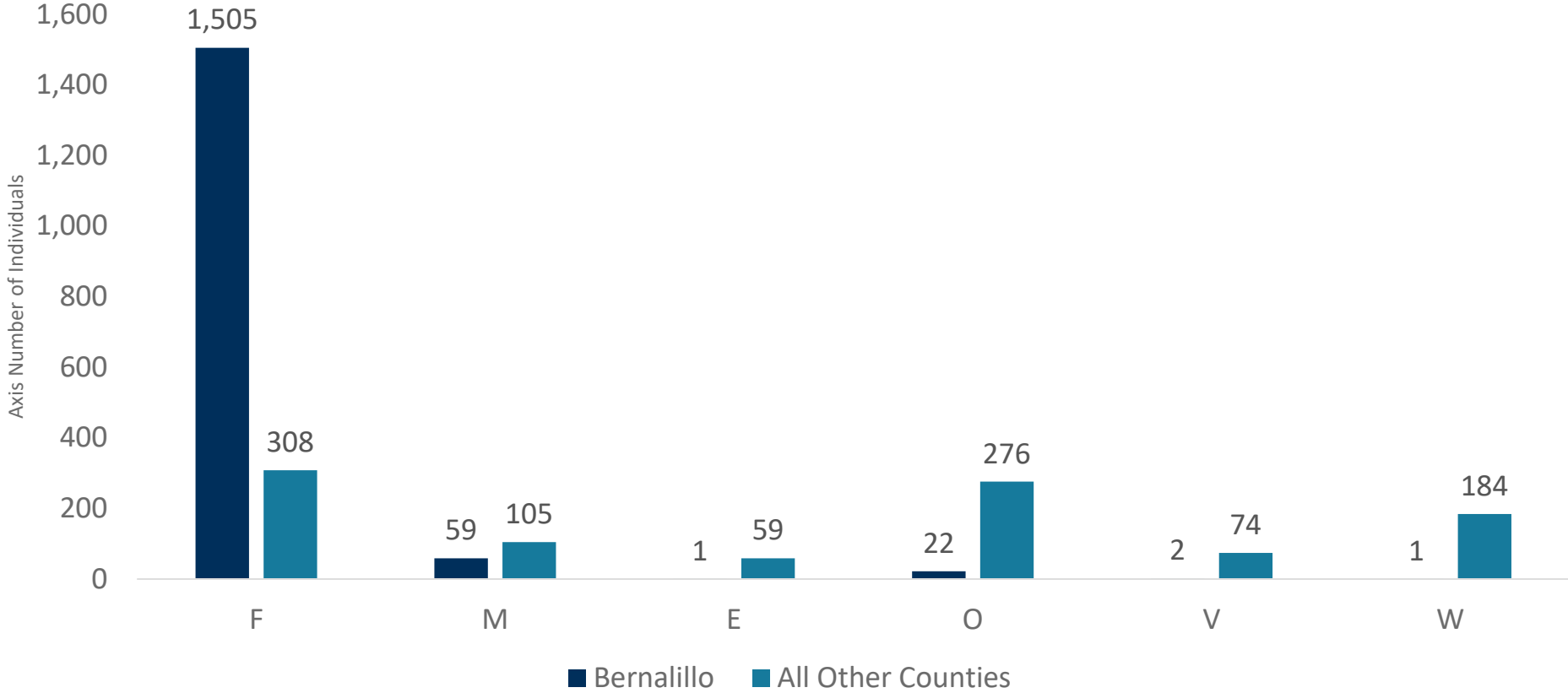
Individual-Level Flags Based on Offense Descriptions (%), Bernalillo (n = 1,594)



The Most Common Offense Class at Booking Was Felony Offenses



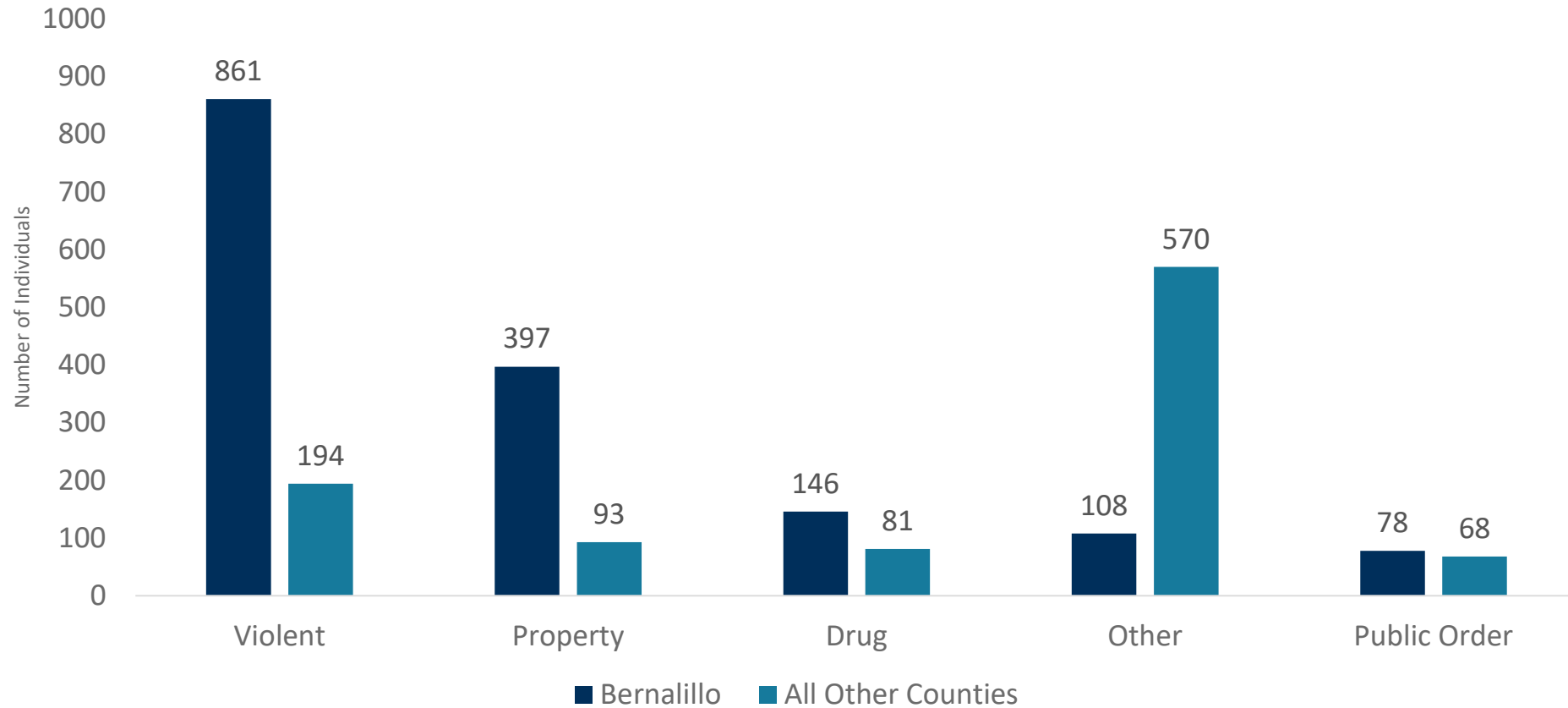
Number of Individuals per MSO Crime Class, Bernalillo v. Other Counties



The Most Common Offense Category Was Violent in Bernalillo; Other Offenses in All Other Counties



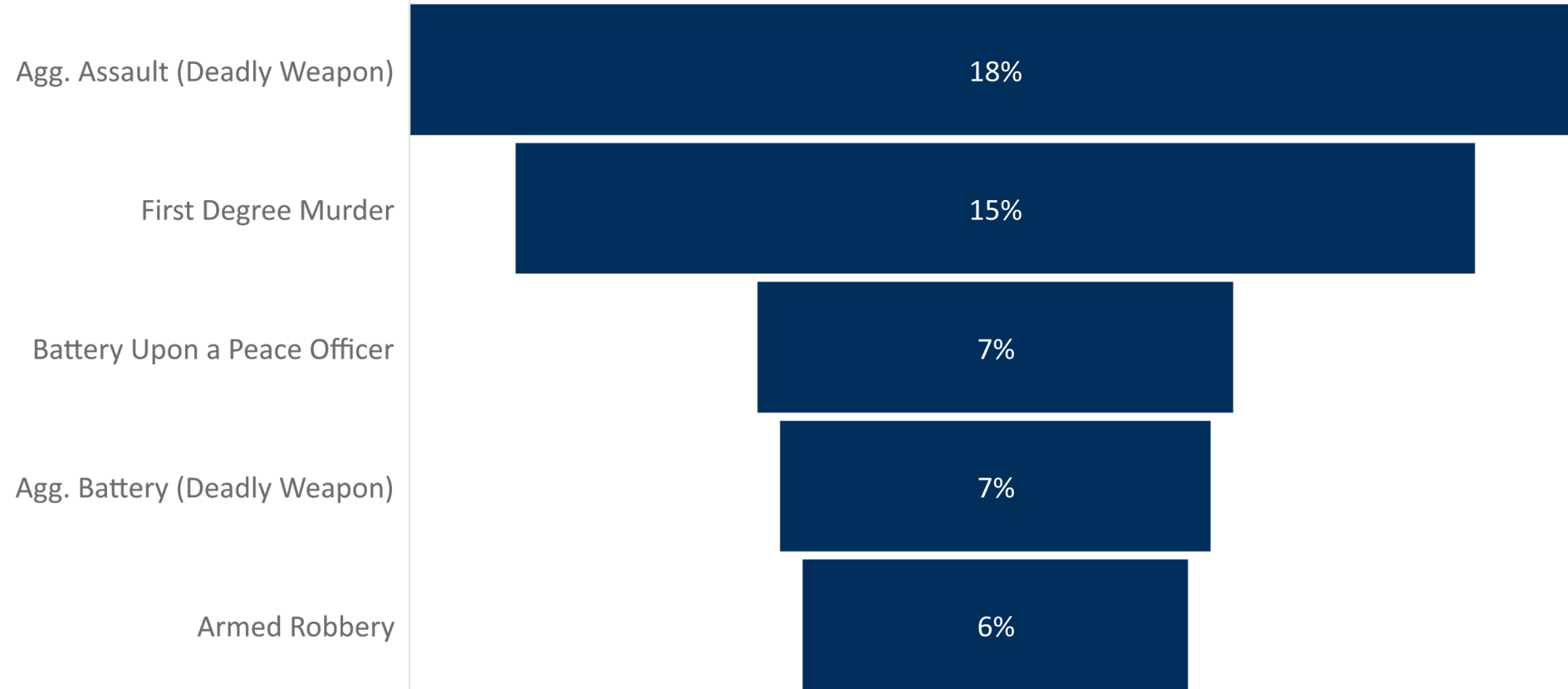
Number of Individuals per MSO Crime Category, Bernalillo v. Other Counties



The Most Common Violent Charge in Bernalillo Was Agg. Assault w/ Deadly Weapon



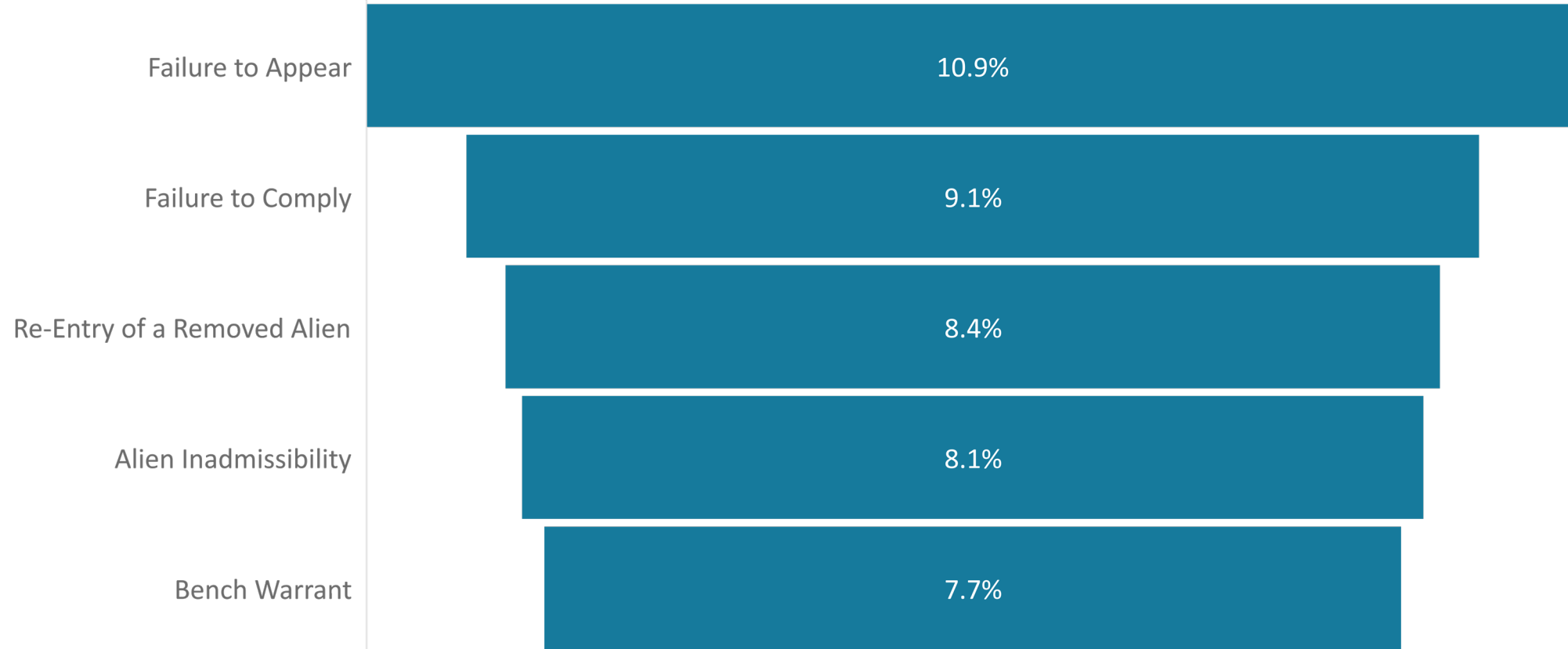
Percentage of MSO Violent Charges, Bernalillo (N = 861)



The Most Common "Other" Charges in Non-Bernalillo Jails Was Failure to Appear



Percentage of MSO "Other" Charges, Other Counties* (n = 570)

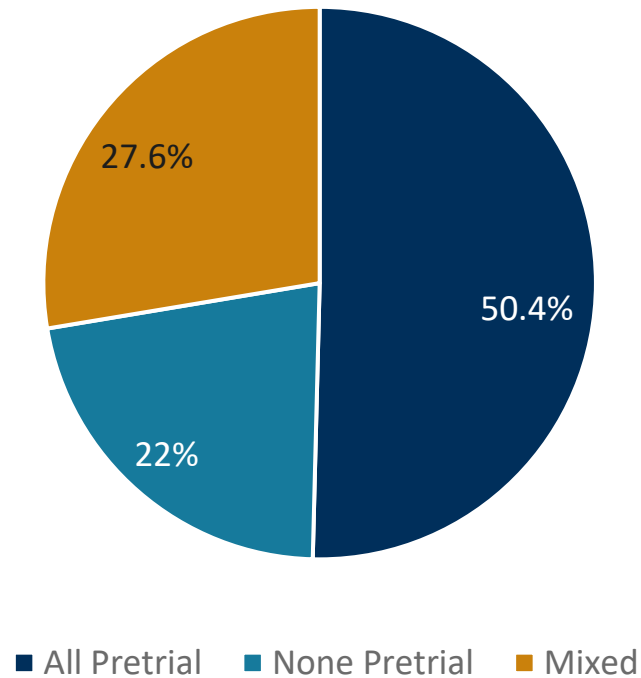


*Data from Luna, Quay, Roosevelt, San Miguel, Sandoval, Santa Fe, and Valencia counties

Half of the Non-Bernalillo Snapshot Population was Only Pretrial



Pretrial Status Percentage of Snapshot Population , Other Counties* (n = 1,006)

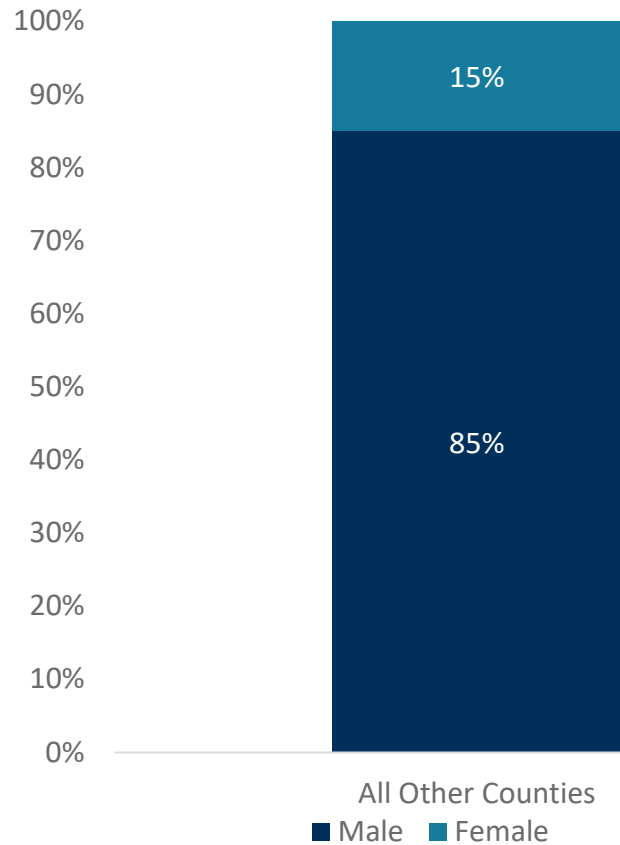


*Data from Luna, Quay, Roosevelt, San Miguel, Sandoval, Santa Fe, and Valencia counties

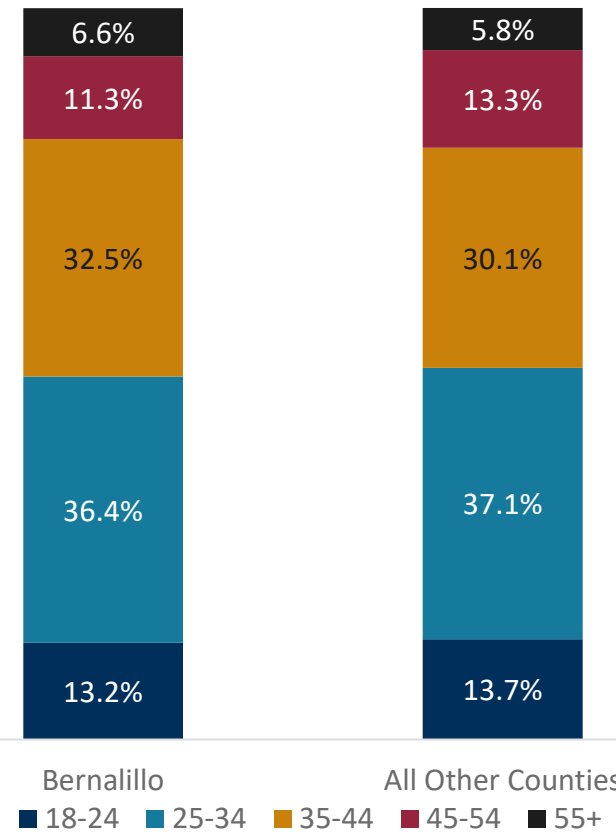
Snapshot Populations are Mostly Male, Individuals Between 25-44, and Identified as White



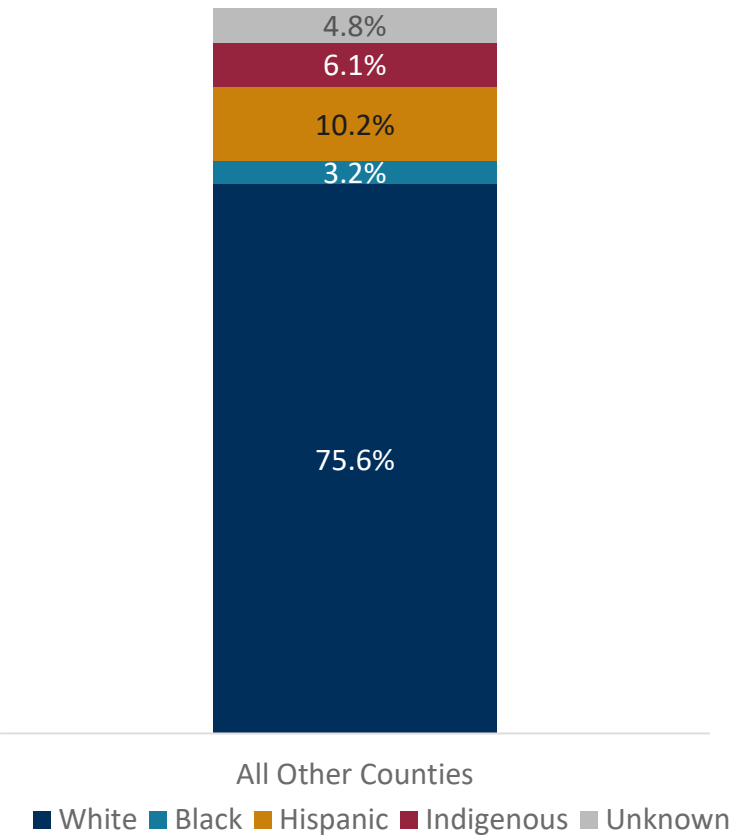
Sex Percentage of Snapshot Pop., Other Counties



Age Category Percentage of Snapshot Pop., Bernalillo v. Other Counties



Race Percentage of Snapshot Pop., Other Counties



County Detention Facility Trends



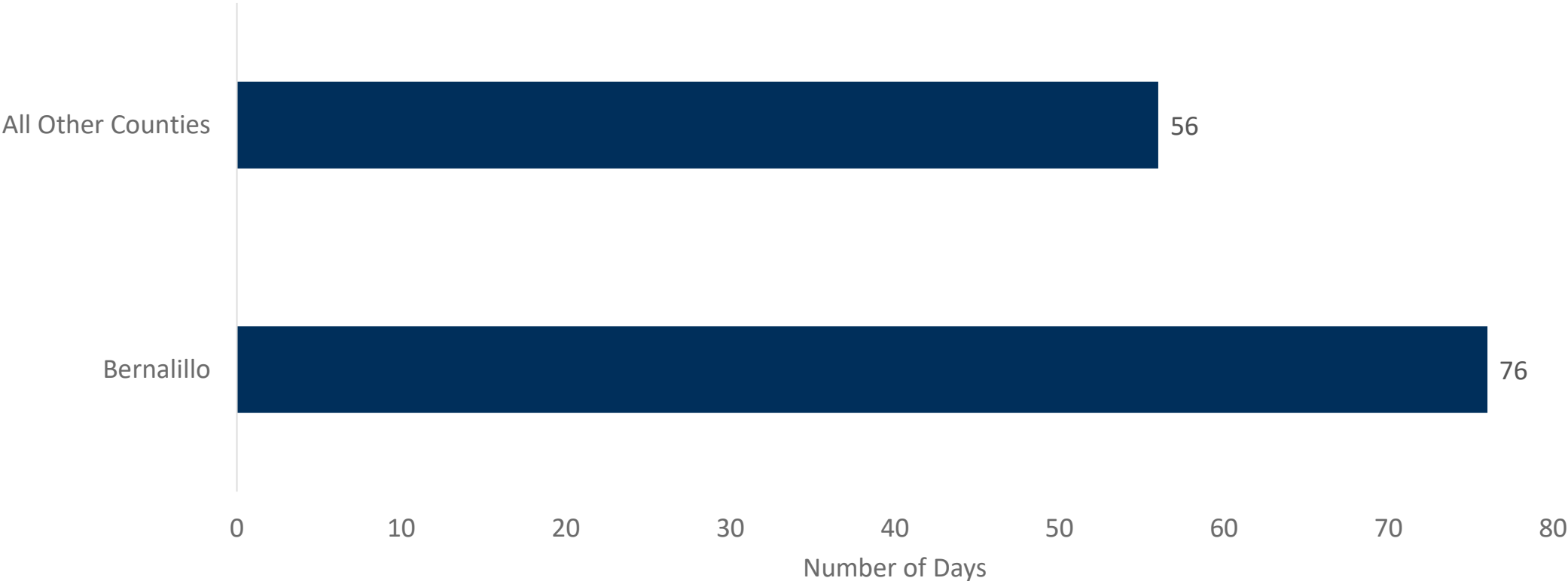
Time Served by Snapshot Population

- ✓ Median Time Served by Charge Count
- ✓ Median Time Served by Crime Category
- ✓ Median Time Served by Crime Class
- ✓ Median Time Served by Pretrial Status
- ✓ Median Time Served by Demographics
- ✓ Detention Facility System Assessment Findings

Median Time Served Nearly Three Weeks Longer for Bernalillo Than Other Counties



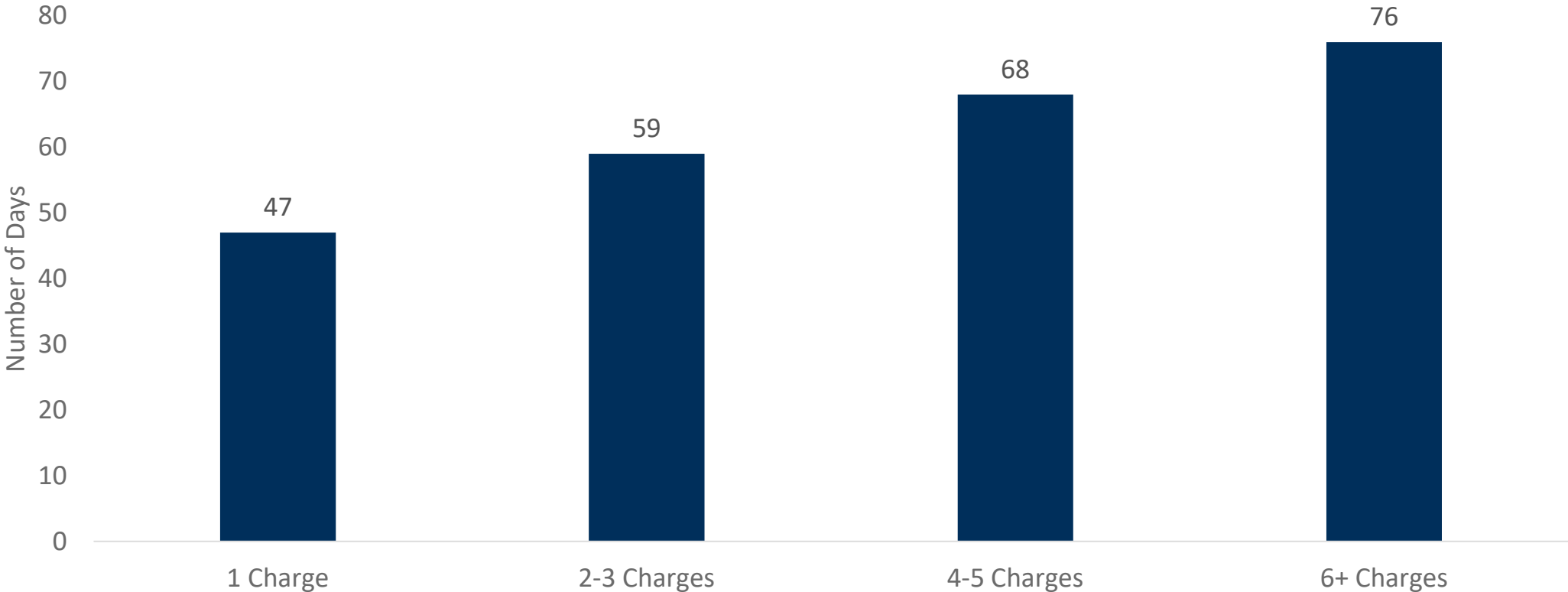
Median Number of Days Served by Snapshot Date, Bernalillo v. Other Counties



Median Time Served by Snapshot Date Increased as Number of Charges Increased



Median Number of Days Served by Snapshot Date by Charge Count, Other Counties*

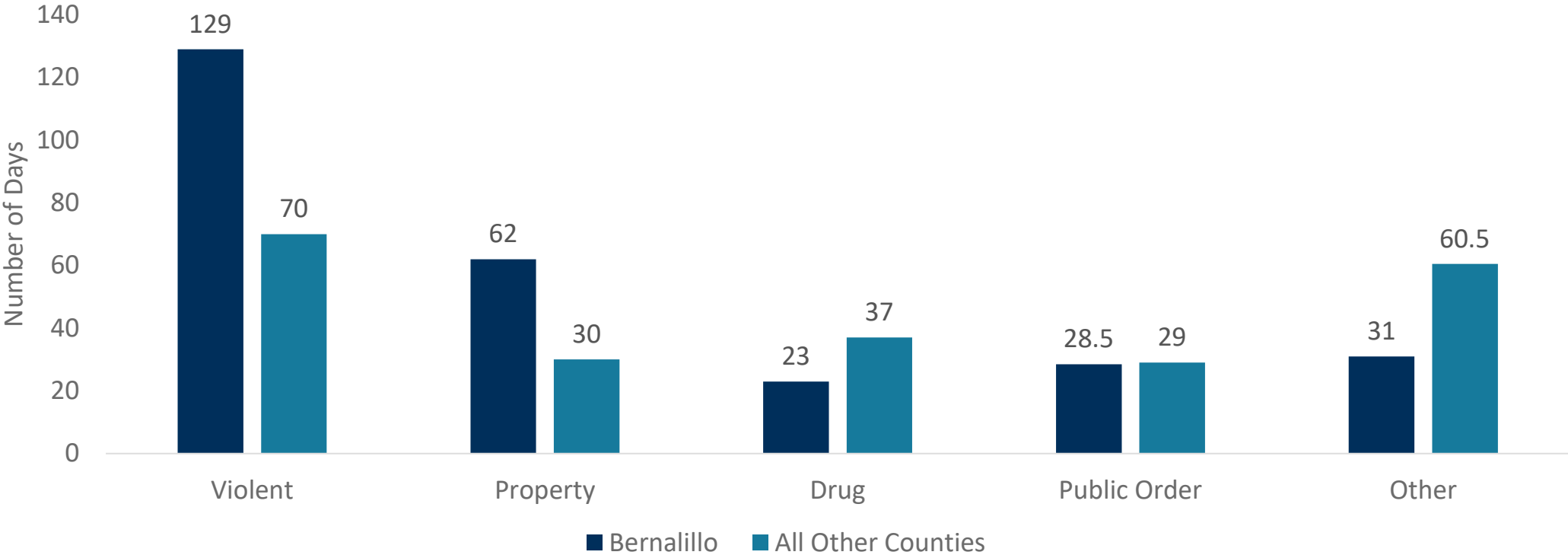


*Data from Luna, Quay, Roosevelt, San Miguel, Sandoval, Santa Fe, and Valencia counties

Individuals Booked for Violent Offenses Had Longest Time Served



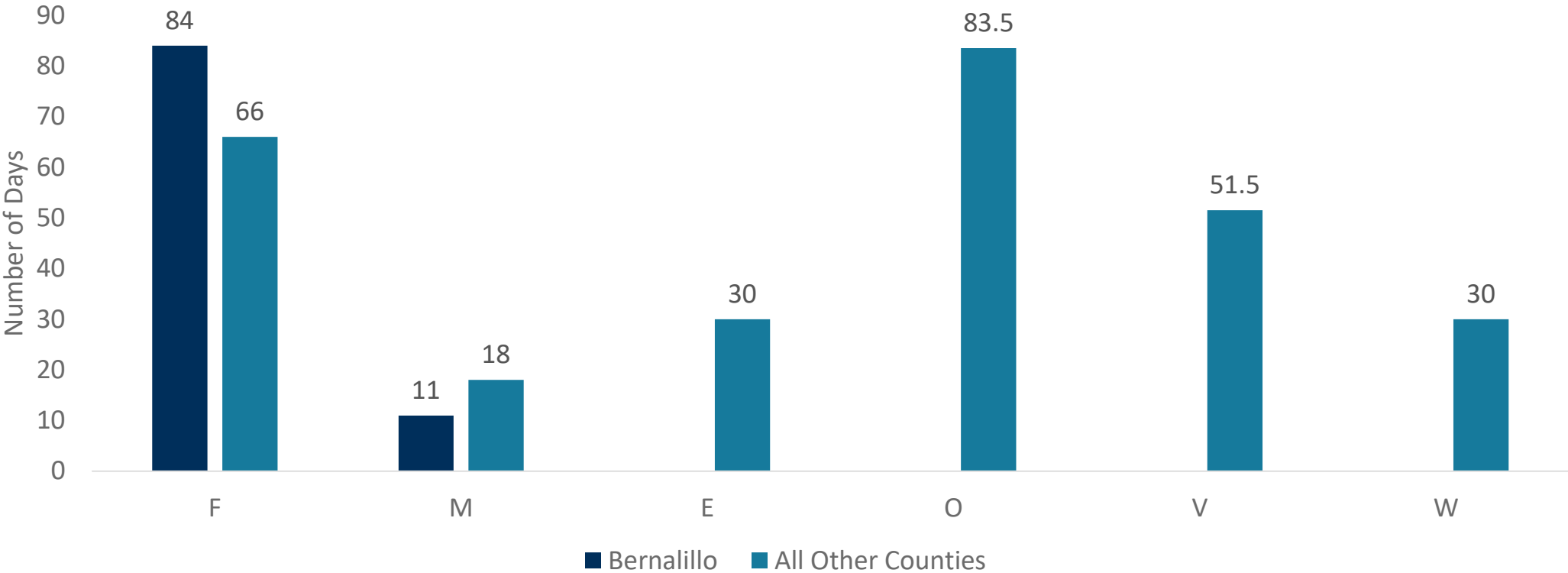
Median Number of Days Served by Snapshot Date by MSO Crime Category, Bernalillo v. Other Counties



Median Time Served Was Two to Three Months For Felony Cases



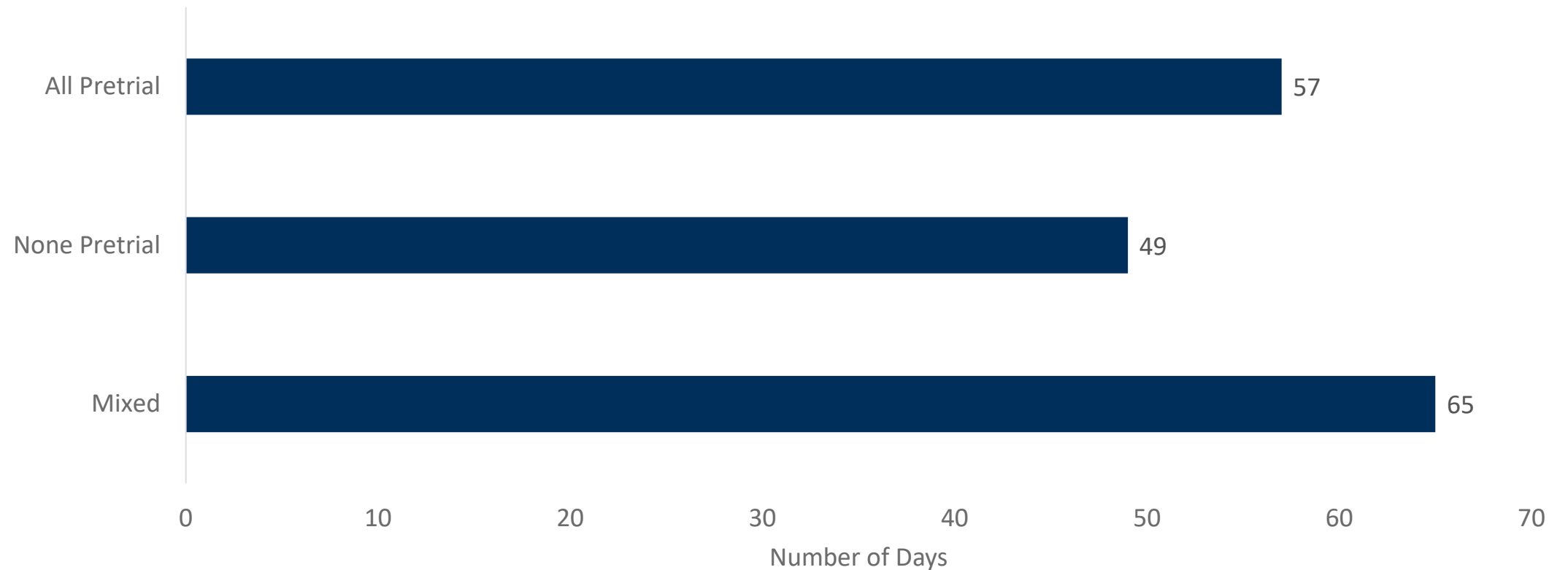
Median Number of Days Served by Snapshot Date by MSO Crime Class, Bernalillo v. Other Counties



Median Time Served About 2 Months for Pretrial Individuals



Median Number of Days Served by Snapshot Date by Pretrial Status, Other Counties*

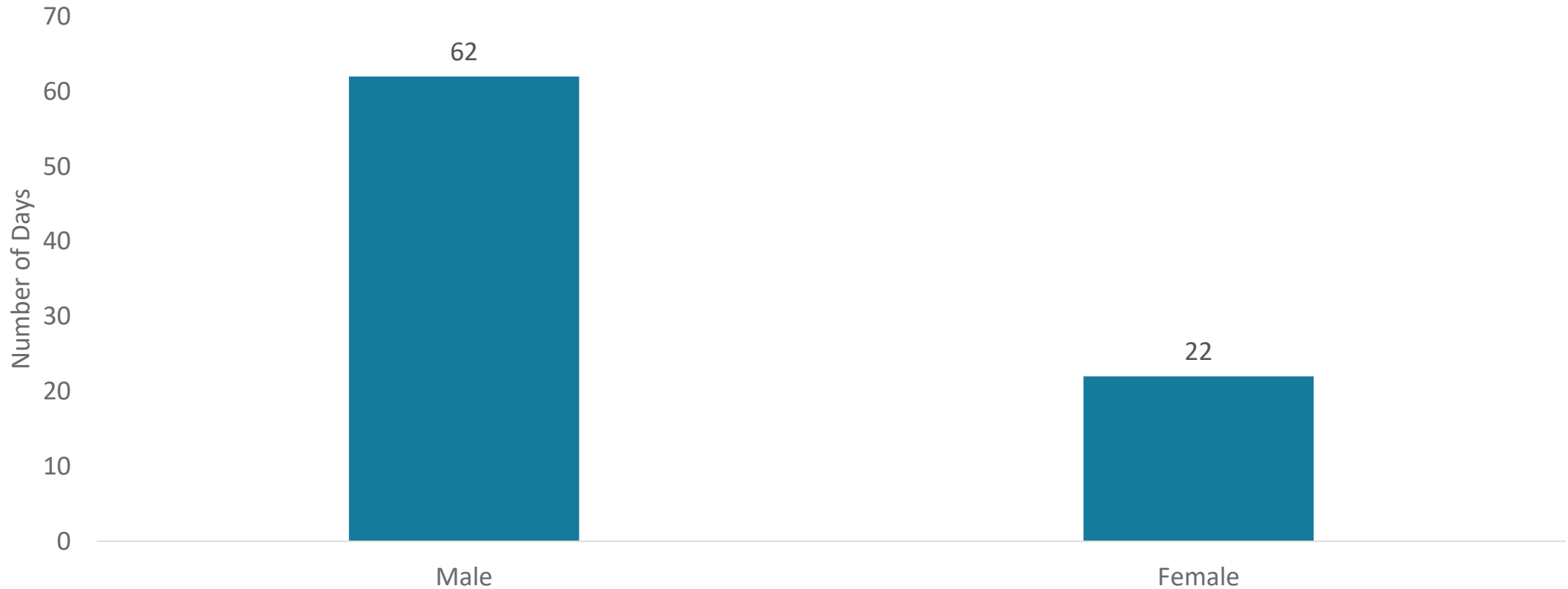


*Data from Luna, Quay, Roosevelt, San Miguel, Sandoval, Santa Fe, and Valencia counties

Females Serve Less Time Across Snapshot Population



Median Number of Days Served by Snapshot Date by Sex, Other Counties*

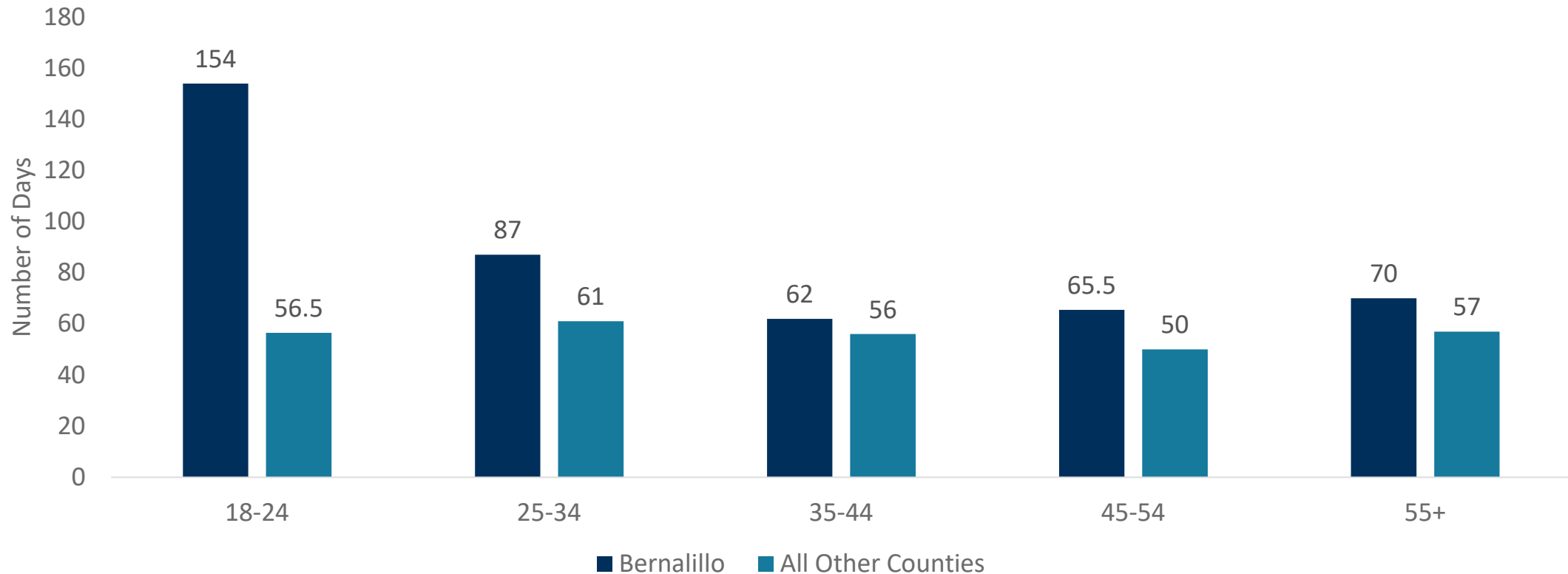


*Data from Luna, Quay, Roosevelt, San Miguel, Sandoval, Santa Fe, and Valencia counties

Median Time Served Greatest for Younger Age Groups



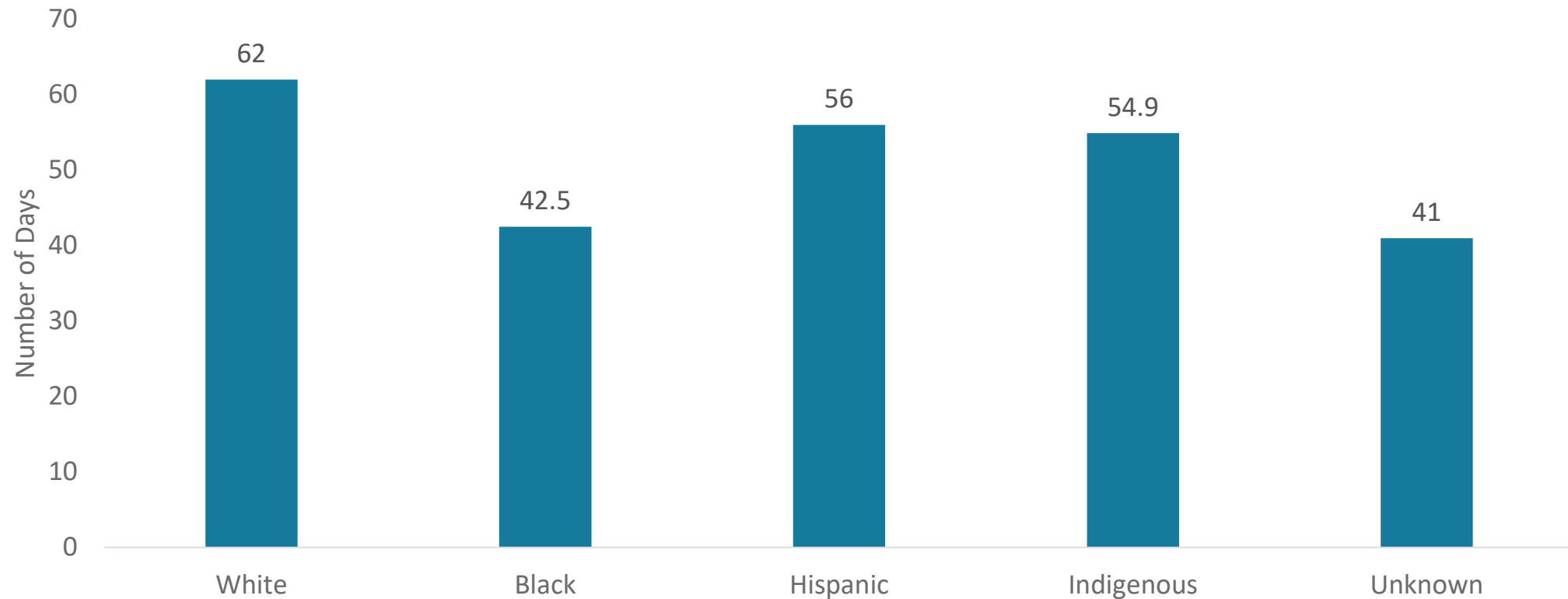
Median Number of Days Served by Snapshot Date by Age, Bernalillo v. Other Counties



Median Time Served Varied with Race



Median Number of Days Served by Snapshot Date, Other Counties*



*Data from Luna, Quay, Roosevelt, San Miguel, Sandoval, Santa Fe, and Valencia counties

County Detention Facility Key Takeaways



- Snapshot population size varied by facility.
- Most Individuals in Other Counties Booked on 2-3 Charges.
- 42% of the “other county” snapshot population do not have a new offense flagged by document type associated with their booking.
- Almost 40% of Bernalillo’s snapshot population has an offense listed as “preventative detention.”
- Felonies made up 95% of the most serious offenses associated with Bernalillo snapshot individuals and almost 1/3 of most serious offenses in the other counties.
- The Most Common MSO Category was Violent in Bernalillo and “Other” in All Other Counties.
- Median time served varies between Bernalillo and other counties.
- Median time served is longest for felony and violent admissions.

County Detention Facilities System Assessment Findings



Data collection in jails across the state lacks uniformity and interoperability with other agency systems



Not all jails in the state offer Behavioral Health & SUD treatment while in custody (including MAT treatment)



Reentry planning positions are not staffed in all facilities and assessment practices are not uniform

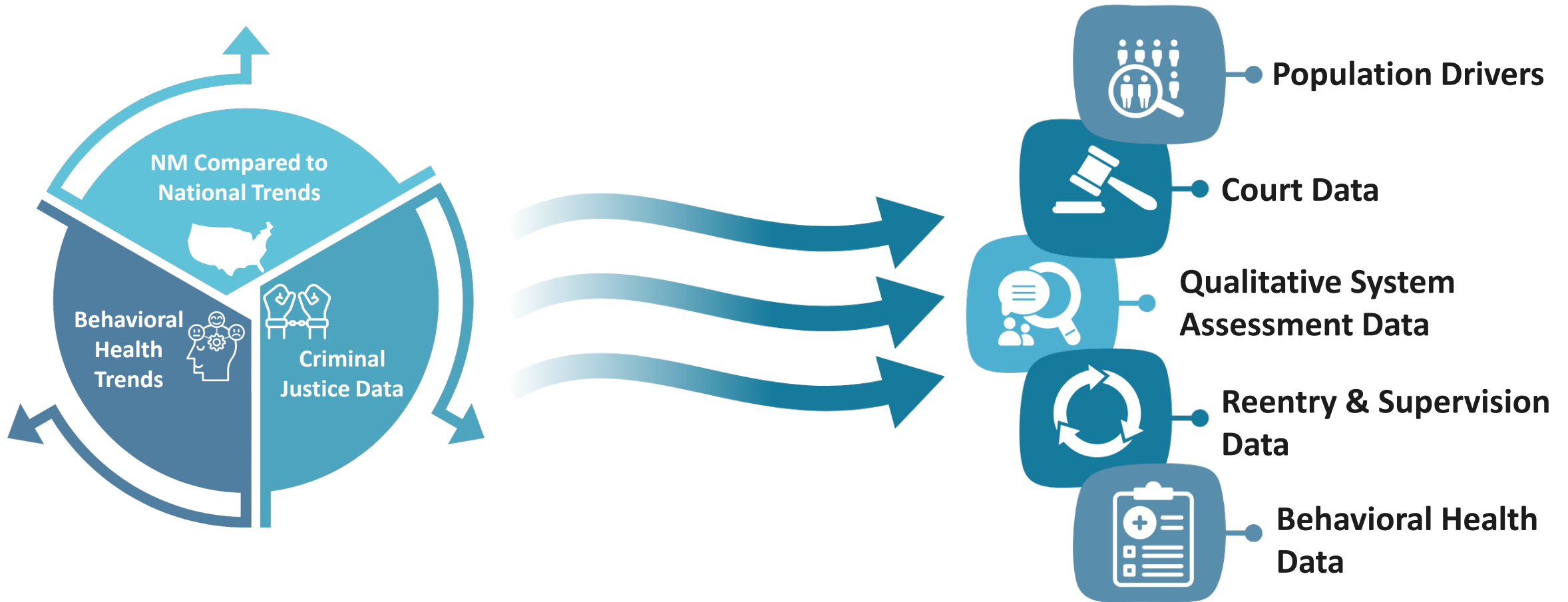


Jails across the state are extremely understaffed, leading to inconsistent treatment practices

Behavioral Health & the Criminal Justice System

- ✓ Background
- ✓ National Behavioral Health Data

Holistic View of the Justice System



What is Behavioral Health?

“Behavioral health generally refers to mental health and substance use disorders, life stressors and crises, and stress-related physical symptoms. Behavioral health *care* refers to the prevention, diagnosis and treatment of those conditions.”¹

-American Medical Association



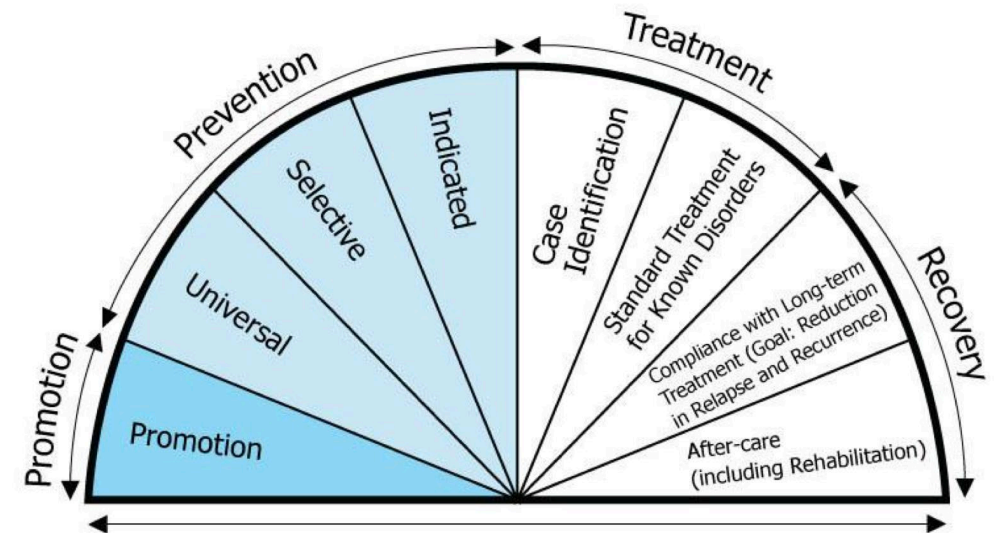
According to SAMHSA’s 2017 National Survey on Drug Use and Health, “one in five adults in the US have a clinically significant mental health or substance use disorder.”²

Continuum of Care

A Wide Scope of Behavioral Health Services₃



- Promotion
 - Can happen at any stage
 - Individual activities or advocating for broader policy change
 - Examples include: promoting overall wellbeing and lifestyle changes
- Prevention
 - Education and skill-building, targeted at 3 risk levels
 - Associated with reductions in harms related to substance misuse, quality of life improvements, and lower healthcare costs for acute and chronic conditions
- Treatment
 - Provides people with clinical and supportive services that encourage and facilitate them to make behavioral changes.
 - Treatment modalities range from outpatient, intensive outpatient, residential or inpatient, and medically managed inpatient
- Recovery
 - Provides a network of long-term support and services
 - Includes peer support, recovery communities, housing services, mutual aid groups



Source: SAMHSA's Strategic Prevention Technical Assistance Center

Criminal Justice System & Behavioral Health: How Do They Intersect?

- Along the justice system, where there are gaps in the continuum of care, each system contact point becomes a de facto behavioral health provider
 - This is not only costly, but also leaves the responsibility to manage the complex needs of this population in the hands of those who are not equip
 - The constant influx of these cases also diverts resources away from community safety



Behavioral Health & the Criminal Justice System



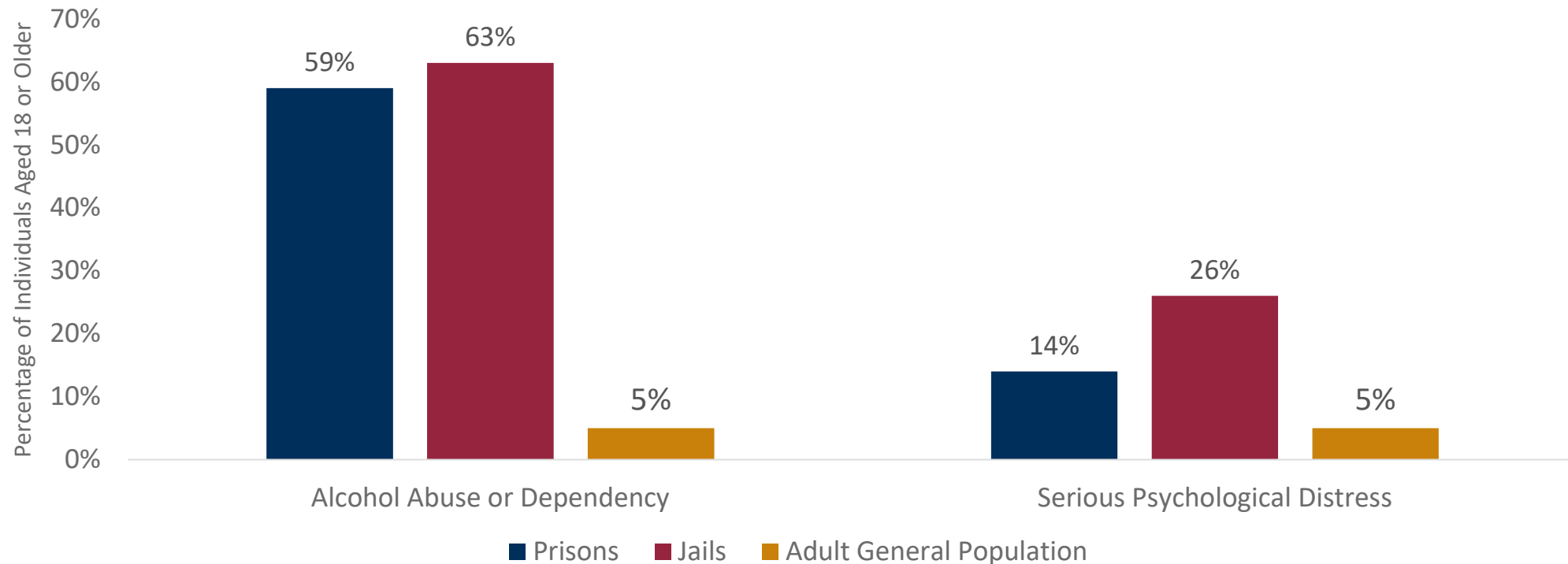
The Intersectionality & Complexities of an Evolving Landscape

- ✓ National Data on Behavioral Health and SUD in Jails & Prisons

Individuals with Behavioral Health Needs Overrepresented in the Criminal Justice System



Behavioral Health Indicators in Prisons and Jails and Adult General Population, 2007-2009 & 2011-2012

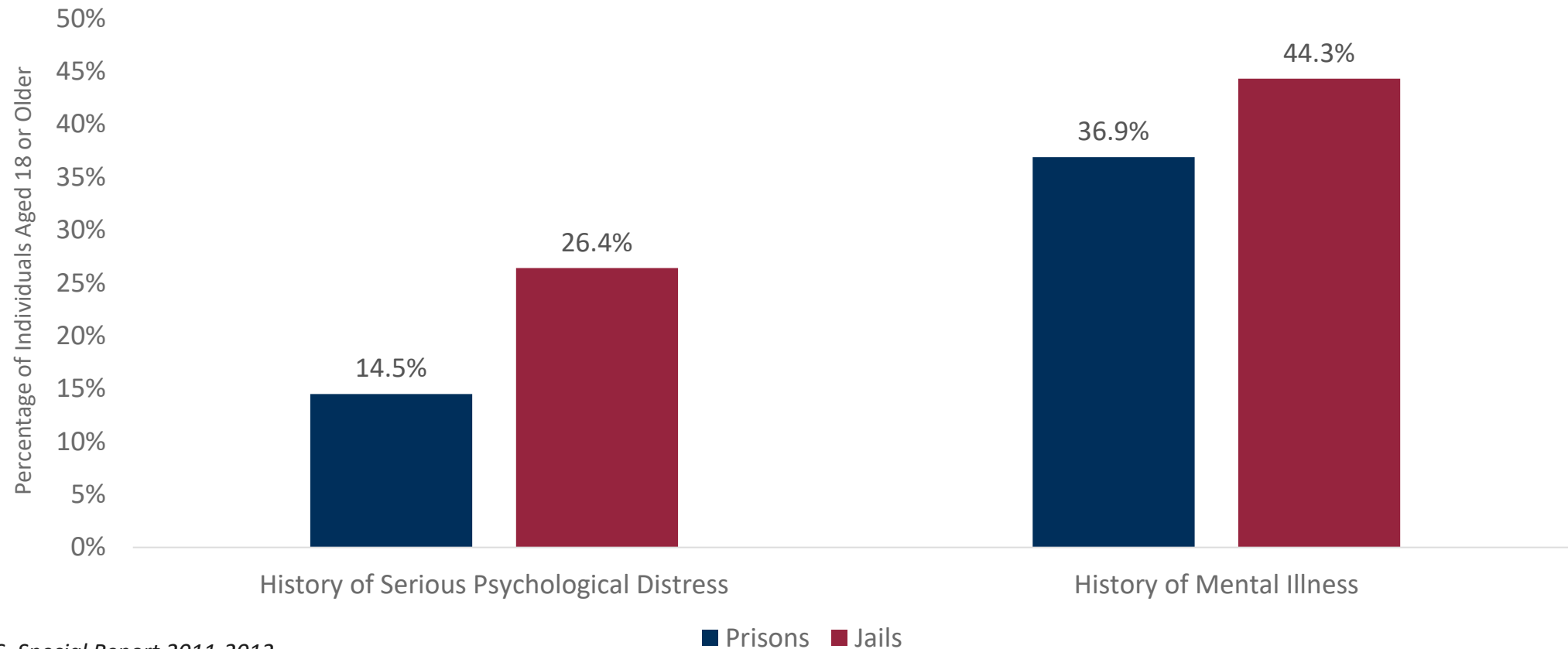


Source: Bureau of Justice Statistics, Special Reports 2011-2012 & 2007-2009

Mental Health Needs More Prevalent in Jails than Prisons



Mental Health Status by Indicator in Prisons a Jails, 2011-2012

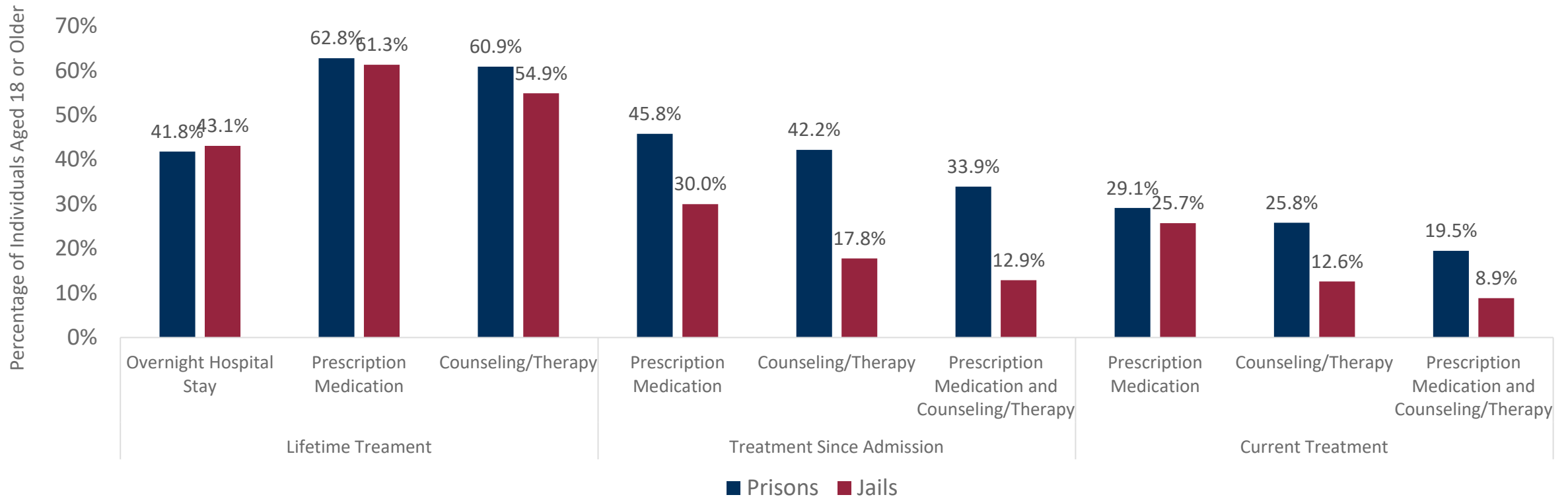


Source: BJS, Special Report 2011-2012

Nearly 75% of Individuals in Prison and Jail Received Mental Health Treatment in Lifetime Prior to Admission



Mental Health Treatment Received by Individuals in Prison and Jail With an Indicator of Serious Psychological Distress by Time Period and Treatment Type, 2011-2012

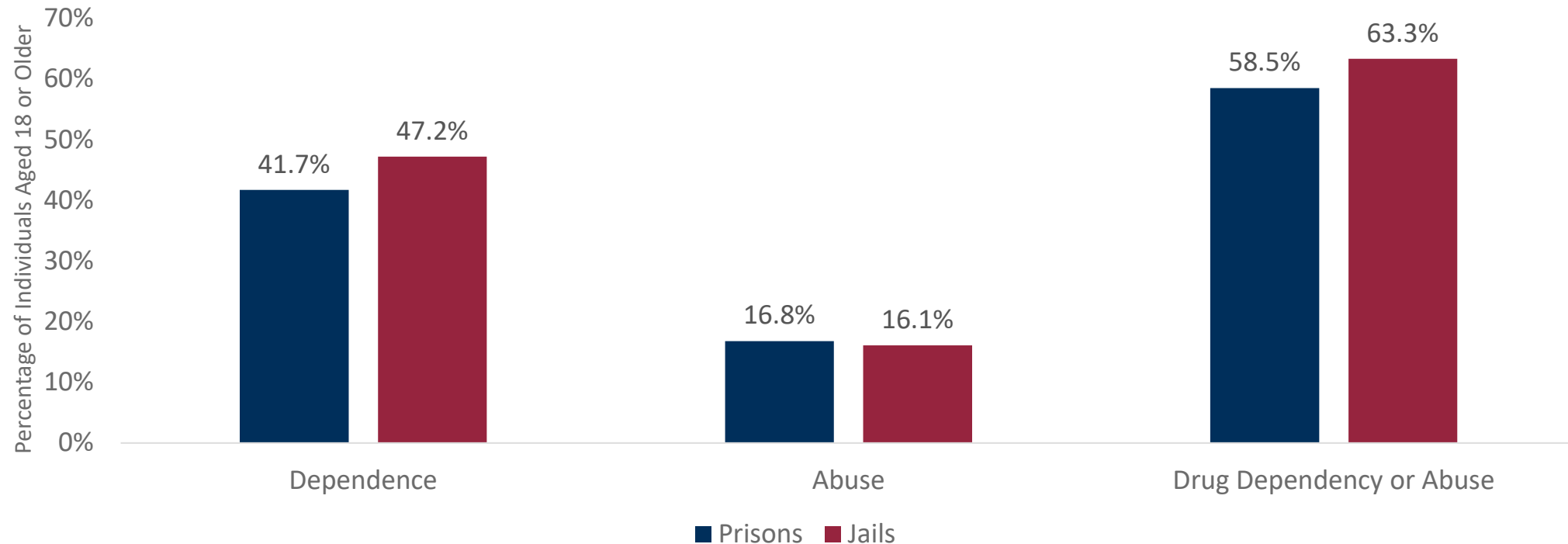


Source: BJS, Special Report 2011-2012

More than Half of Individuals in Prisons and Jails Met Drug Dependency or Abuse Criteria



Individuals in Jail (Sentenced) and Prison Who Met Criteria For Drug Dependency or Abuse, 2007–2009

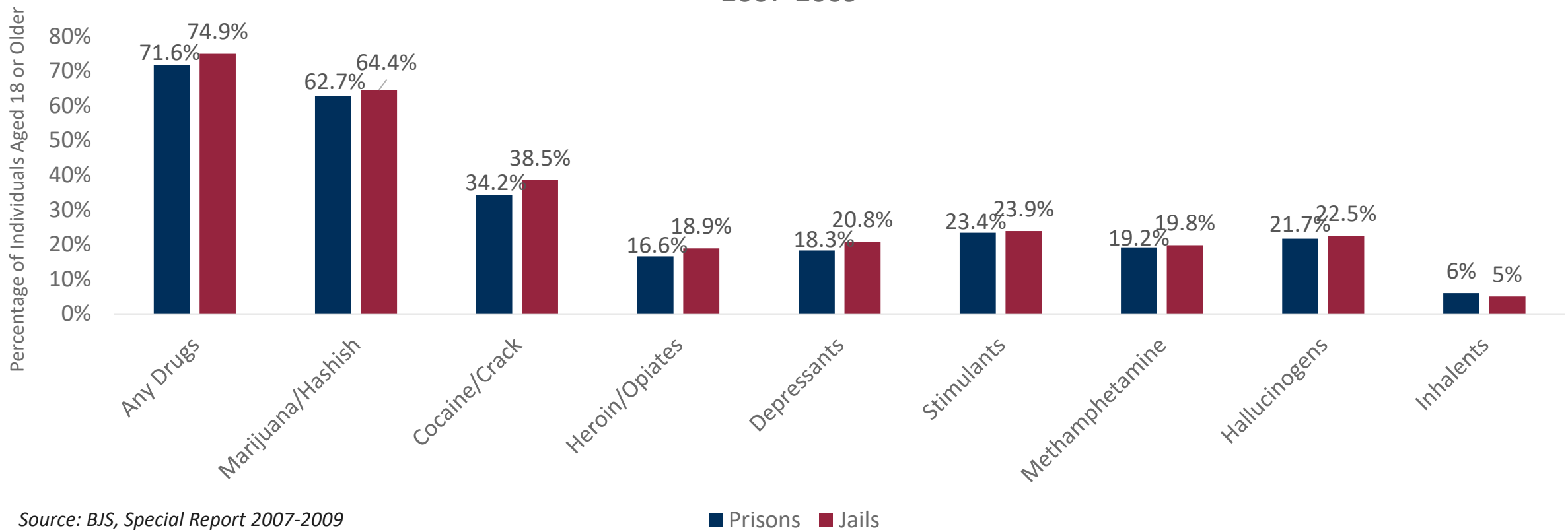


Source: BJS, Special Report 2007-2009

Marijuana Most Regularly Used Drug Reported by Individuals in Prison and Jail



Percentage of State Prisoners or Sentenced Jail Inmates Who Regularly Used Drugs by Drug Type
2007-2009



Source: BJS, Special Report 2007-2009

■ Prisons ■ Jails

National Behavioral Health Data Key Takeaways



- According to most recent available data, individuals with behavioral health needs were overrepresented in the criminal justice system from 2009 through 2011
- On a national level, jail and prison data systems are outdated and generally do not collect information on behavioral health metrics.
- Behavioral health information collected from individuals in the justice system is largely self-reported
- While 75% of individuals in jail and prison had ever received mental health treatment prior to admission, under 30% were currently receiving treatment in 2011 and 2012
- Above 70% of individuals in prisons and jails reported regularly using drugs prior to admission in 2007-2009 and the most common of which was marijuana

The Sequential Intercept Model

- ✓ Background
- ✓ Research Best Practices at each Intercept
- ✓ New Mexico (broadly) at each Intercept

SIM Background



History

- Introduced in early 2000s
- Designed to help communities improve interactions between the legal system and people with behavioral health conditions

Use

- Identify resources and plan support for individuals with mental and substance use disorders at each stage of the legal system

Possible Outcomes

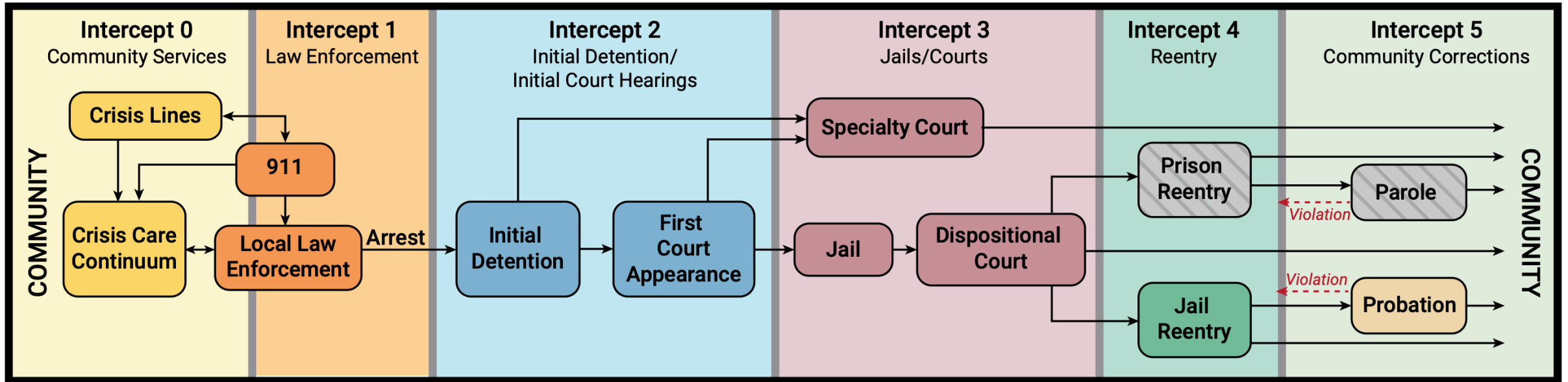
- Enhanced collaboration across legal and health system partners
- More effective diversion to treatment in the community
- Stronger continuum of care around behavioral health services

Source: SAMHSA, *Data Collection Across the Sequential Intercept Model: Essential Measures*.

The Sequential Intercept Model

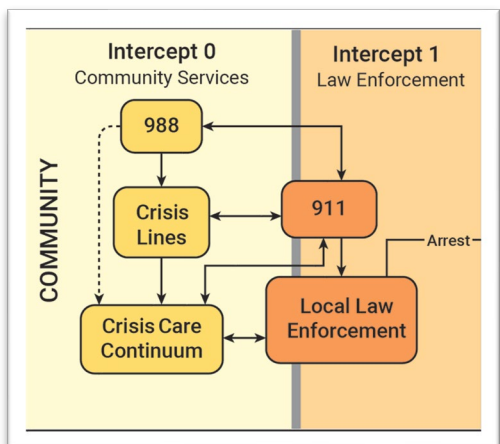
Connecting Individuals to Service Providers at Each Stage of the System

The Sequential Intercept Model



Source: Policy Research Associates, *The Sequential Intercept Model*

Intercepts 0-1



The SIM

Front-end: Community Services & Law Enforcement

SIM Intercept 0: Community Services

Interventions for people with mental health and substance use disorders **prior to** formal involvement with the legal system:



Crisis Lines



Emergency Departments & Hospitals



Crisis Response Centers



Mobile Crisis Teams



Detox Services

Deflection:

- A **pre-arrest** practice connecting individuals to services outside of the criminal legal system



Non-Law Enforcement Deflection

Research

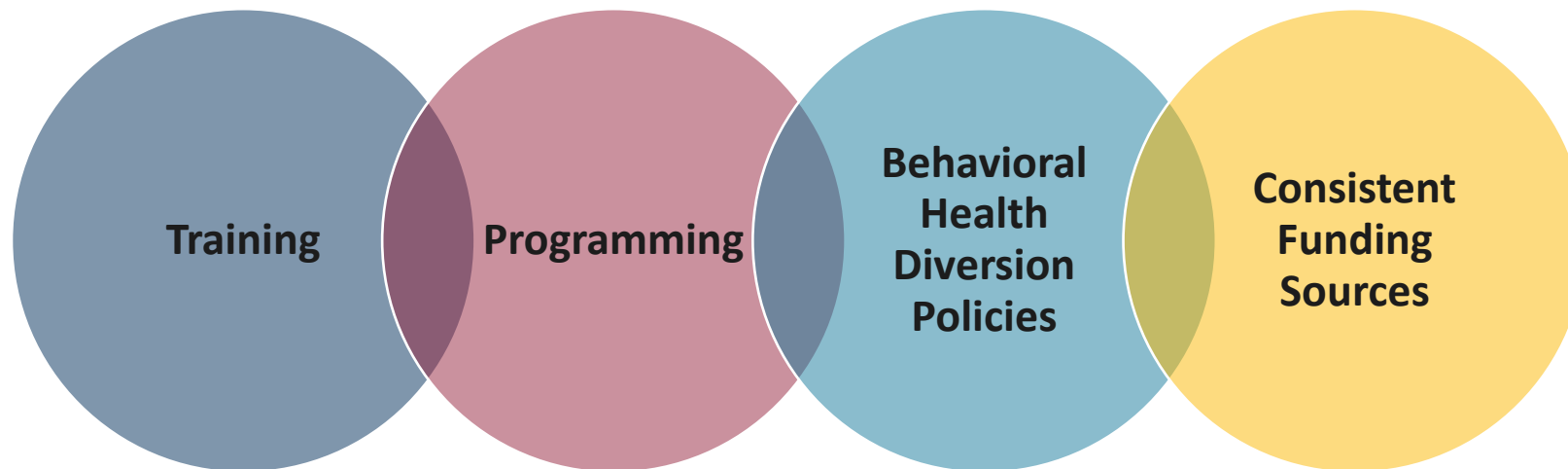
1. Studies show individuals with serious mental illness respond better to family, friends, and mental health professionals intervening in mental health crises⁴
2. Deflection can reduce the strain of opioid response on law enforcement and help effectively address/reduce harm associated with SUD and opioid crisis
3. Deflection efforts show promise in reducing stigma associated with SUD⁵



SIM Intercept 1: Law Enforcement

Law enforcement responds to people with behavioral health conditions and diverts them from the legal system to treatment.

- Effective diversion at Intercept 1 is supported by the following:



Source: SAMHSA, *The Sequential Intercept Model (SIM)*.

Law Enforcement Deflection

Research

1. Police-led deflection is effective in preventing reoffending and demonstrate potential for enhancing participants' health and reducing both social expenses and the costs linked to handling drug-related offenses.⁶
2. Law enforcement officers rank an individual's wish to initiate treatment as the most important factor in deflection decision-making.⁷



In New Mexico

0-1

Community Services & Law Enforcement

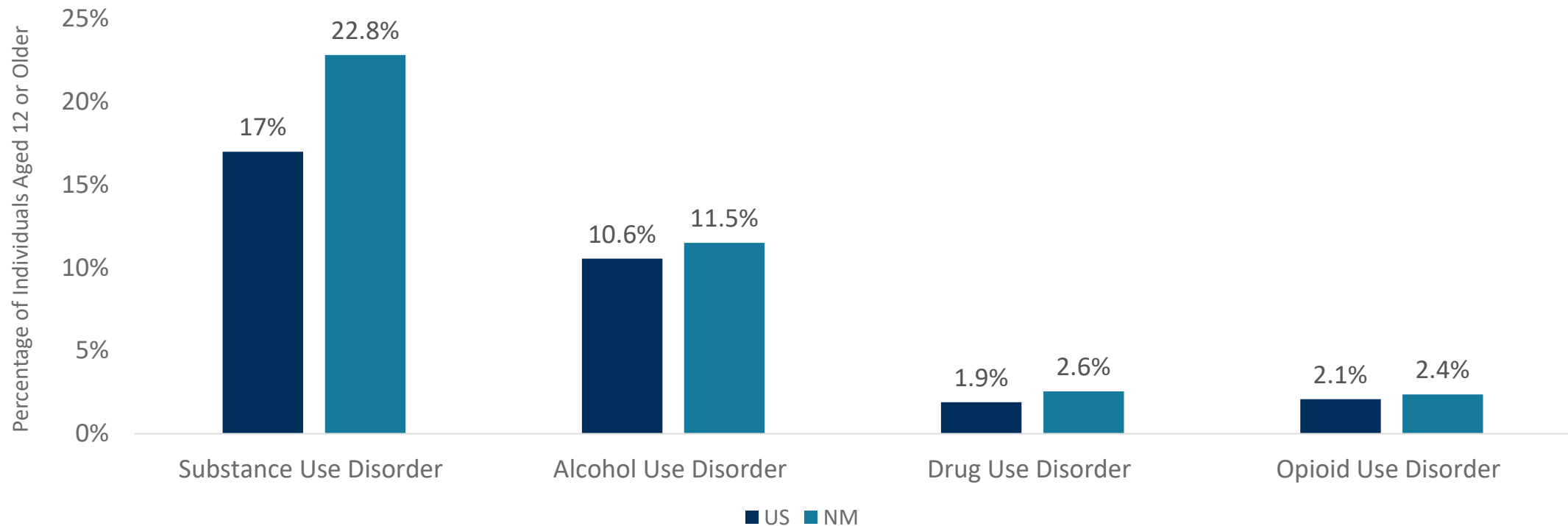
- Publicly Available Behavioral Health Data in New Mexico
- 988 Usage
- Crisis Intervention



Percent of New Mexico's Population With a Substance Use Disorder was 29% Higher than National Average



Substance Use Disorders in Past Year, U.S. Total v. New Mexico, Annual Averages 2021 and 2022

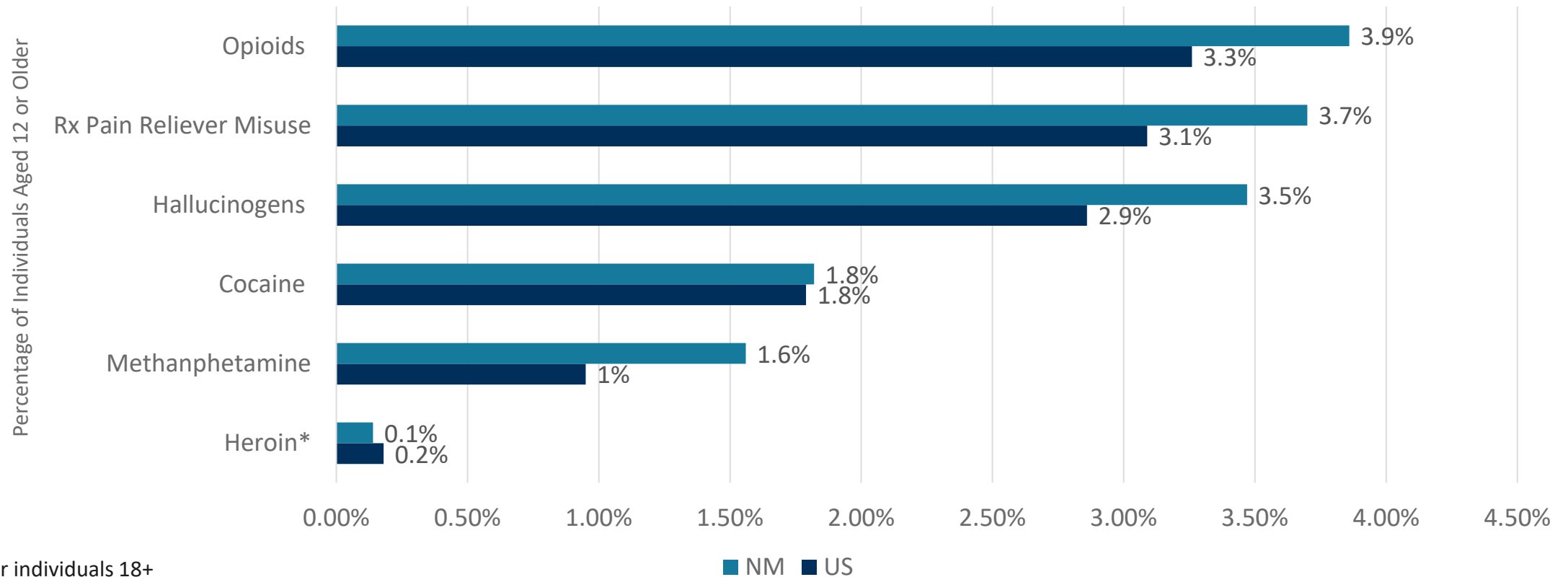


Source: SAMHSA, State Estimates

Percentage of New Mexicans Using Illicit Drugs in Past Year Exceeds National Average in Nearly Every Drug Type



Illicit Drug Use in the Past Year, New U.S. Totals vs. New Mexico, 2022



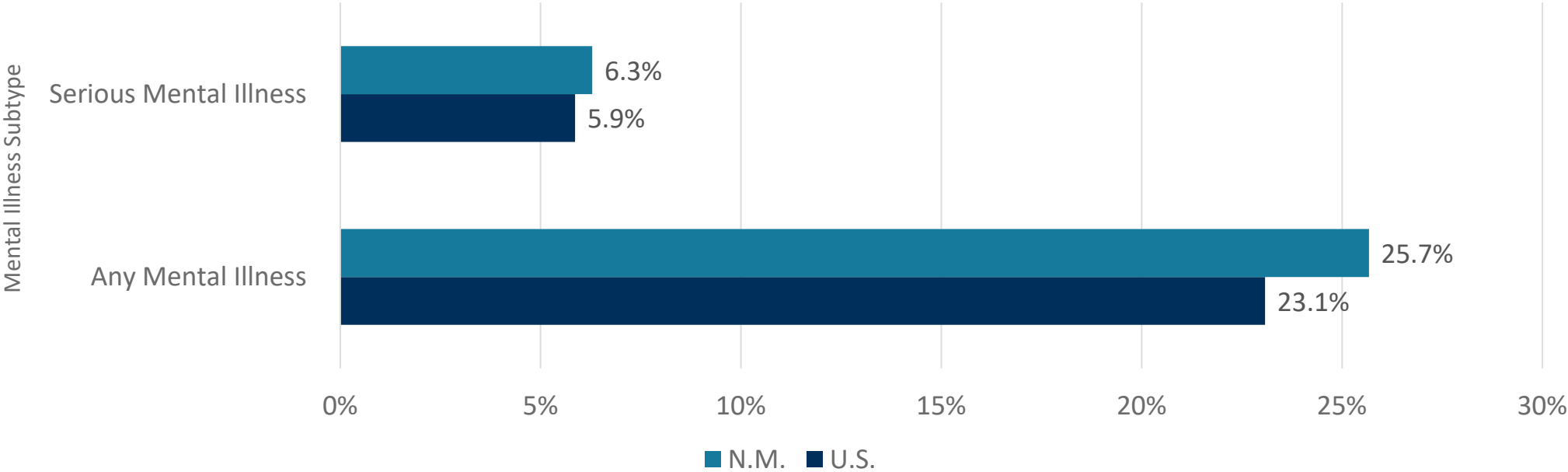
* Data for individuals 18+

Source: SAMHSA, National Survey on Drug Use and Health

The Percentage of Persons with AMI Was 11% Higher than National Average in 2022



Percentage of Population with Any Mental Illness or Serious Mental Illness in the Past Year, U.S. Total vs. New Mexico, 2022



Source: SAMHSA, National Survey on Drug Use and Health



In April 2024, NM surpassed the US's calls answered per 100k people at 120 calls answered – an increase of 47% since July 2022⁸

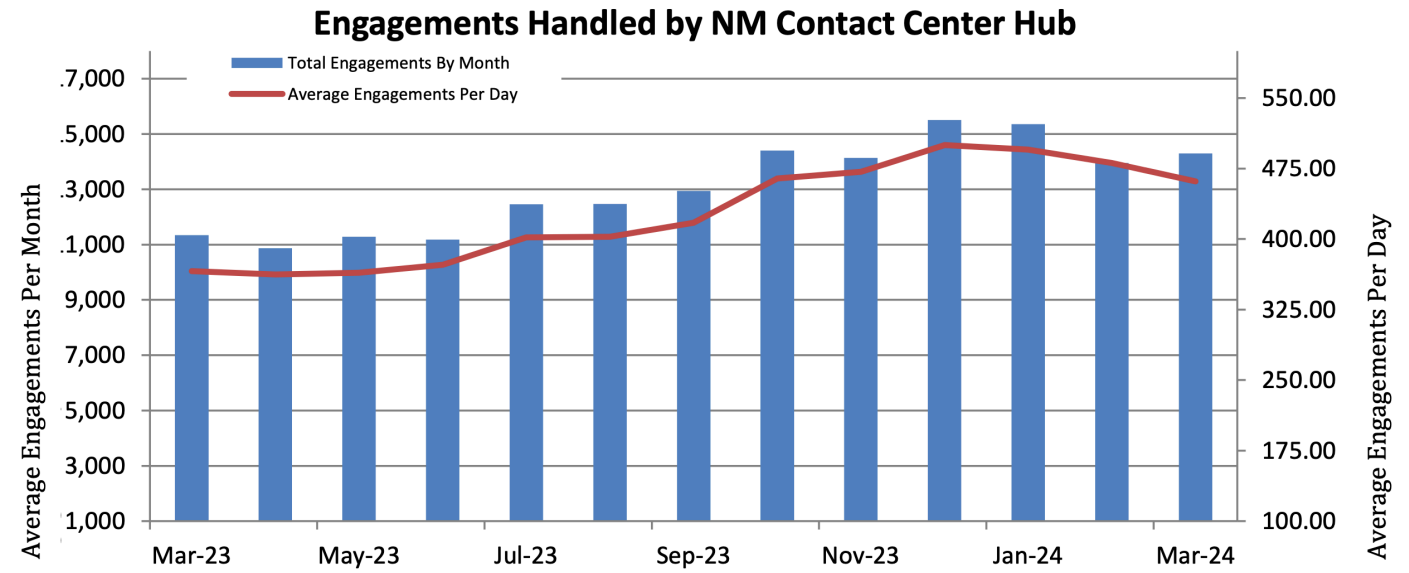
New Mexico 988 Engagement Center

- Protocall Welltrack Services is the 988 state-contracted provider for New Mexico
- Deliver trauma-informed responsive care, through the least restrictive and most culturally inclusive response available
- Call, text, or chat with professional mental health counselor or certified peer support specialist, get a referral for services, or request mobile response team engagement

988 Utilization from March 2023 – March 2024



- 67,575 total inbound crisis calls handled
- 25,113 total clinical calls handled
- Most calls are from Bernalillo, followed by Santa Fe, Doña Ana, Sandoval, San Juan, and Taos
- Primary calling reason is suicide, followed by substance use



Source: NM Crisis Line March 2024 Utilization Report

- Of the crisis line clinical calls, 92.2% are stabilized by the counselor and referred to community resources if appropriate
- Top referrals are to community behavioral health agencies and referrals made to OpenBeds; many are already in treatment



Bernalillo County⁹

- APD: 79% of Field Services Officers received Enhanced Crisis Intervention Team (ECIT) training as of December 2023
- 77% of calls for service beginning or ending as “behavioral health” or “suicide” had an ECIT certified officer on scene
- 43% of crisis intervention contacts were during the day shift (7am-5pm)
 - 40% were during the evening shift (5pm-11pm)
 - 18% were during the overnight shift (11pm-7am)
- Involuntary MH transport was the #1 outcome for ECIT encounters @ 39%
 - Enforcement actions were fourth at 6.9%
- 443 calls *per week* were diverted to Albuquerque Community Safety (ACS) in 2023 (23,491 total)

Source: Albuquerque Police Department Crisis Intervention Unit Data Book: 2023 Annual Report

Albuquerque Community Safety

Since launching in 2021, responded to around 43,000 calls for service (as of 9/2023)¹⁰



ACS diverts around 5% of all 911 calls¹¹

Their response:

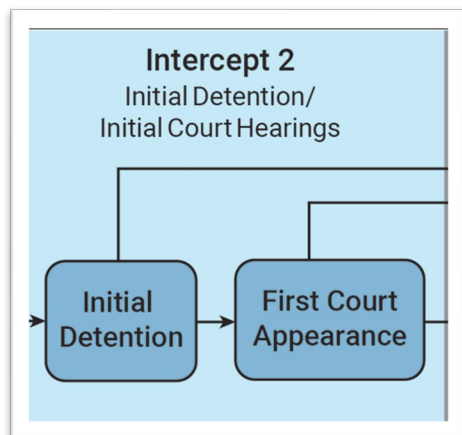
- Mobile Crisis Team (MCT) Clinician Co-Response
- Behavioral Health Responders non-law enforcement response
- Community responders
- Street Outreach and Resource Responders
- Community-Oriented Response and Assistance (CORA) Responders
- Violence Intervention Program (VIP)

Doña Ana County

- Las Cruces PD: 80% of officers are CIT trained
 - 18 hours of the day they have a co-responder option with a social worker and an officer
- The Crisis Triage Center was closed earlier in 2024, leaving a major shortage in resources for officers



Intercept 2



The SIM

Front-end: Post-arrest Diversion

SIM Intercept 2: Initial Court Hearing & Initial Detention

Diversion to community-based treatment by jail clinicians, social workers, or court officials during jail intake, booking, or initial hearing may include:



Jail Screening for
MH and SUD



Prosecutor-led
Diversion



Pretrial
Supervision

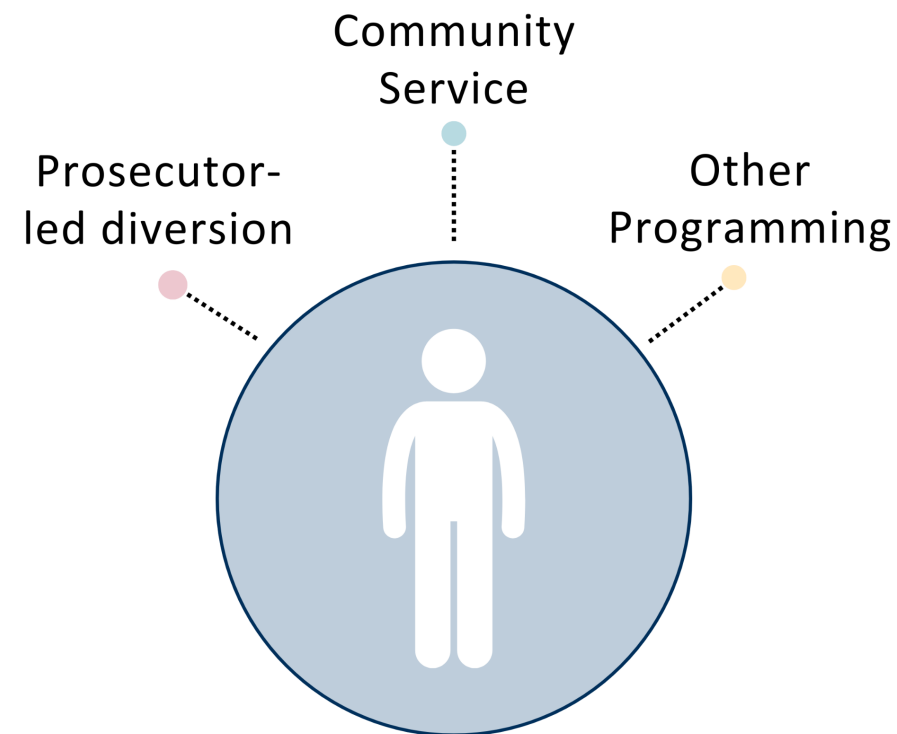


Community-based
Treatment

Source: SAMHSA, *The Sequential Intercept Model (SIM)*.

Diversion:

A **post-arrest** practice that connects individuals to services outside of the criminal legal system



Research

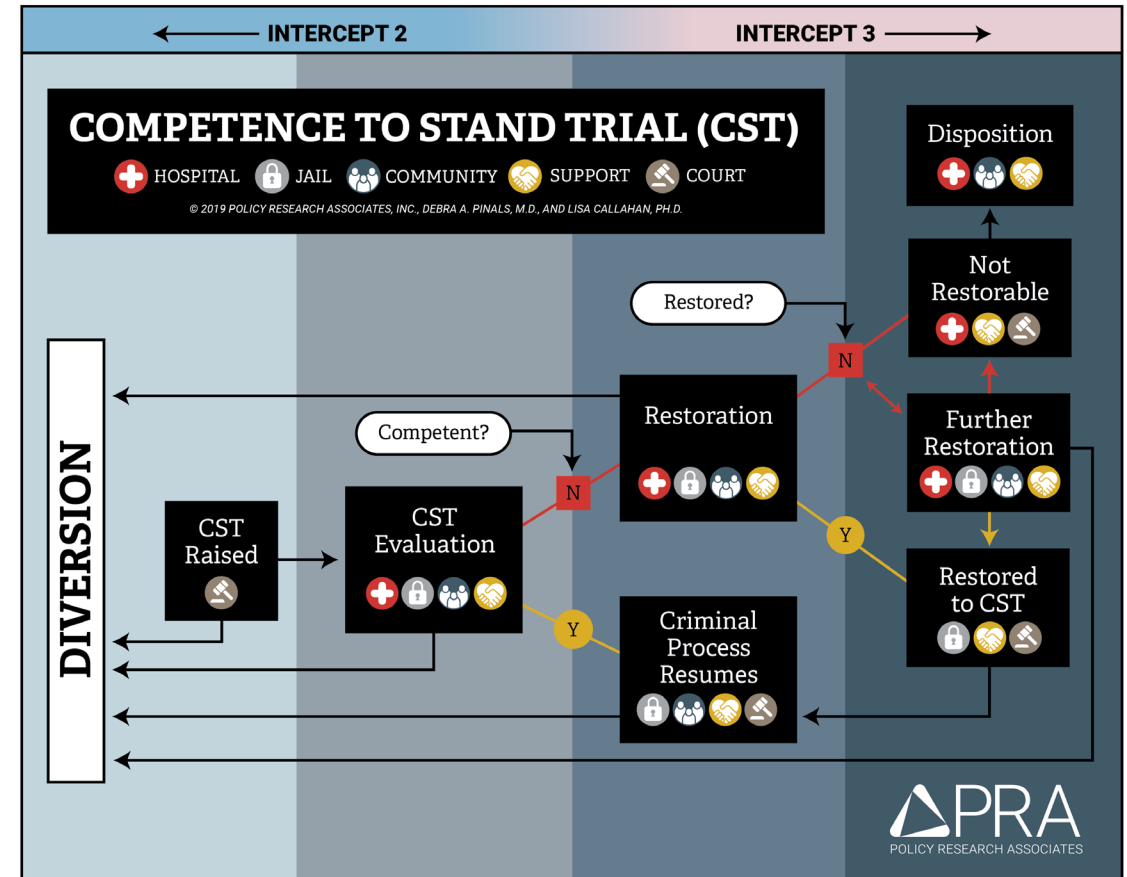
1. Pretrial detention is associated with disruption in community stability factors such as financial situation, residential stability, and ability to support dependent children.¹²
2. Studies show promise for reducing recidivism for individuals with a SUD by treating outside of prisons and jails.¹³



Competency to Stand Trial & Competency Restoration at Intercepts 2-3

Quick Facts

- Competence to stand trial (CST) is raised when justice-involved individuals within the trial process exhibit signs or symptoms of conditions that can impair their ability to competently proceed
- These defendants are rarely considered for diversion, despite having serious mental illness, intellectual and developmental disabilities, or other conditions that can affect their thinking and courtroom behavior.¹⁴



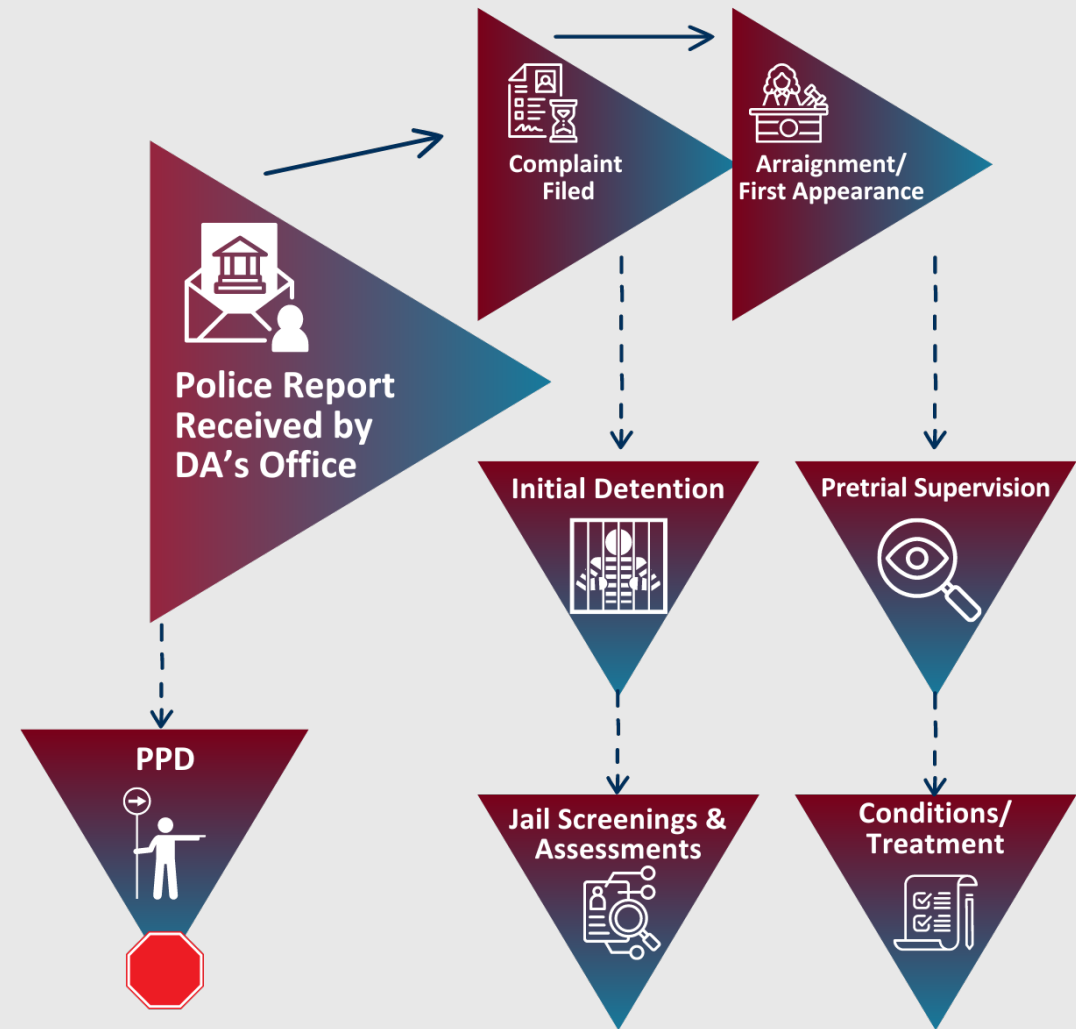
Source: Pinals, D. A., & Callahan, L. (2019). *Competence to stand trial flowchart*. Policy Research Associates.

In New Mexico



Initial Court Hearings/Initial Detention

- Jail Intake & Assessment
- Preprosecution Diversion
- Pretrial Supervision
- Competency

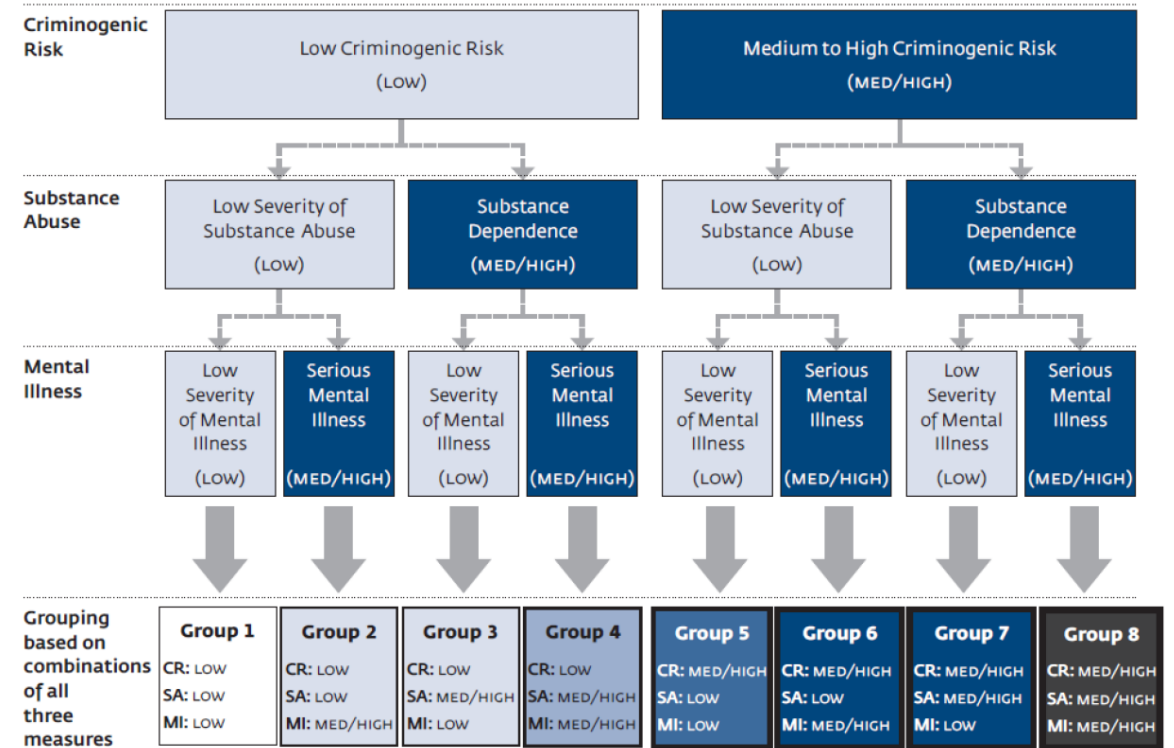


Jail Assessments & Screening

MDC Intake Assessment Framework

- 1,606 individuals on 6/7/2024
- 794 scoring between 6-8
 - 122 were a risk score of 6
 - 520 were a risk score of 7
 - 152 were a risk score of 8
- 801 individuals stated they were unhoused
- 1180 individuals stated they were unemployed (73.4%)

FIGURE 5. Criminogenic Risk and Behavioral Health Needs Framework*

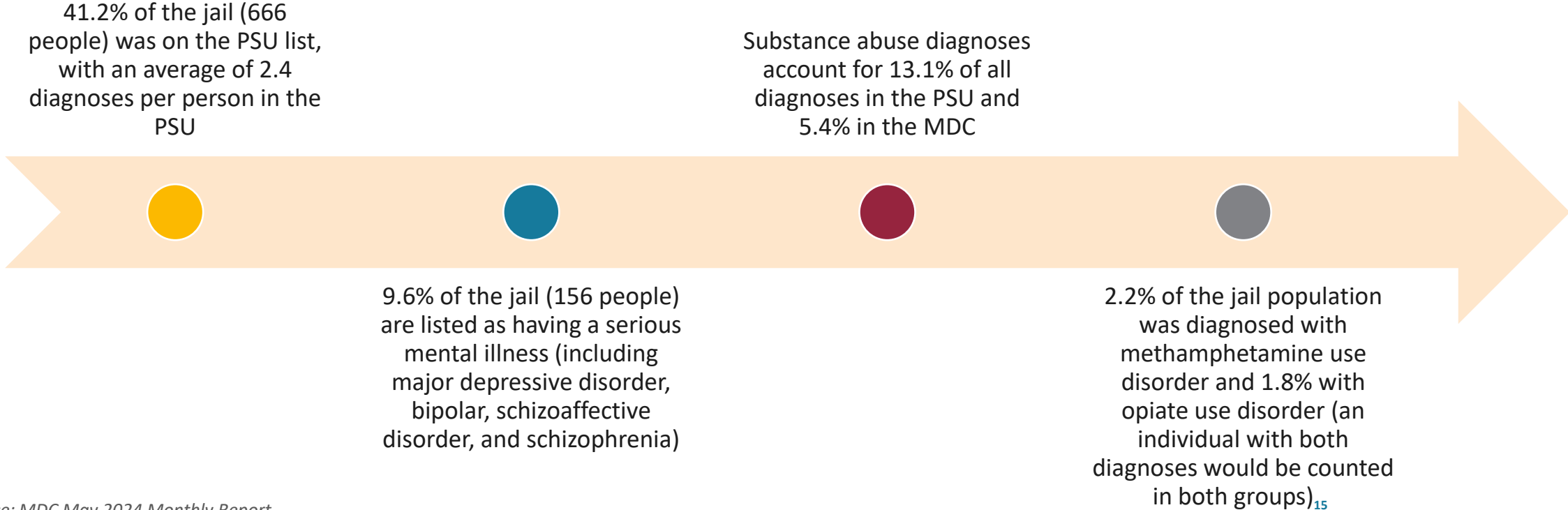


*Data received from the Metropolitan Detention Center on 6/7/2024

Jail Assessments & Screening



MDC Psychiatric Services Unit



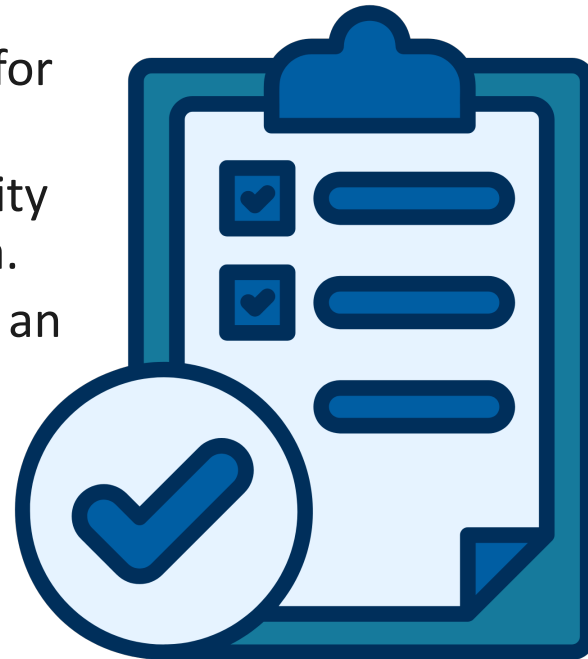
Source: MDC May 2024 Monthly Report

Statutory Framework: The Preprosecution Diversion Act, NM RS 31-16A

- Establishes that each district attorney shall establish a preprosecution diversion program:
 - to remove those persons from the criminal justice system who are most amenable to rehabilitation and least likely to commit future offenses,
 - to provide those persons with services designed to assist them in avoiding future criminal activity, and
 - to conserve community and criminal justice resources
- Provides standard guidelines and evaluation criteria

Criteria for participation

- No prior felony convictions for a violent crime.
- Statute gives the DA authority to set any additional criteria.
- DA may elect to not include an individual who meets all criteria, and this decision is **not** subject to appeal.



Program Components

- Programs must include individual counseling and guidance for all participants and referral resources where clients may be sent for treatment and rehabilitation.
- Defendant waives rights, including constitutional right to a speedy trial, to participate.
- If the defendant does not comply, participation in the program may be terminated and the DA may proceed with criminal prosecution.

Public Safety Assessment (PSA)

- Validated for Bernalillo County in 2021 by UNM
- The use of tool was limited by the New Mexico Supreme Court on May 8, 2024, through a revision that strikes the use of the PSA from the District Court Criminal Rule outlining the pretrial detention decision-making process
- NM does not have a standard practice for assessing behavioral health or SUD for individuals on pretrial



Assessments & Specialized Caseloads

- **The 11th JD Pretrial Services Program** in San Juan County developed a specialized caseload for individuals with behavioral health needs, including a partnership with Presbyterian Medical Services (PMS) to schedule behavioral health assessments, medication appointments, and case management
- In New Mexico, there is no standardized **needs** assessment utilized across JD's to recommend levels of care or treatment matching when setting pretrial terms and conditions of release



New Mexico's Competency Model



Evaluators

- Each contractor has their own license and policy
- Some only work with certain JDs, and vice versa
- There are about 22 forensic evaluators for the state – often working remotely

Data

- There is no central data location for the court orders or reports themselves
- No data hub to track orders in real time
- No requirement to make a diagnosis, although it is often included

Timelines

- 1-3 months for in-custody evaluations
- Average of 6 months for out-of-custody, but can take up to a year
- May take up to an additional 30 days for an evaluator to submit report to the court

Source: NM State Competency Evaluator Contract Data from BHSD and AOC, Prepared by Dr. Bronwyn Neeser, Psy.D; Criminal Competency and Court Process presentation prepared by Stacey Boone, Judge James Hudson, and Dr. Simone Viljoen, May 2024; Introduction to Competency: Terms and Concepts presentation prepared by Dr. Simone Viljoen, Stacey Boone, and Judge James Hudson, May 2024

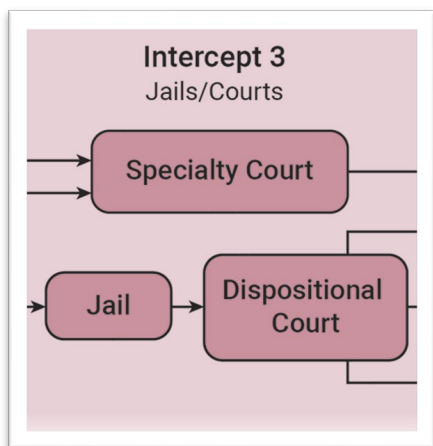
Competency Takeaways

- In FY 2023, approximately 3000 criminal cases were involved in the competency determination process (of 72k filed)
 - Average of 212 CST orders per month
 - 4% of criminal cases
 - 1,200 were misdemeanors; 1,800 were felonies
- It is challenging to track one individual through the system, and some individuals are being continually evaluated for competency – one individual was evaluated twice by two different evaluators within a span of four days
- If the court makes a dangerousness determination, commitment to the Department of Health for up to nine months for competency restoration



Source: *Criminal Competency and Court Process presentation prepared by Stacey Boone, Judge James Hudson, and Dr. Simone Viljoen, May 2024; NM State Competency Evaluator Contract Data from BHS&D and AOC, Prepared by Dr. Bronwyn Neeser, Psy.D*

Intercept 3



The SIM

Front-end: Connecting Individuals to Service Providers while in Custody

SIM Intercept 3: Courts and Incarceration

Intercept 3 involves diversion to community-based services including:

- Treatment court programs that allow **charges to be resolved** while also addressing behavioral health needs.
- Jail- and prison-based programming that supports individuals in a **trauma-informed, evidence-based manner**.



Research

1. Drug courts can reduce recidivism and are most effective when they target people who are at a higher risk to reoffend.¹⁶
2. Detention-based chemical dependency treatment is successful in reducing recidivism, especially when it provides a continuum of care, uses a therapeutic community model, and is delivered within a cognitive-behavioral framework.¹⁷
3. Evidence indicates mental health interventions in custody can reduce recidivism if they also target criminogenic needs.¹⁸



Relationship Between Behavioral Health Needs and Criminogenic Risk/Needs

- Although mental illness by itself is not a criminogenic risk factor, it *is* a responsivity factor –
 - Further, individuals with SMI who become involved in the criminal justice system are shown to have more of the central eight dynamic risk factors than individuals without SMI
- Alternatively, SUDs *are* a major criminogenic *need* and add significantly to future justice involvement risk
 - People with SMI having high rates of co-occurring disorders further contributes to their higher risk scores
- Mental illness can also cause other issues that may affect an individual's responsivity to targeted interventions¹⁹
- Targeting interventions based on risk and need begins at intake.

In New Mexico

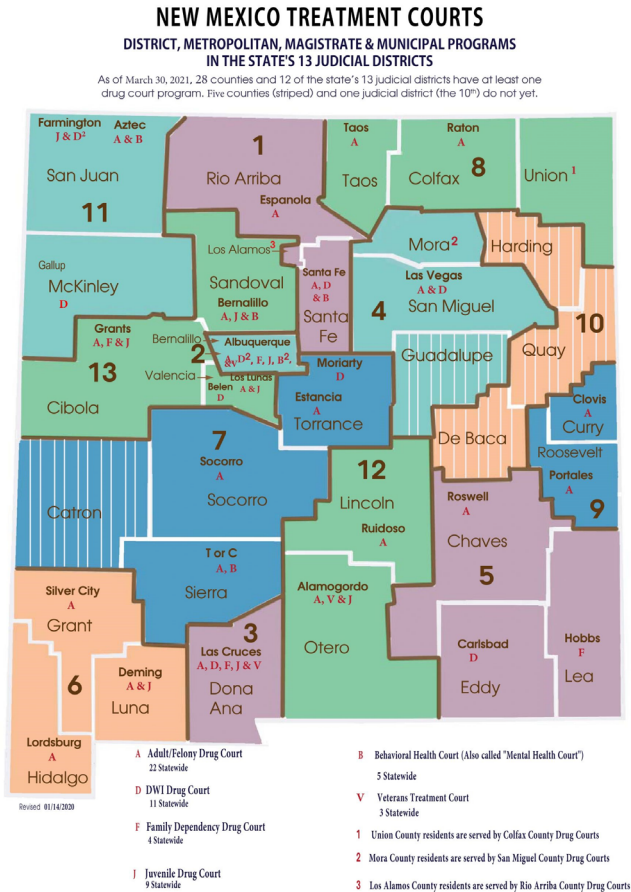


Jails/Courts

- Treatment Courts
- Jail Programming
- Prison Intake & Assessment
- Prison Programming



Treatment Courts in New Mexico



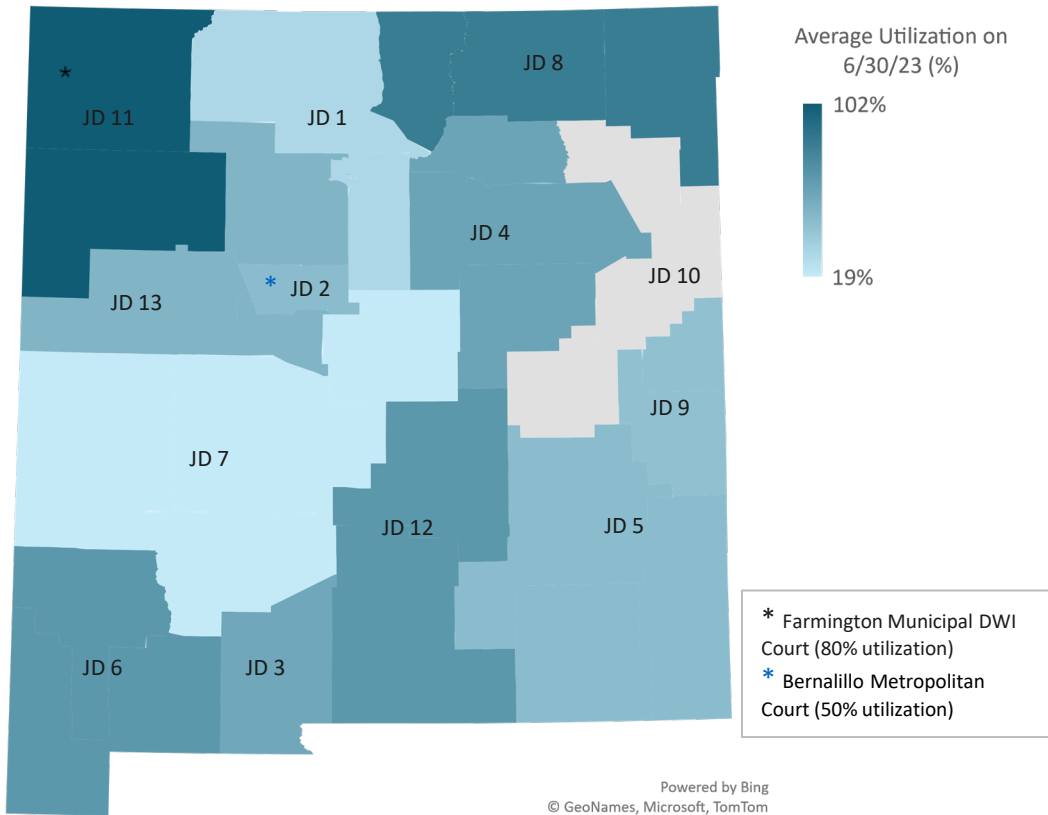
- As of 2021, 28 counties and 12 out of 13 districts have at least one adult drug court program
- Five counties and one district (10th) do not yet
- *Data Note: Treatment court utilization data was obtained from the NM AOC

Source: New Mexico Administrative Office of the Courts

Statewide Treatment Court Utilization Average 52% in 2023

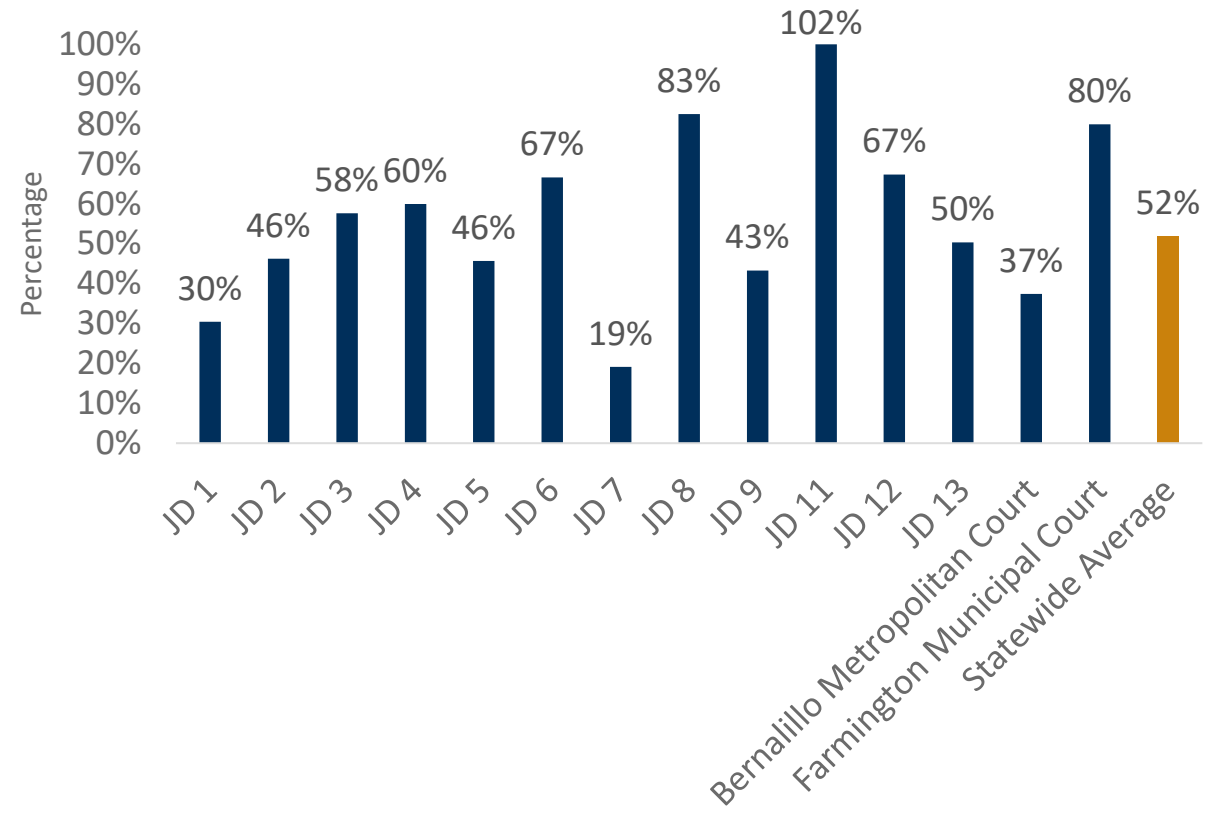


New Mexico Treatment Court Utilization



Source: New Mexico Administrative Office of the Courts

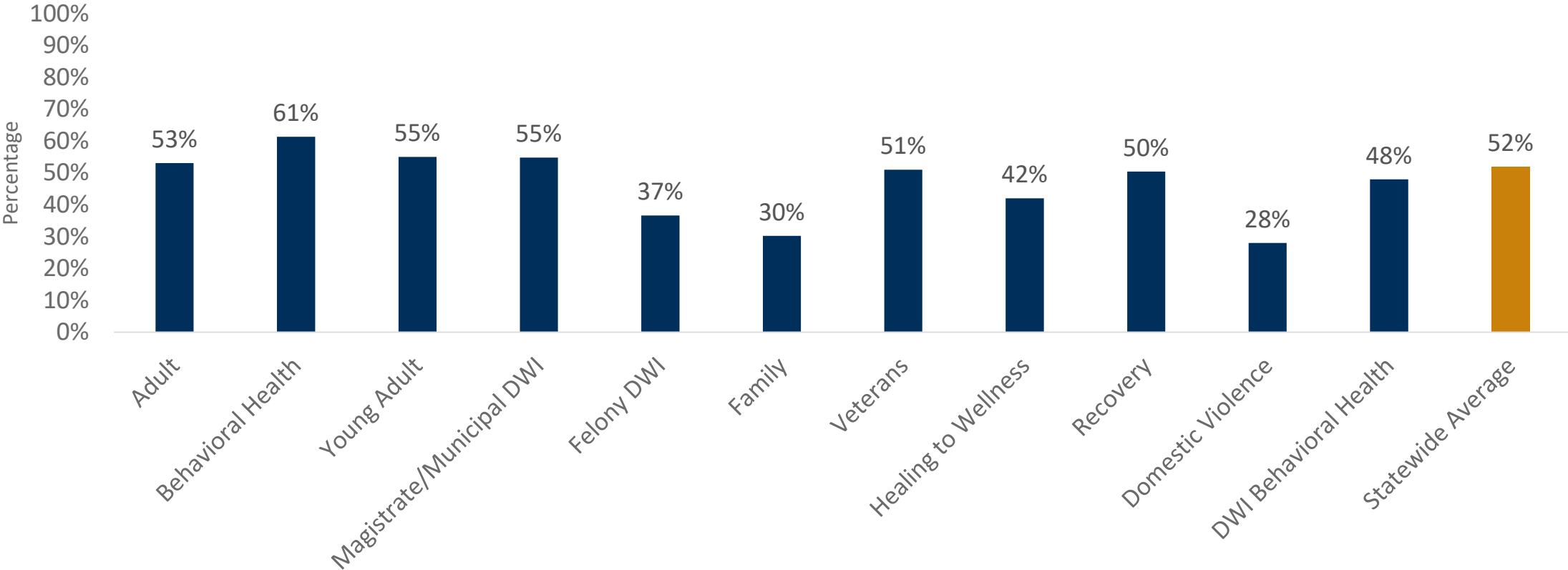
Average Utilization by JD on 6/30/23 (%)



Behavioral Health Court Highest Utilization in the state at 61%

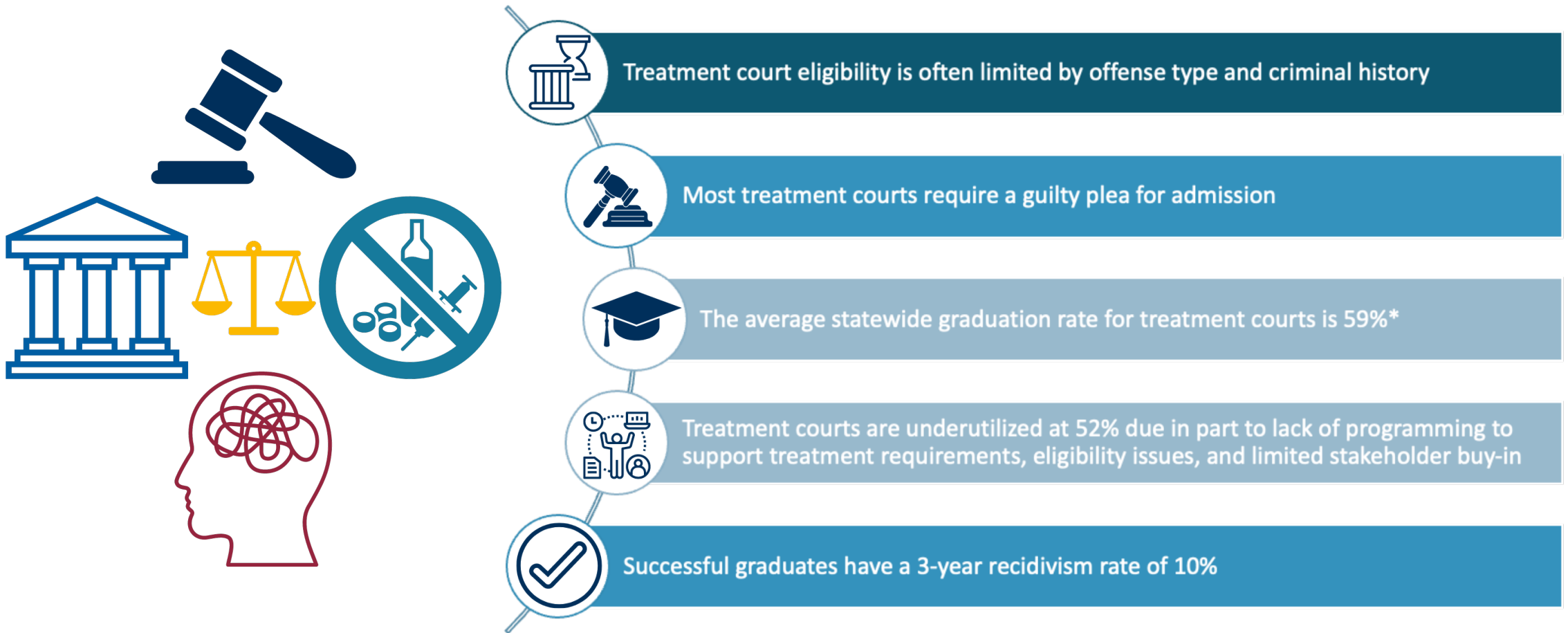


Average Utilization by Court Type on 6/30/23 (%)



Source: New Mexico Administrative Office of the Courts

Treatment Court Key Takeaways



Source: New Mexico Administrative Office of the Courts

Jail Programming

Jail intake forms are not standardized across the state

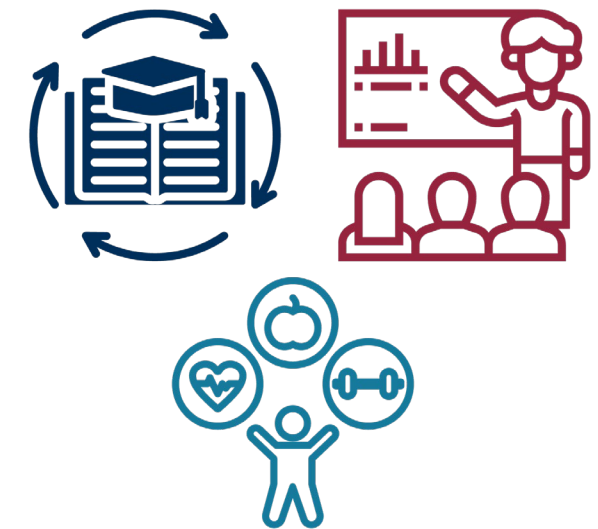
Most jails lack MAT and MH counseling; understaffing as limitation

RISE, however, has provided grants to 14 of 33 counties for therapeutic services in jail and intensive case management (10 of 14 are rural)

MDC is one of only jails with a psychiatric department to treat SMI

Examples of jails providing programming:

- Sandoval County: volunteers lead 1-hour weekly anger management, MRT, and coping skills groups; open eligibility
- Roosevelt: yoga classes, group and individual counseling, gardening activities, continuation, withdrawal and induction on MAT



Prison Intake Assessment & Classification



Classification is the process of separating populations based on the predictive elements of the risk and needs

In New Mexico, prisons are ranked based on a four-level system. Level I being the least restrictive while level IV is the most restrictive

Within NMCD, the external classification process consists of three parts:

- 1.Reception and diagnostic process for both men and women
- 2.Initial external classification process in which a classification officer scores an inmate based on their case and makes a recommendation on custody level
- 3.Reclassification process which takes place at each facility

NMCD Mental Health Severity Coding & Classification



Code	Description
0	No current mental health issues
1	Group psychotherapy or psycho-education Only
2	Individual psychotherapy, No psychiatric services
3	Stable on psychotropic medications or monitored by or referred to psychiatry. May participate in Ind/Group TX
4	Not stable due to mental illness. Recent (90 days) self-injurious behavior or recent (60 days) active suicidal ideation
5	Actively psychotic. Recent (90 days) suicide attempt or danger to self or others due to mental illness

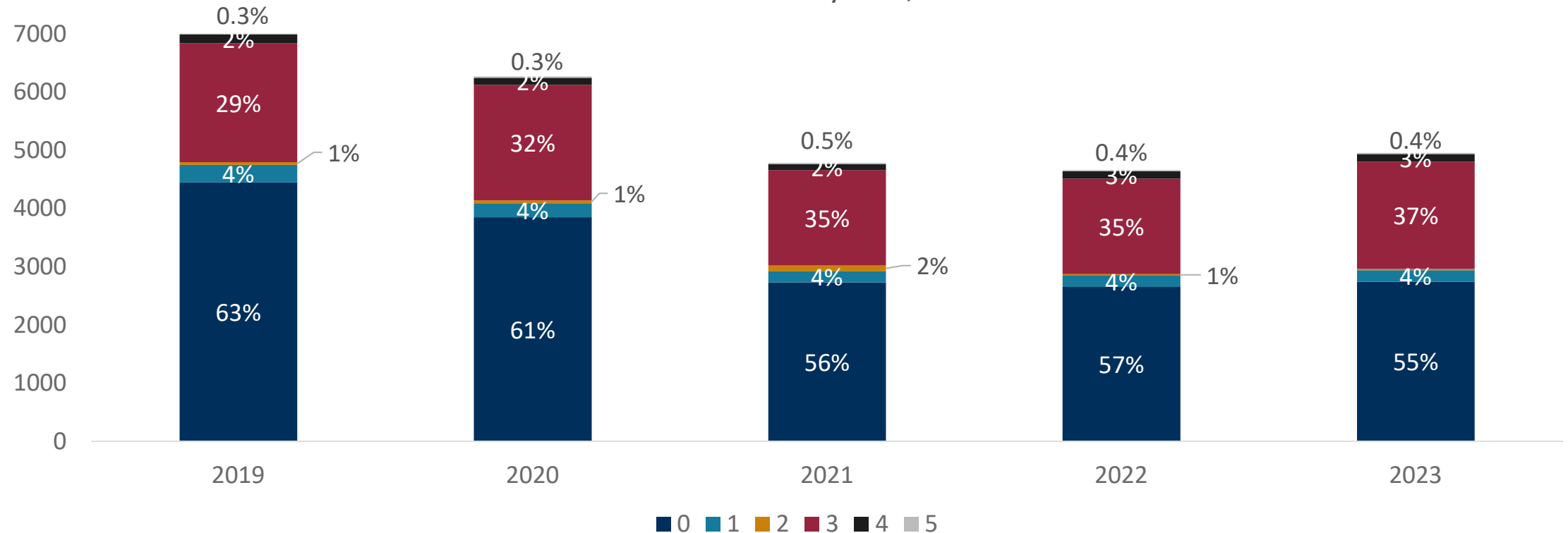
Code	Description
0, 1, 2	Cleared for any facility Inmates with severity code of 1 or 2 may be overridden to Level III custody in order to complete a course of group or individual treatment
3	Cleared for any Level II or higher custody level facility that has psychiatric services Not cleared for Level I Inmates with a severity code of 3 may be overridden to Level III custody in order to complete of course of group or individual treatment
4	Cleared for any Level III or higher custody level facility with psychiatric services Not cleared for level I or II facilities
5	Not cleared for GCCF, LCCF, NENMDF, or OCPF irrespective of Classification level Cleared for any other Level III or higher custody facilities Not cleared for any Level I or II facility

Source: NMCD Policy CD-180100

Mental Health Needs More Prevalent in 2023



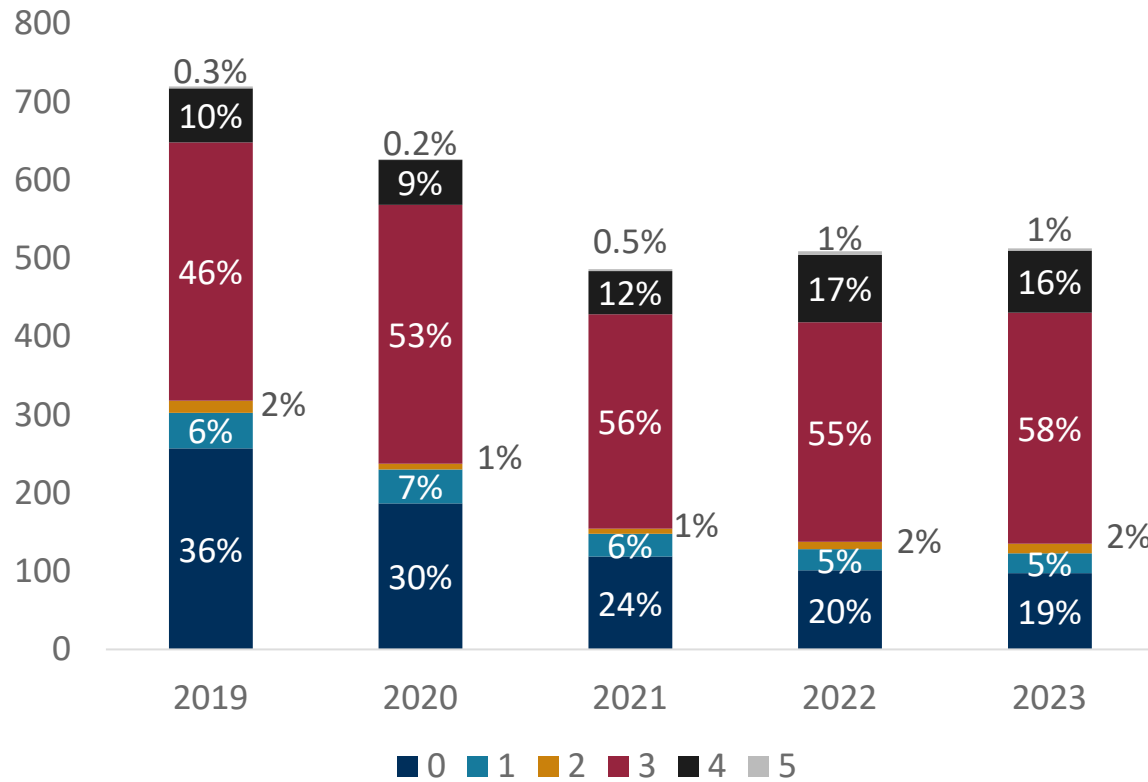
Mental Health Codes by Year, 2019-2023



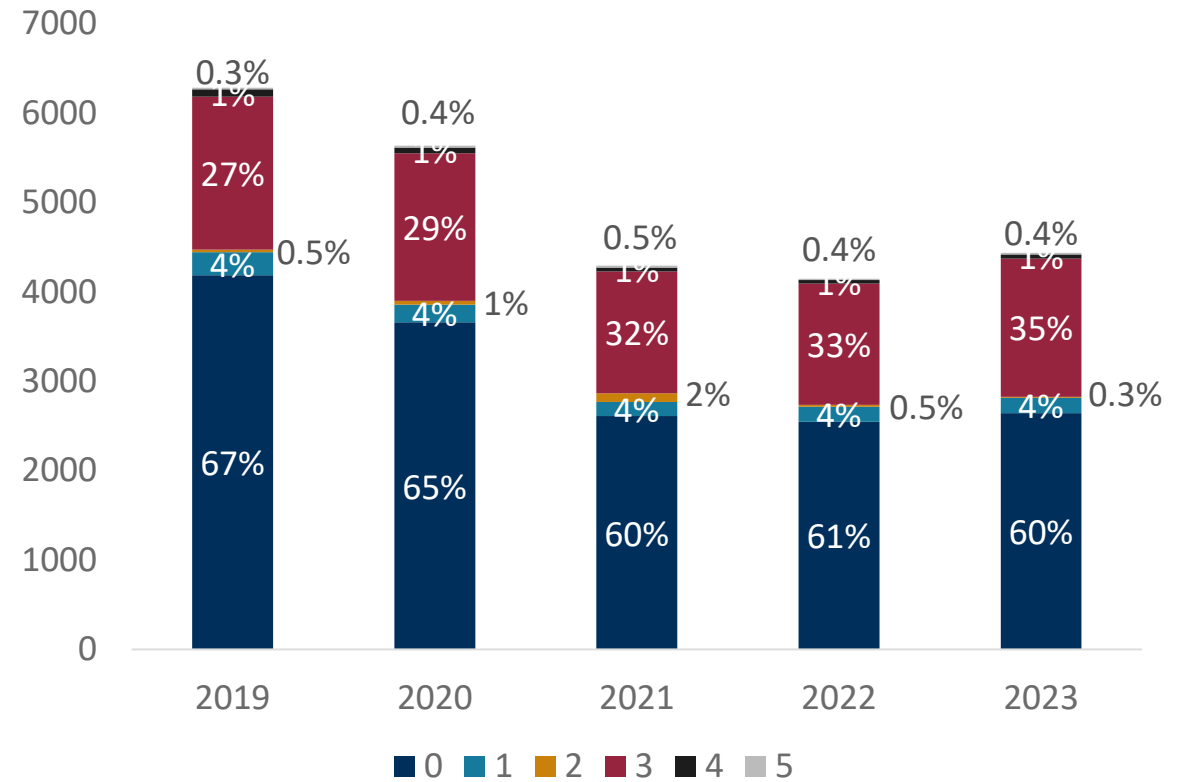
Females More Likely to Be Classified as Higher Needs



Mental Health Codes for Females by Year, 2019-2023



Mental Health Codes for Males by Year, 2019-2023



Mental Health/Medical Needs

A March 2024 UNM validation study of NMCD's classification system assessed and attempted to validate the external classification system.

The sample they analyzed was on classification and disciplinary events for inmates between the dates of January 1, 2015 and December 31, 2021.

The sample was substantially reduced due to the number of overrides during the study period

52% of initial classification records and 42% of reclassification records were ineligible for inclusion in the validation sample due to the use of overrides

93% of overrides were mandatory with the majority being cases where individuals scored at lower levels and were placed at higher-custody level than their scoring tool would recommend due to "Mental Health/Medical" restrictions

In general, the inmates who were overridden into higher custody levels engaged in less misconduct than their peers who scored at the level they were overridden into – these findings reveal that these inmates' misconduct profiles are more like inmates at the scored level rather than the level they were overridden into

- In cases of mandatorily overridden MH/Medical reasons, these inmates actually scored even lower counts of misconduct

The Covid-19 pandemic substantially impacted NMCD operation during the later years of this study and delayed implementation of earlier recommendations

*These policies are currently under revision

Source: University of New Mexico's Institute of Social Research, March 2024

Prison Programming

NMCD hosts a variety of programs throughout the state

- Peer support programs like those offered through Project ECHO have seen great successes
- Education programs earn EMD
- Lifestyle and wellness programs like animal therapy and gardening are available at some facilities

In NM, the availability of BH treatment and educational programming in prisons varies across facilities

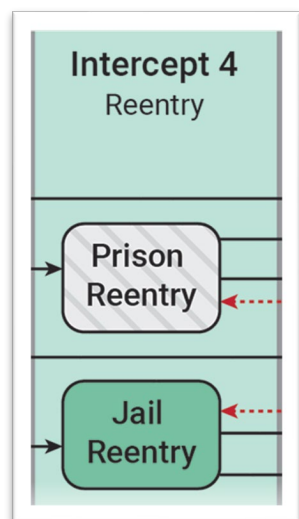
- Higher security facilities have limited programming options due to higher risk level
- SUD and BH treatment are only available at certain facilities
- Some programs are available via tablet

Behavioral Health Programs

- In-custody SUD programs like RDAP are available at some facilities
- MAT treatment has not been made available in all state facilities yet
- Staffing these programs with both frontline staff and clinicians is still a challenge



Intercept 4

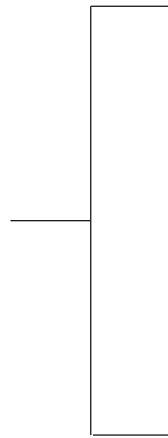


The SIM

Back-end: Connecting Individuals to Service Providers at Later Stages

SIM Intercept 4: Reentry

Intercept 4 focuses on ensuring people with mental health and substance use disorders can access:



Medication



Psychosocial treatment



Housing



Healthcare coverage



Community-based reentry services

Source: SAMHSA, *The Sequential Intercept Model (SIM)*.

Reentry Strategies

Start Transition Planning Early

- It's important that the reentry process begins **prior to release from incarceration.**

Holistic Approach

- Practitioners should tailor their approaches **to the individual's risk and needs, accounting for the various factors that influence their success.**²⁰

Reentry Strategies

Stability & Support

- Individuals should have the opportunity to maintain family relationships, as **these can bolster successful reentry.**²¹

Continuity of Care

- Practitioners should **prioritize continuity of care throughout the reentry process.**²²

Reentry Behavioral Health Integrations

Unaddressed Behavioral Health Conditions Complicate Reentry:



Severe Mental
Illness



Persistent
Substance Use



Unaddressed
Trauma

APPA National Standards for Community Supervision – Pre-Release



Behavioral Health Integrations

- 4.2: Preparation for reentry should include assistance in addressing any need that will support successful supervision and reintegration into the community, with a particular focus on stability factors such as housing and employment.
- 4.3: The CSO should develop an individualized reentry plan that takes into account the individualized programming the individual received while incarcerated, as well as the skills acquired.
- 4.5: Individuals being released to community supervision should be provided a written health care discharge plan that identifies medical and mental health services available to the individual in the community.²³

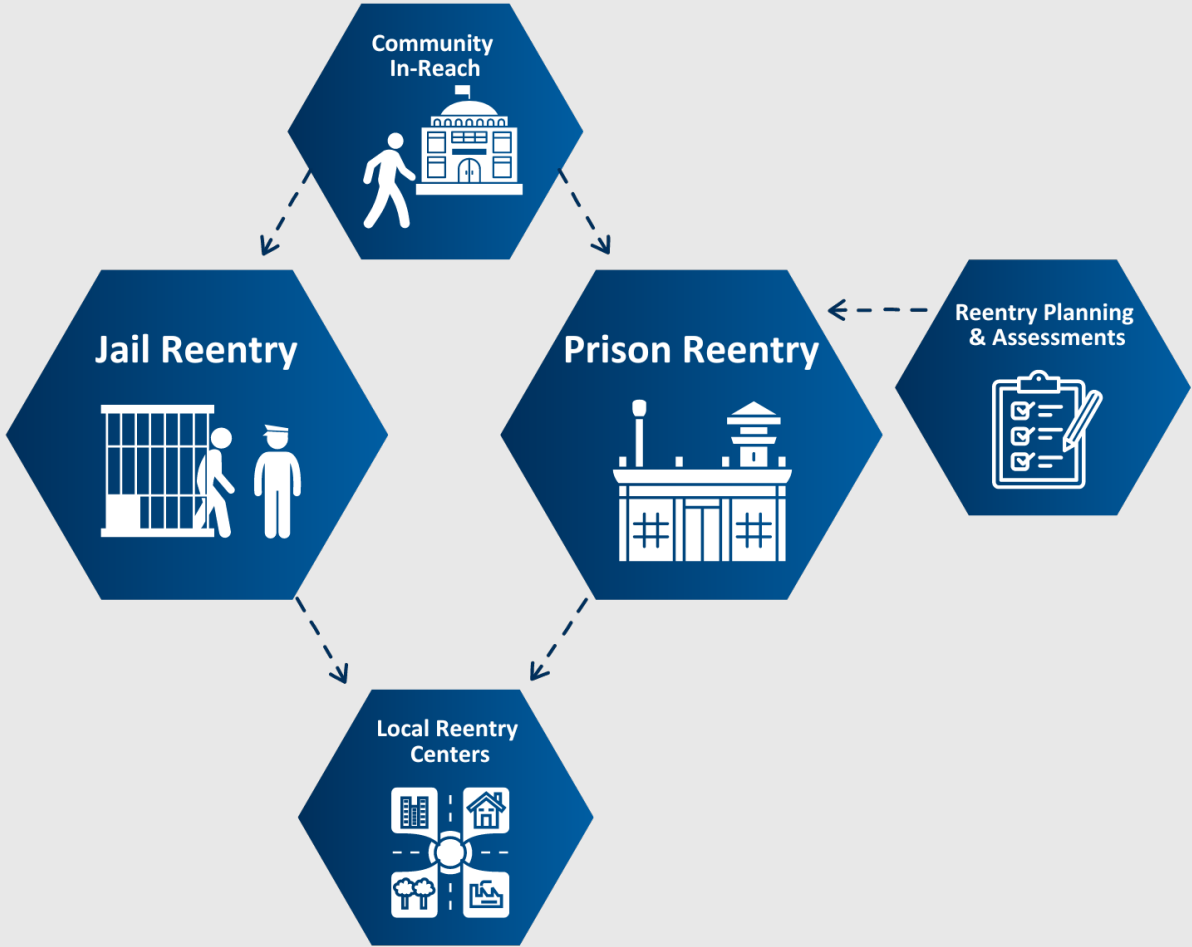
Source: APPA, *National Standards for Community Supervision*, 2024.

In New Mexico



Reentry

- Prison Reentry
- Jail Reentry
- Medicaid 1115 Waiver



NMCD utilizes the COMPAS assessment for individuals reentering the community onto probation and parole supervision

- The utilization and efficacy of the assessment is unknown as outcome data are unavailable

NMCD does not release individuals directly to a Reentry Center, however they do employ eight transitional coordinators across the state to act as the liaison between institutional probation and parole officers and supervision officers, as well as coordinate with, locate, and vet community resources

Individuals released with no supervision to follow are typically provided fewer reentry resources and the planning process is less extensive than for those released to supervision

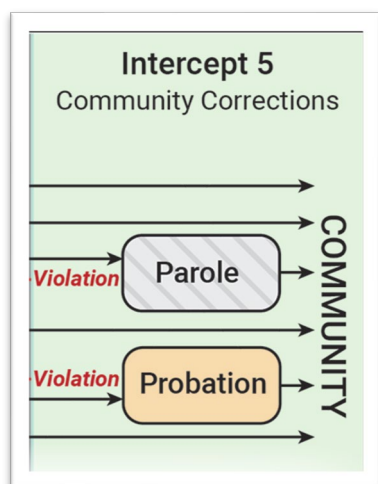
- Most jails are limited in their ability to provide reentry planning
- Some counties provide some form of jail reentry services, including Sandoval, Roosevelt, Eddy, Sierra, and Bernalillo
- Sierra County Detention Center's RISE Reentry Supports:
 - Intensive case management : food, state documentation, housing, treatment
 - RISE participants released to transitional housing + BH program through Olive Tree Creative Arts and Community Center
- Metropolitan Detention Center's Reentry Supports:
 - Social service coordinators
 - Transition planners
 - Discharge planners
 - All individuals released to Bernalillo County Reentry Resource Center

Medicaid Section 1115 Waiver – Transition to Turquoise Care



- New Mexico applied for the Medicaid Section 1115 Waiver in December 2023
- The Waiver allows Medicaid-eligible individuals who are currently incarcerated, to use Medicaid funding 30 days prior to their release for pre-release services.
- These services can include:
 - Case management to assess and address physical and behavioral health needs, and health-related social needs (HRSN);
 - Medication-assisted treatment (MAT) services, as clinically appropriate, with accompanying counseling for all types of SUD;
 - A 30-day supply of all prescription medications
 - Peer supporters and community health workers with lived experience; and
 - In-reach services by community providers.

Intercept 5



The SIM

Back-end: Connecting Individuals to Service Providers In the Community

Intercept 5: Community Corrections

This intercept focuses on what happens when someone is in the community under some form of supervision.

Promising practices at this stage include:



Use of validated
assessment tools



Staff training
on MH & SUD



Specialized
caseloads



Peer support
specialists

Research

Relying on evidence-based practices has proven effective at changing behavior and reducing recidivism.



- 1. Risk, Needs, Responsivity**
- 2. Frontloading Resources**
- 3. Incorporating Treatment**
- 4. Swift, Certain & Proportional Sanctions**
- 5. Reinforcing Positive Behavior**
- 6. Monitoring Quality, Fidelity, and Outcomes**

Risk, Needs, Responsivity (RNR) Model



Proactively addressing an individual's criminogenic needs during the earliest phases of reentry **increases their likelihood for success.**²⁴



Focus resources
early upon release
when folks are most
likely to recidivate



Identify those most in
need of enhanced
supervision & support

Incorporate Treatment Into Supervision

Research has also demonstrated that **recidivism is lowered** when treatment is incorporated into supervision.²⁵



Utilize case plans to ensure community supervision practices align with RNR findings.



Incorporate Cognitive Behavioral Therapy (CBT) and community-based treatment into case plans.



Use communication strategies such as Core Correctional Practices that reflect a rehabilitative model.

Use Swift, Certain, and Proportional Sanctions

- Studies find that swift, certain, and proportional sanctions are more effective than delayed, random, and severe sanctions.²⁶



- Communicated clearly in advance
- Applied swiftly
- Proportionate response to behavior



- Applied inconsistently
- Delayed
- Disproportionate response to behavior

Reinforce Positive Behavior

Research

Positive reinforcement is more impactful at behavior change than negative reinforcement.²⁷

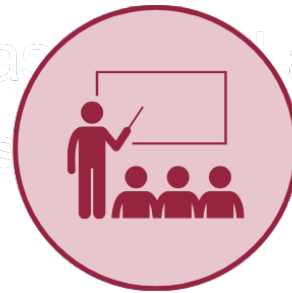


- **Time credit incentives**
- **Financial incentives**
- **Verbal recognition**
- **Reduced supervision conditions**
- **Reduced supervision time**

Monitor Quality, Fidelity, and Outcomes



Ongoing
Support



Officer training
and continued
education



Data collection
and outcome
measurement₂₈

APPA National Standards for Community Supervision – Case Planning



Behavioral Health Integrations²⁹

- 8.10: Agencies should have written policies, procedures, and established practices in place to ensure that CSOs document monthly communication with treatment providers including attendance, engagement in treatment, and progress toward current treatment goals.
- 8.11: Agencies should have written policies, procedures, and established practices for increasing skills of persons on community supervision and addressing factors related to their stability and behavior, as part of the case plan. These factors include education and employment, behavioral health, treatment, medical needs, financial needs, ongoing community support, and housing.

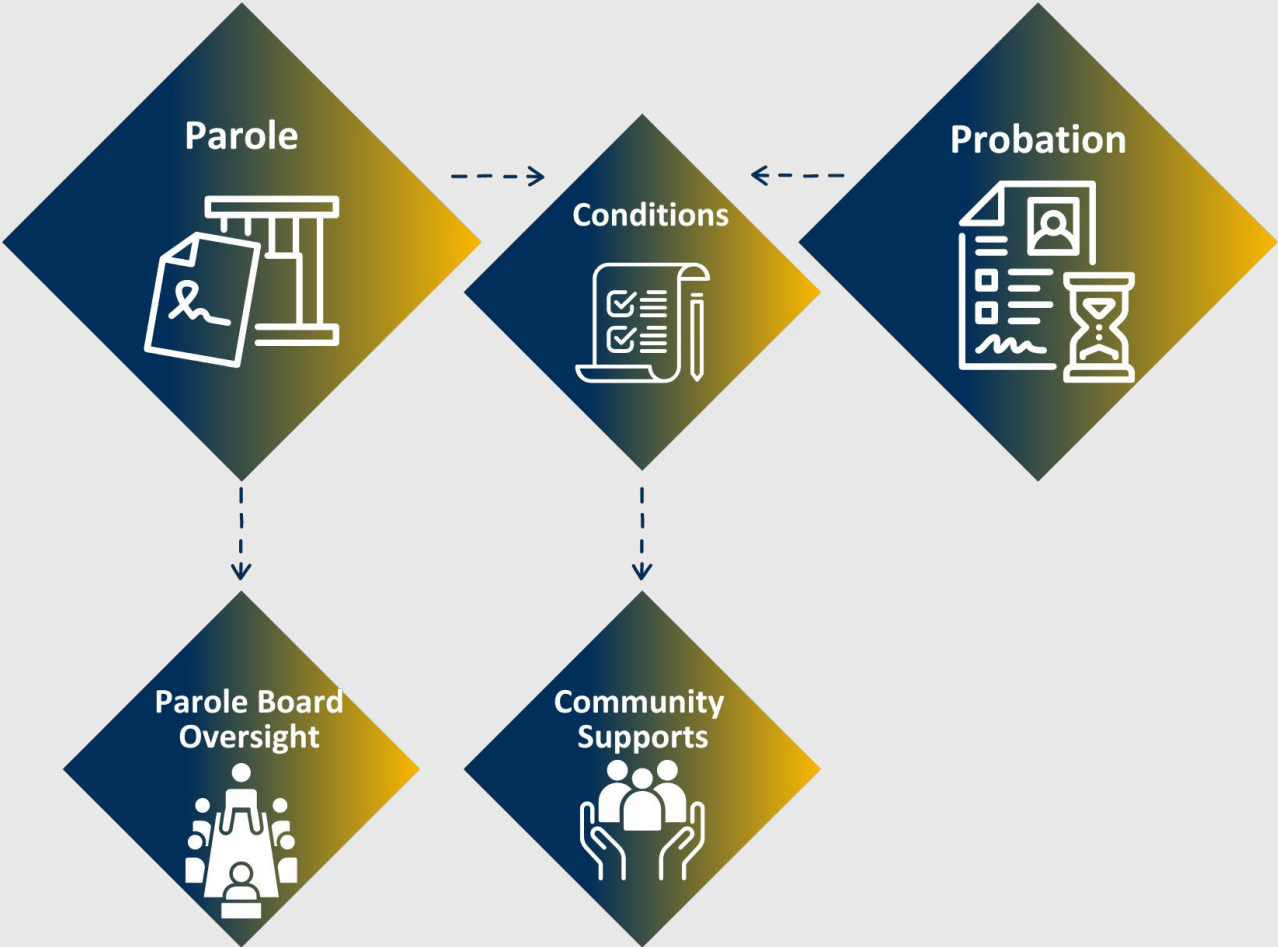
Source: APPA, *National Standards for Community Supervision*, 2024.

In New Mexico



Community Corrections

- Community Supervision



Community Corrections Programs



- NMCD Drug Court Supervision (2nd JD specific program)
 - Waives drug court fees; Incentivizes successes and completions
 - Works with MAT
 - Challenges with availability of community resources
 - Waitlist
- Men's & Women's Recovery Academies offer intensive substance abuse treatment and mental health services to parolees who need a transition from prison to community
 - 84 capacity for men
 - 48 capacity for women
- La Posada
 - Provides supervised housing for parolees with sex offenses
 - Waiting list

Community Supervision Takeaways



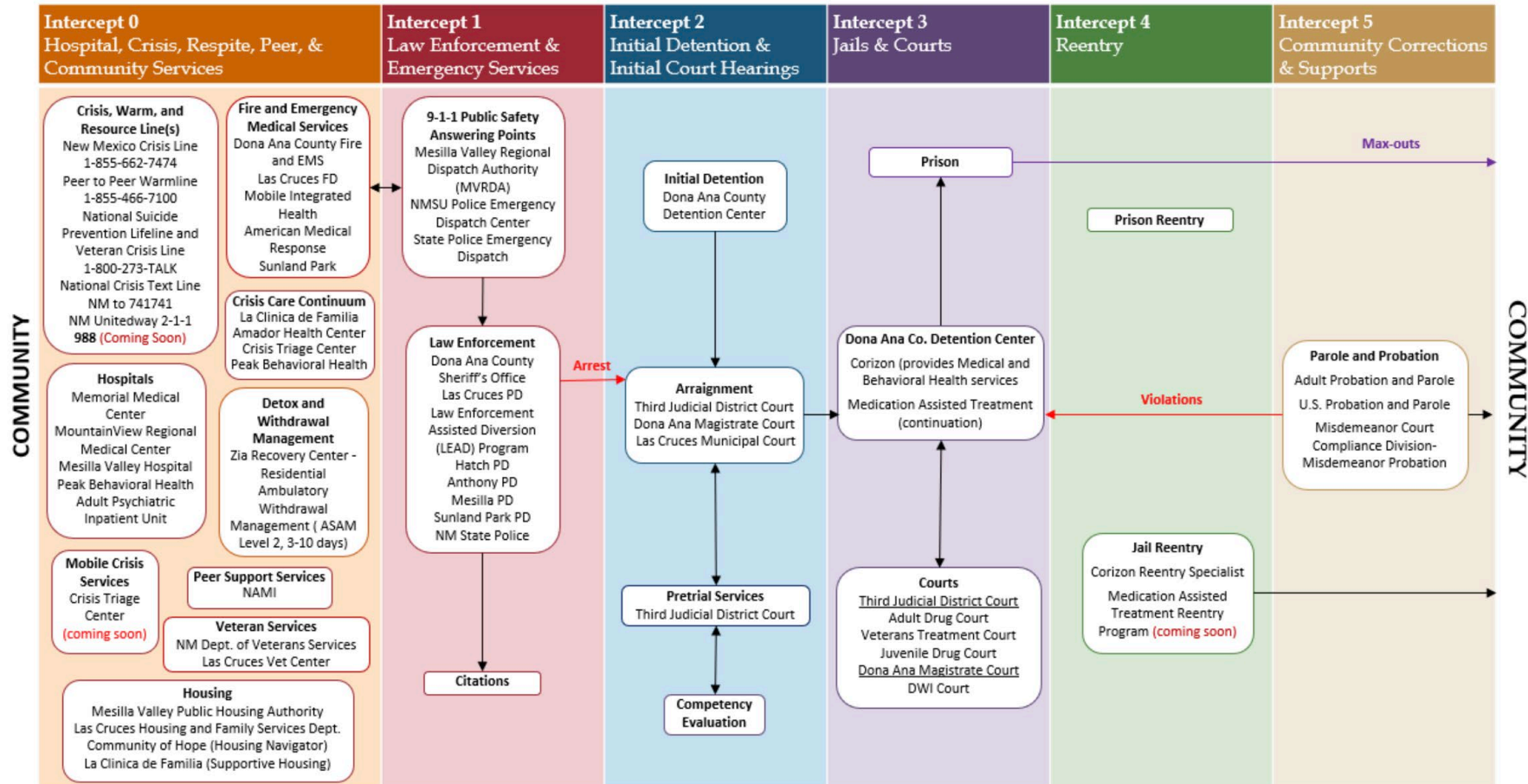
- NMCD has specialized caseloads for high-risk populations
- Behavioral health needs contribute to supervision violations
 - Among individuals with probation and parole violations, about 80% have substance-related violations (Drivers 2)
 - Insufficient behavioral health coverage is a challenge across the state, but for individuals on probation and parole this gap in access may lead to a violation of their conditions of release
 - Some judges perceive prison as the only viable alternative for a probationer who is unable to access behavioral health treatment in the community
- 1115 Waiver may present an opportunity to strengthen continuity of care at release and in the community

Examples of SIM Mapping in New Mexico

SIM Mapping in Doña Ana County (2021)



Sequential Intercept Model Map for Doña Ana County



Doña Ana SIM Map Updated 2024



Doña Ana County SIM Diversion Map

- Major change was the closure of Doña Ana's Crisis Triage Center (CTC) in early spring 2024



Intercept 0 Hospital, Crisis, Respite, Peer, & Community Services	Intercept 1 Law Enforcement & Emergency Services	Intercept 2 Initial Detention & Initial Court Hearings	Intercept 3 Jails & Courts	Intercept 4 Reentry	Intercept 5 Community Corrections & Supports
<p>Crisis, Warm, and Resource Line(s) NM Crisis Line Peer-to-Peer Warmline National Suicide Prevention Lifeline and Veteran Crisis Line National Crisis Text Line 988</p> <p>Fire and Emergency Medical Services DAC Fire and EMS Las Cruces Fire Department Mobile Integrated Health Project LIGHT American Medical Response Sunland Park</p> <p>Crisis Care Continuum La Clinica de Familia Amador Health Center</p> <p>Hospitals Memorial Medical Center MountainView Regional Medical Center Mesilla Valley Hospital Peak Behavioral Health inpatient services MAT/withdrawal (adult and youth) outpatient programming</p> <p>Veteran Services NM Department of Veterans Services Las Cruces Veterans Center</p> <p>Substance Use (Detox/Withdrawal) Zia Recovery Center</p> <p>Youth & Family Services Youth Resource Center Families and Youth Innovations Plus, Innovative Community Services</p>	<p>911 Public Safety Answering Points Mesilla Valley Regional Dispatch Authority (MVRDA) NMSU Police Emergency Dispatch Center State Police Emergency Dispatch Law Enforcement DAC Sheriff's Office Las Cruces PD Law Enforcement Assisted Diversion (LEAD) Program Hatch Police Department Anthony PD Mesilla PD Sunland Park PD NM State Police</p>	<p>Detention Facilities Doña Ana County Detention Center</p> <p>Courts Third Judicial District Court Doña Ana Magistrate Court Las Cruces Municipal Court</p> <p>Pretrial Services Third Judicial District Court</p> <p>Programs Competency Diversion Pilot Project</p>	<p>DAC Detention Center YesCare (medical and behavioral health services) Medication Assisted Treatment (MAT)</p> <p>Third Judicial District Court Adult Drug Court Juvenile Drug Court Veteran's Treatment Court Doña Ana Magistrate Court DWI Court</p>	<p>DAC Detention Center YesCare Reentry specialists MAT Reentry Program RISE Program Prison Reentry</p>	<p>Probation and Parole Adult Probation and Parole U.S. Probation and Parole Misdemeanor Court Compliance Division – Misdemeanor Probation</p>
<p>← Housing, Transportation, and Peer Navigation Services →</p>					
Mesilla Valley Public Housing Authority Las Cruces Housing and Family Services Dep't		La Clinica de Familia Community of Hope		NAMI Athena Huckaby Foundation	
<p>← Assertive Community Treatment (ACT) Program, Assisted Outpatient Treatment (AOT), & Medication Assisted Treatment (MAT) →</p>					

New Mexico Key Challenges

Key Challenges at Each Intercept

Intercept 0

- Not sustainable funding streams/locally funded
- Limited detox facilities
- Lack of resources beyond first 24-48 hours
- Staffing challenges
- ER transports for SUD and psychiatric
- Limited use of Medicaid funding for crisis response

Intercept 1

- Largely locally funded
- No subsequent case planning as part crisis response
- Citations in lieu of arrest limited
- Limited access in rural areas, no telehealth
- Few LEAD programs
- Limited self-referral or active outreach models

Intercept 2

- No specific behavioral health pre-prosecution diversion programs
- Pretrial services limited in treatment programming
- No uniform behavioral health screenings at initial detention, level of care recommendations, or treatment matching

Intercept 3

- Screenings and assessments at prison intake lacking behavioral health components
- No behavioral health diversion other than Mental Health Courts
- Mental Health Courts not available across state
- Limited MAT treatment in jail and prison facilities

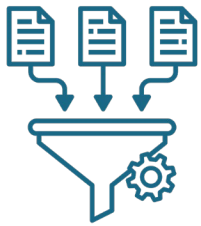
Intercept 4

- Limited case planning to tailor treatment to specific risk and needs
- Reentry planning not focused on continuum of care
- Medication not provided upon release from jails or prisons consistently
- No automatic Medicaid enrollment
- Limited in-reach services

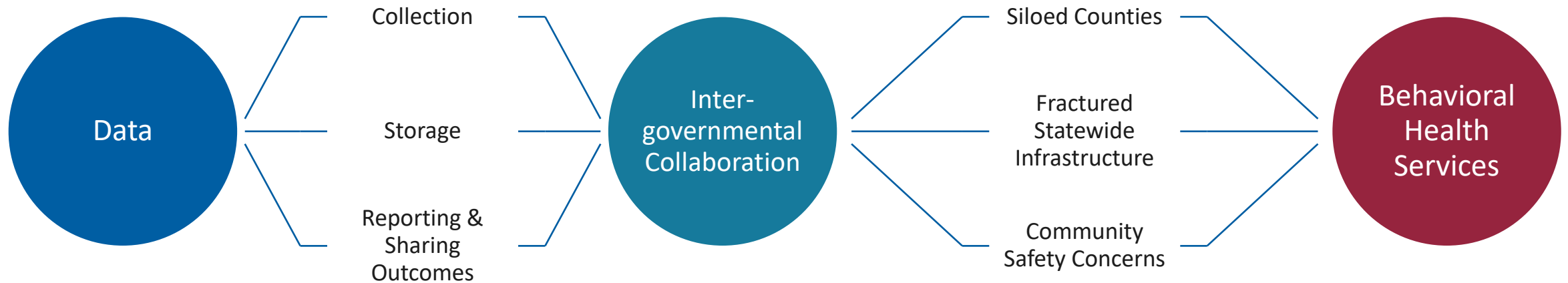
Intercept 5

- No behavioral health specialty caseloads
- Limited behavioral health training for supervision officers
- Limited support for housing/employment
- Conditions of supervision not responsive to behavioral health needs and no ability to modify conditions based on individual needs

Statewide System Gaps



New Mexico's Challenge



Looking Ahead

Working Group Next Steps, Subgroups, Questions

Thank You

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This project was supported by Grant No. 2019-ZB-BX-K003 awarded by the Bureau of Justice Assistance. The Bureau of Justice Assistance is a component of the Department of Justice's Office of Justice Programs, which also includes the Bureau of Justice Statistics, the National Institute of Justice, the Office of Juvenile Justice and Delinquency Prevention, the Office for Victims of Crime, and the SMART Office. Points of view or opinions in this document are those of the author and do not necessarily represent the official position or policies of the U.S. Department of Justice.

JRI Grant Reference



This project was supported by Grant No. 15PBJA-21-GK-04350-JRIX awarded by the Bureau of Justice Assistance. The Bureau of Justice Assistance is a component of the Department of Justice's Office of Justice Programs, which also includes the Bureau of Justice Statistics, the National Institute of Justice, the Office of Juvenile Justice and Delinquency Prevention, the Office for Victims of Crime, and the SMART Office. Points of view or opinions in this presentation are those of the author and do not necessarily represent the official position or policies of the U.S. Department of Justice.

Research Citations



1. Botts, Christopher, ed. “What Is Behavioral Health?” American Medical Association, August 22, 2022. <https://www.ama-assn.org/delivering-care/public-health/what-behavioral-health>.
2. Bose, Jonaki, Sarra L. Hedden, Rachel N. Lipari, Eunice Park-Lee. “Key Substance Use and Mental Health Indicators in the United States: Results from the 2017 National Survey on Drug Use and Health.” Substance Abuse and Mental Health Services Administration, 2018. <https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHFFR2017/NSDUHFFR2017.pdf>
3. “The Institute of Medicine’s Continuum of Care.” Substance Abuse and Mental Health Services Administration. Strategic Prevention Technical Assistance Center, Last modified March 14, 2024. <https://www.samhsa.gov/sites/default/files/resourcefiles/sptac-continuum-of-care.pdf>
4. Anene, Esther, Meghana Nallajerla, Eraka P J Bath, and Enrico G Castillo. “Revisiting Research Safety Protocols: The Urgency for Alternatives to Law Enforcement in Crisis Intervention.” *Psychiatric Services* 74, no. 3 (March 1, 2023): 325-328. <https://doi.org/10.1176/appi.ps.20220084>; Swanson, Jeffrey W., Marvin S. Swartz, Eric B. Elbogen, Richard A. VAN Dorn, H Ryan Wagner, Lorna A. Moser, Christine Wilder, and Allison R. Gilbert. “[Psychiatric advance directives and reduction of coercive crisis interventions.](#)” *J Ment Health* 17, no. 3 (January 1, 2008): 255–67. <https://doi.org/10.1080/09638230802052195>.
5. Labriola, Melissa M., Samuel Peterson, Jirka Taylor, Danielle Sobol, Jessica Reichert, Jon Ross, Jac Charlier, and Sophia Juarez. “A Multi-Site Evaluation of Law Enforcement Deflection in the United States.” Santa Monica, CA: RAND Corporation, 2023. https://www.rand.org/pubs/research_reports/RRA2491-1.html.

6. Blais, Etienne, Jacinthe Brisson, Francois Gagnon, Sophie-Anne Lemay. “Diverting People who use Drugs from the Criminal Justice System: A Systematic Review of Police-Based Diversion Measures.” *International Journal on Drug Policy* 105, (2022). <https://doi.org/doi: 10.1016/j.drugpo.2022.103697>.
7. Magnuson, Shannon, Cherrell Green, Amy Dezember. “Examining the Impacts of Arrest Deflection Strategies on Jail Reduction Efforts,” *Justice System Partners* (2022). <https://justicesystempartners.org/wp-content/uploads/2022/08/SJC-ISLG-Deflection-Synthesis-Report.pdf>.
8. “March 2024 Utilization Report”, *New Mexico 988 Engagement Center, April, 2024*, https://nmcrisisline.com/wp-content/uploads/2024/04/New-Mexico-Crisis-and-Access-Line_Mar-2024_Community-Report.pdf
9. “Albuquerque Police Department Crisis Intervention Unit Data Book: 2023 Annual Report.” *City of Albuquerque*. 2023. https://www.cabq.gov/police/documents/ciu_2023_annual_report_final.pdf/view.
10. Ruiz-Angel, Mariela. “FY24 Q2 Report.” *City of Albuquerque Community Safety Department*. January, 2024. https://www.cabq.gov/acs/documents/acs-quarterly-report-fy24-q1_final.pdf

Research Citations



11. “City Announces Key Staffing Updates.” *City of Albuquerque*. March 25, 2024. <https://www.cabq.gov/mayor/news/city-announces-key-staffing-updates>
12. Chandler, Redonna K, Bennett W Fletcher, and Nora D Volkow. “Treating Drug Abuse and Addiction in the Criminal Justice System: Improving Public Health and Safety.” *JAMA Network*. January 21, 2010.
https://www.innovatingjustice.org/sites/default/files/documents/Treating_Drug_Abuse.pdf
13. Holsinger, Alexander M. and Kristi Holsinger. “Analyzing Bond Supervision Survey Data: The Effects of Pretrial Detention on Self-Reported Outcomes.” *Federal Probation* 82 (2018): 39.; Wakefield, Sara, and Lars Andersen. “Pretrial Detention and the Costs of System Overreach for Employment and Family Life.” *Sociological Science* 7, no. 14 (August 17, 2020): 342–66.
<https://doi.org/10.15195/v7.a14>.
14. Pinals, Debra A., and Lisa Callahan. “Evaluation and Restoration of Competence to Stand Trial: Intercepting the Forensic System Using the Sequential Intercept Model.” *Psychiatric Services* 71, no. 7 (April 2, 2020): 698-705.
<https://doi.org/10.1176/appi.ps.201900484>.
15. Ferguson, Elise, and Daniel Goldberg. “Bernalillo County Metropolitan Detention Center Monthly Report – May 2024.” *Institute for Social Research, Center for Applied Research and Analysis*. June 12, 2024.
<https://api.realfile.rtsclients.com/PublicFiles/3c460d83c0384308afbabb48bf782dc2/7a5b04a9-ffe0-457d-a616-8f2861d8b216/MDC%20Monthly%20Report%20May%202024.pdf>

16. Gutierrez, Leticia, and Guy Bourgon. “Drug Treatment Courts: A Quantitative Review of Study and Treatment Quality.” *Justice Research and Policy* 14, no. 2 (November 15, 2012): 47–77. <https://doi.org/10.3818/jrp.14.2.2012.47>; Mitchell, Ojmarrh, David B. Wilson, Amy Eggers, and Doris L. MacKenzie. “Assessing the Effectiveness of Drug Courts on Recidivism: A Meta-Analytic Review of Traditional and Non-Traditional Drug Courts.” *Journal of Criminal Justice* 40, no. 1 (January 2012): 60–71. <https://doi.org/10.1016/j.jcrimjus.2011.11.009>; Mitchell, Ojmarrh, David B. Wilson, Amy Eggers, and Dors L. MacKenzie. “Drug Courts’ Effects on Criminal Offending for Juveniles and Adults.” *Campbell Systematic Reviews* 8, no. 1 (January 2012). <https://doi.org/10.4073/csr.2012.4>; Shaffer, Deborah Koetzle. “Looking inside the Black Box of Drug Courts: A Meta-Analytic Review.” *Justice Quarterly* 28, no. 3 (June 2011): 493–521. <https://doi.org/10.1080/07418825.2010.525222>.
17. Duwe, Grant. “The Use and Impact of Correctional Programming for Inmates on Pre-and Post-Release Outcomes.” U.S. Department of Justice. National Institute of Justice, June 2017. <https://www.ojp.gov/pdffiles1/nij/250476.pdf>.
18. Wodahl, E. J., Garland, B., Culhane, S. E., & McCarthy, W. P. (2011). Utilizing behavioral interventions to improve supervision outcomes. *Criminal Justice and Behavior*, 38, 386-405.
19. Osher, Fred, David D’Amora, Martha Plotkin, Nicole Jarrett, and Alexa Eggleston. “Adults with Behavioral Health Needs under Correctional Supervision: A Shared Framework for Reducing Recidivism and Promoting Recovery.” Bureau of Justice Assistance U.S. Department of Justice. Council of State Governments Justice Center, 2012. https://bja.ojp.gov/sites/g/files/xyckuh186/files/Publications/CSG_Behavioral_Framework.pdf.
20. “Best Practices for Successful Reentry from Criminal Justice Settings for People Living with Mental Health Conditions And/or
.” Substance Abuse and Mental Health Services Administration (SAMHSA). National Mental Health and Substance Use Policy Laboratory, August 2023. <https://store.samhsa.gov/sites/default/files/pep23-06-06-001.pdf>; “Roadmap to Reentry: Reducing Recidivism through Reentry Reforms at the Federal Bureau of Prisons.” U.S. Department of Justice, April 2016. <https://www.justice.gov/reentry/file/844421/dl>.

Research Citations



21. Mooney, Emily, and Nila Bala. “The Importance of Supporting Family Connections to Ensure Successful Re-Entry.” R Street Institute, October 3, 2018. <https://www.rstreet.org/research/the-importance-of-supporting-family-connections-to-ensure-successful-re-entry/>.
22. “Best Practices for Successful Reentry from Criminal Justice Settings for People Living with Mental Health Conditions And/or Substance Use Disorders.” Substance Abuse and Mental Health Services Administration (SAMHSA). National Mental Health and Substance Use Policy Laboratory, August 2023. <https://store.samhsa.gov/sites/default/files/pep23-06-06-001.pdf>.
23. American Probation and Parole Association. “National Standards for Community Supervision.” U.S. Department of Justice, *National Institute of Corrections*, June 2024. https://www.appa-net.org/eweb/docs/APPA/APPAs_National_Standards_for_Community_Corrections.pdf.
24. C.T. Lowenkamp et al., “Adhering to the Risk and Need Principles: Does It Matter for Supervision-Based Programs?” *Federal Probation: A Journal of Correctional Philosophy and Practice* 70, no. 3 (2006), <https://www.uscourts.gov/file/22954/download>; C.T. Lowenkamp et al., “Intensive Supervision Programs: Does Program Philosophy and the Principles of Effective Intervention Matter?” *Journal of Criminal Justice* 38, no. 4 (2010): 368-75, <https://www.sciencedirect.com/science/article/pii/S0047235210000590?via%3Dihub>
25. Ibid.

26. National Institute of Justice. “‘Swift and Certain’ Sanctions in Probation Are Highly Effective: Evaluation of the HOPE Program,” 2012. <https://nij.ojp.gov/topics/articles/swift-and-certain-sanctions-probation-are-highly-effective-evaluation-hope-program>.
27. Wodahl, Eric J., Brett Garland, Scott E. Culhane, and William P. McCarty. “Utilizing Behavioral Interventions to Improve Supervision Outcomes in Community-Based Corrections.” *Criminal Justice and Behavior* 38, no. 4 (March 16, 2011): 386–405. <https://doi.org/10.1177/0093854810397866>.
28. Pew Charitable Trusts. “Policy Reforms Can Strengthen Community Supervision: A Framework to Improve Probation and Parole,” April 23, 2020. <https://www.pewtrusts.org/en/research-and-analysis/reports/2020/04/policy-reforms-can-strengthen-community-supervision>.
29. American Probation and Parole Association. “National Standards for Community Supervision.” U.S. Department of Justice, National Institute of Corrections, June 2024. https://www.appa-net.org/eweb/docs/APPA/APPAs_National_Standards_for_Community_Corrections.pdf.