



**Minutes of the Meeting of the  
Juvenile Committee  
10:00 a.m.  
May 18, 2021**

via Zoom

<b>Committee Members Present</b>	<b>Committee Members Absent</b>	<b>Others Attending</b>	<b>NMSC Staff</b>
Bob Cleavall (NMSC), Chair	Cindy Aragon (State Bar)	Dr. Andrew Hsi, former director, ADOBE	Linda Freeman
Marit Andrews (PED)	Diana Garcia (NMDAA)	Elizabeth Castro (ADOBE)	Douglas Carver
Jim Cowan (for CYFD)	Angela “Spence” Pacheco (Speaker)	George Davis	
April Land (UNMSOL)	Jason Rael (LOPD)	Hon. John Romero (retd.)	
Hon Alma C. Roberson	Hon. Fred Van Soelen (DMCJA)	Eva Buchwald (NM Coalition for Fair Sentencing of Youth)	
Cpt. Chris Romero (for NM Counties)		Denali Wilson (ACLU)	
David Schmidt (Pro Tem)		Robert Mitchell (AOC)	
Ron West (Senate Minority)		Dr. Shashwat Pandhi, M.D. (UNM)	

**I. Welcome and Introductions.** Bob Cleavall, Chair, called the meeting to order at 10:02 a.m.

**II. Approval of Minutes for the April 9, 2021 meeting.** The minutes for the previous committee meeting were approved by consensus.

**III. Staff Report.**

Douglas Carver, Deputy Director, NMSC, informed the committee that much of NMSC staff time in the coming months would be taken up by the rewriting of the Criminal Code.

#### **IV. Update on the ADOBE Project.**

Dr. Andrew Hsi informed the committee that he had retired from ADOBE at the end of June, and that Dr. Chloe Stoffel was now the principal investigator for the program, working with Elizabeth Castro, the Senior Program Manager.

Dr. Hsi presented a PowerPoint to the committee, titled “Development & Delinquency: The ADOBE Program”. He noted that the rates of Adverse Childhood Experiences (ACE) identified among a cohort of children at the Youth Diagnostic Development Center (YDDC) were far higher than those in the cohort studied by the Centers for Disease Control (CDC) and Kaiser in their ACE study. Youth admitted to YDDC had suffered from a lifetime of trauma and adverse experiences. Close to 90 percent of YDDC youth had four or more ACEs, a rate seven times higher than the CDC-Kaiser study. Dr. Hsi informed the committee that if a child has four or more ACEs, that child has a two- to ten-times greater propensity for high-risk behavior. Delinquency, Dr. Hsi continued, is a developmental issue, a brain problem not a behavioral problem, a learning disability not an information deficit. Concepts of law and order structured therapy does not fill well with these types of trauma. Collaborations, especially with family medicine and psychiatric care, are required after release from YDDC, the need for which led to the ADOBE project. Social determinants negatively impact family systems, educational gaps for youth before incarceration are generally not known, and continuity of care is lacking. ADOBE works with youth released in Bernalillo County, but a statewide program is necessary.

Ms. Castro gave the committee an overview of what ADOBE offers, which includes primary medical care continuity, psychiatric and mental health care, home and community-based navigators, educational navigators, and legal assistance (provided through students at the University of New Mexico School of Law).

Dr. Hsi then discussed the evaluation of ADOBE. Assessment outcomes were related to program development; youth engagement with the ADOBE program’s social services, educational, and legal programs; the range of health outcomes; and client status during ADOBE participation and over the long term. ADOBE has Institutional Review Board approval under the University of New Mexico Health Sciences Center.

Ms. Castro then discussed the growing numbers of the ADOBE program’s referrals, educational liaison services, and navigator services. There was a slight dip in referrals due to Covid, but all other numbers have increased. She also discussed recidivism numbers. When the program launched, estimated recidivism rates in the county were 70 percent, and national recidivism rates were at 50 percent. The recidivism rate for the ADOBE program is 21 percent. She also outlined for the committee the ADOBE process, from referral to discharge. She noted that the program tries to get clients who volunteer for admissions, though some do come as they are required to participate. She noted that they have good success with children who have over two contacts with the program.

Dr. Hsi then informed the committee of the state of ADOBE’s funding and future plans. He noted that they had received funding from Bernalillo County behavioral health funds from July 2017 through June 2021, but that the county funding will end in June. Despite the demonstrated success of the program, the county has not continued their funding. This will impact the unmet needs of youth in the Albuquerque metropolitan area, especially as ADOBE has not been able to implement programs for youth in Sandoval and Valencia Counties. The Cambiar model has not been fully achieved. Long term substance use and psychiatric needs of justice-involved youth do not go away when someone turns 18. Services are required at least until someone is in their 20s, and continued support is needed for their families. The county criticized

the cost of the program, but if you look at the numbers, the cost is only approximately \$5,000 per child per year, the average cost which is even lower if you include the family members of the youth with whom ADOBE engages. The program conducted over 2,700 visits, with some clients having over 30 contacts a year. He challenged any program to provide a similarly cost-effective program, especially when compared to the cost of incarceration.

Members of the committee discussed and asked questions about the funding that would be lost at the end of June; who made the decision to deny their application; what plans ADOBE had going forward faced with the loss of funding; and the county requirement that programs provide identified data and how that clashes with client confidentiality.

## **V. Substance Use among Juvenile Populations.**

Dr. Shashwat Pandhi, M.D., M.P.H., Medical Director, STAR Clinic, University of New Mexico, gave a presentation to the committee, titled “Opioid and Methamphetamine Use Among Adolescents”, presenting a detailed PowerPoint presentation to the committee. The goals of the presentation were to discuss how opioid use disorder (OUD) and methamphetamine use disorder affect the body, patterns of use for OUD and methamphetamine in New Mexico, special considerations among adolescents, risk factors, co-morbid conditions, and treatment options.

He briefly discussed the long history of opioid use to treat pain, noting the problems presented by the increased potency in the modern incarnations of opioid treatments. He then discussed the pharmacology of opioids and how they interact with pain receptors and other parts of the brain. The body makes various physiologic adaptations to opioids, including tolerance and withdrawal.

Dr. Pandhi then turned to opioid use among youth in New Mexico, noting that opioid use in the state differed from what is observed in other states. In most of the rest of the county, marijuana, Adderall, or Ritalin are used by youth to get high – in New Mexico, opioids are primarily used. He discussed opioid overdose deaths, then gave a detailed discussion of the pharmacology and deleterious effects of methamphetamine use, noting that New Mexico consistently has a higher incidence of methamphetamine use by youth than the rest of the nation. Dr. Pandhi then discussed at length the special considerations among adolescents when discussing drug abuse, noting that addiction is a developmental disorder and that most addiction starts when one is an adolescent. He informed the committee that identifying substance use in teens is uniquely important. He spent some time discussing the effects of adverse childhood experiences on the development of youth, and the genetic and other factors that could lead to substance use disorder in youth, including post-traumatic stress disorder.

Dr. Pandhi closed his presentation by discussing treatment options, noting that there were really three: Naltrexone, buprenorphine, and methadone. He discussed these treatment options in some detail.

Members of the committee discussed and asked questions about the pharmacological differences between Naltrexone and buprenorphine, the STAR Clinic, and treatment for youth and their family members.

## **VI. Juvenile Incarcerations and Treatment Options.**

Chair Cleavall informed the committee that he had spoken with NMSC Chair Justice Edward Chavez about the possibility of a three-day workshop with national speakers on juvenile justice.

Jim Cowan, General Counsel, Children, Youth, and Families Department (CYFD), informed the committee that CYFD was not documenting whether committals were occurring because of lack of resources. He said

that the department would work to get an estimate of those numbers, if possible. Members of the committee discussed the lack of treatment options available for these children.

**VII. Next Meeting.** The committee will next meet in early summer 2021.

**VIII. Adjourn.** The meeting adjourned at 11:25 a.m.