House Joint Memorial
21
Sponsored by Representative Rhonda S. King and Representative Don L. Tripp

Equitable treatment and equitable access to services for all New Mexico youth especially in rural and frontier areas.
Contents
Executive Summary .......................................................................................................................... 3
Guiding Principles ......................................................................................................................... 4
Scope of Study ............................................................................................................................. 5
The Legislature requested the Task Force to: ............................................................................. 5
Summary of Recommendations ..................................................................................................... 6
Key Findings and Recommendations ............................................................................................ 7
  Education .................................................................................................................................... 7
  Youth in Detention- Barriers to Release/ Services .................................................................... 10
  Law Enforcement: ..................................................................................................................... 13
Evidence-Based Practices: ........................................................................................................... 13
Native American Services: ............................................................................................................ 17
Existing Resources and Services: ................................................................................................. 18
Next Steps .................................................................................................................................... 20
Appendices ................................................................................................................................... 22
Executive Summary

A major challenge facing the state, local and tribal governments, and the legal system in New Mexico and nationwide is inequities in access to comprehensive services for juveniles. These inequities, especially in rural areas that have few services because of a smaller population and distances from urban centers, may mean that a juvenile in crisis is treated differently in urban areas than in a rural or frontier area, leading to poor outcomes for the youth and creating a greater public safety risk. Representatives Rhonda S. King and Don L. Tripp sponsored House Joint Memorial 21 to address these possible inequities and promote strategies to intervene early with youth and divert them into positive treatment, with an emphasis on rural areas of the state.

The Task Force members and other participants listed below in this report represent a broad range of disciplines and perspectives, as well as urban, rural and frontier communities. The full Task Force members met five times during the summer and early fall of 2012, and formed six subcommittees that met many more times. The Task Force and its subcommittees reviewed and incorporated many comments and testimony from communities, OptumHealth, the judiciary, law enforcement, probation and many other stakeholders, including representatives of local Juvenile Justice Continuums.

The Task Force recommendations are a road map to taking NM to a statewide scale to help provide better and equal access to juvenile services statewide, and to reduce the likelihood that youth in rural areas and/or minority youth will receive fewer services or have less access to such services compared to those in urban areas because of their location in the state or their ethnicity. The New Mexico Children’s Code applies equally to all youth in the state. These recommendations will require further work, resources and commitment to implement.
### Guiding Principles

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<th>Effective intervention services for troubled youth should be uniformly available statewide; if not, this may lead to inequitable treatment and outcomes, especially in rural areas.</th>
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<td>Children’s Code goals are to (1) provide for a continuum of services (32A-1-3 NMSA), including prevention, diversion, early intervention and treatment; and (2) reduce overrepresentation of minority youth (32A-2-2 NMSA 1978) in the juvenile justice, family services and abuse/neglect systems through early intervention, community support services and elimination of discrimination. To achieve these goals, equitable and guaranteed access to services in rural and frontier areas must be developed.</td>
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<td>School difficulties such as academic failure, truancy, or suspension should not automatically result in an arrest and referral to juvenile justice system. Diversion and early intervention, especially in the schools, increase public safety while holding children accountable for their actions.</td>
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<td>Bernalillo County has developed a model for juvenile justice system reform that provides equitable access to juvenile justice services, thereby increasing public safety and positive outcomes for youth. The Bernalillo County Model should be replicated statewide in conjunction with the state initiative to take NM to scale, with assistance in developing and improving needed services from the Juvenile Justice Continuum sites that currently serve 21 counties.</td>
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<td>For juveniles arrested and referred to probation, the length of case processing time from arrest to court disposition should be efficient and minimal. For those adjudicated youth held in secure detention and awaiting placement in other facilities or programs, this time should be minimal so as to expedite their treatment process. For juveniles appropriately held in detention, conditions of confinement should meet or exceed the highest standards possible.</td>
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### Task Force Members

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<th>Secretary Yolanda Berumen-Deines, CYFD</th>
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<tr>
<td>Representative Rhonda S. King</td>
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<td>Judge Louis McDonald</td>
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<td>Henry Valdez, District Attorney Santa Fe</td>
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<td>Al Soliz, Roswell Chief of Police</td>
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Scope of Study

The Legislature requested the Task Force to:

- Examine equal access to services statewide and whether youth are treated equitably statewide
- Examine truancy, suspension and referrals to juvenile justice, and how to develop and implement effective early intervention services
- Examine mental health and substance abuse services, especially in rural areas
- Examine case processing time from arrest to court disposition
- Examine length of time adjudicated youth held in detention must wait for placement in a treatment program or facility
- Examine conditions of confinement in juvenile detention centers and current efforts to improve detention training
- Request Continuum sites to assist in examining and identifying needed services
Summary of Recommendations

To increase safety and peaceful conduct in New Mexico Public Schools, to protect students and staff from conduct that poses a serious threat to school safety, to promote a safe and supportive learning environment in schools and to encourage schools to use alternatives to suspension and/or expulsion or referral to law enforcement, the task force makes the following recommendation below. In FY11 The Children, Youth & Families Department (CYFD) had 2534 referrals from the schools. Of these 2534 referrals, 1182 were for truancy. Of the 2534 referrals to CYFD 70% were Hispanic which is 18% overrepresentation of the NM state percentage of Hispanic youth of 58%. Therefore, working in collaboration with schools we recommend the following:

- Introduce legislation that would require minimum training and certification of School Resource Officers (SRO) for all NM School Resource Officers.
- Introduce legislation that would standardize guidelines for enforcement of school infractions that are consistent statewide.
- Introduce legislation that would revise the use of zero tolerance policies.
- Reinstate the funding for the Family and Youth Resources Fund (22-2D-5 NMSA).
- Reinstate funding for the Juvenile Continuum Grant Fund (9-2A-14.1) for the provision of cost-effective services especially in rural areas.

Children who were committed to a CYFD facility (the most serious outcome) had the highest rate of recidivism as adults for both having been arrested (51.6%), having a court case filing (Magistrate 39.6% and District 31.4%), and having been convicted (Magistrate 15.1% and District 21.1%)[ see appendix NM Sentencing Report.) To divert youth from the juvenile justice system and to assess every youth at the earliest possible opportunity for risk factors related to mental, emotional, and behavioral disorders, the state youth services agencies in partnership with local juvenile justice boards should:

- Develop an intake screening process for first time offenders who present high behavioral health needs.
- Provide Children’s Court Judges with community supervision alternatives that include strong behavioral health components.
- Continue local county/city-wide meetings with behavioral health service providers and OptumHealth.
- Support the funding of the Family and Youth Resources Fund (22-2D-5 NMSA).
- Support the funding for the Juvenile Continuum Grant Fund (9-2A-14.1) for the provision of cost-effective services especially in rural areas.
- Support the funding and implementation of screening and immediate interventions in school based health centers so youth’s needs are properly met and their development is sufficiently supported.

To more appropriately classify the programs to which we refer youth for treatment in partnership with the NM Gang Task Force (NMGTF) we recommend:

- Funding the NMGTF to further their efforts with community based programs.
To assist tribes to use specific provisions of the NM Children’s Code and to help develop intergovernmental agreements with the state that will provide the process to access needed state services and programs, the tribes, state agencies and behavioral health providers should:

- Develop a user-friendly process that will help families and youth more easily obtain access to behavioral health services
- Provide training and resources to better equip the tribes to deal with new juvenile justice issues coming into the pueblos and reservations, such as juvenile gangs and new drugs.

### Key Findings and Recommendations

### Education

**Problem Statement**
There are disparities across NM schools regarding the role of the School Resource Officer (SRO) and how enforcement of school rules and school codes of conduct are applied. The roles of SROs vary from solely enforcing school rules to focusing more on education and prevention of at risk behaviors. Furthermore, there are no set minimums for training and certification of SROs.

**Recommendation**
To increase safety and peaceful conduct in New Mexico Public Schools and to reduce unnecessary referrals to JPO and law enforcement, the Task Force recommends legislation that would require minimum training and certification of all SROs. At a minimum the legislation should provide for the requirement of:

- A Basic School Resource Officer Course (a forty-hour block of instruction) for any law enforcement officer with two years or less experience working in an educational environment. The course should emphasize three main areas of instruction: functioning as a police officer in the school setting, working as a resource and problem solver, and the development of teaching skills. Attendees should be given a working knowledge of the School Resource Officer concept and how to establish a lasting partnership with their schools.

- A consistent job description outlining the qualifications and training for SROs should be developed by the Public Education Department (PED) in conjunction with law enforcement administration and school administration. Additionally, PED should develop guidelines for schools to be involved in the selection process of any SRO working in the school.

Furthermore, the Task Force recommends that PED along with law enforcement and schools partner with the Department of Public Safety to develop training and
certification classes for SROs at the NM State Police Academy and/or community colleges. (See appendix for Letter Request to DPS for JAG-BYRNE funding).

Shifting the role of the SRO from solely law enforcement to intervention and prevention through training specific to SROs will increase good communication with teachers, school counselors, principals, administrators, students, parents, and social workers and improve school and community safety as well as reduce unnecessary referrals to JPO and law enforcement.

A social network analysis conducted by Albuquerque Public Schools in four schools showed that there is a positive impact on schools and communities and a decrease in suspension and detention rates when SROs exist within schools but serve in a preventative role in the school. Many times the SROs role is strictly law enforcement; however the SRO can serve as more than a conduit to the juvenile justice system. SROs can also be a resource for the youth in the school community. SROs can promote student achievement by promoting a safe educational and working environment for all. They can identify and solve problems by forming and maintaining partnerships throughout the entire education community and work together to improve the quality of life for students. Many school districts do not feel the need to have SROs, and although the recommendations are not necessarily promoting their use per se, when they are used there should be proper training that includes how to interact with students, including those with disabilities.

**Problem Statement**
Enforcement of school codes of conduct, juvenile codes and the provision of safety for youth and staff in schools vary by geographic location, by school and by training for both school administrators and SROs.

**Recommendation**
Developing statewide guidelines and standards for enforcement of school codes of conduct, juvenile codes and the provision of safety for youth and staff in schools will provide consistency and appropriateness when dealing with campus incidents across the state and promote equal treatment of all youth in NM. We recommend legislation that would establish statewide standards and guidelines for enforcement of school infractions that are consistent statewide. Such legislation would provide for:

- The development and application of a risk assessment tool or sanctions grid that help to determine appropriate progressive discipline.
- The development of a comprehensive model to include alternatives and options to refer students to prior to contacting JPO or law enforcement.
Problem Statement
Zero-Tolerance policies create a direct pipeline from the schools to the prisons - A Zero-Tolerance policy in schools is a policy of punishing any infraction of a rule, regardless of accidental mistakes, ignorance, or extenuating circumstances. Over the past 10 years suspensions and expulsions have increased nationally. NM has not seen this same increase, although both suspension and expulsions are disproportionately high among Native American and African American students in NM. PED Administrative Rules withhold education services to students suspended or expelled and youth entering the juvenile justice system are removed from the education system. In FY11 there were 2534 referrals from schools to the juvenile justice system. Of those 2534 referrals 70% were youth of color. The average case processing time for those youth in or out of detention was 169 days before their case was disposed. 1182 of the referrals were for Truancy. Local school districts are given broad authority in developing student codes of conduct and school district policies.

Recommendation
• The Task Force recommends legislation that will revise the use of Zero-Tolerance policies to promote a safe and supportive learning environment in schools, to protect students and staff from conduct that poses a serious threat to school safety, and to encourage schools to use alternatives to suspension and/or expulsion or referral to law enforcement agencies by addressing disruptive behavior through restitution, civil citation, teen court, neighborhood restorative justice, or similar programs. Studies show that zero tolerance policies are not an effective deterrent against misbehavior because one size does not fit all. Focusing on punishment and not rehabilitation is contrary to the NM Children’s Code. Furthermore Zero-Tolerance policies do not appear to be an effective form of accountability. There are better alternatives to holding youth accountable.

Problem Statement
Many students and their families throughout New Mexico face difficulties in meeting certain nonacademic needs such as basic health care, social services and family support which prevent students from attaining high academic achievement.

Recommendation
• We also recommend the re-instating of funding for the Family and Youth Resources Fund (22-2D-5 NMSA) to help students and their families meet certain nonacademic needs which contribute to students not obtaining high academic achievement. The purpose of the fund is to support programs that provide an intermediary for students and their families at public schools to access social and health care services. The goal of the program is to forge mutual long-term relationships with public and private agencies and community-based, civic and corporate organizations to help students attain high
academic achievement by meeting certain nonacademic needs of students and their families.

Problem Statement
Zero-Tolerance policies along with other similar school policies result in many school infractions being referred to the justice system, and/or too many students being suspended or expelled from school.

Recommendation
To reduce referrals to the justice system and to decrease the number of suspensions and expulsions the Task Force recommends the re-instating of funding for the Juvenile Continuum Grant Fund (9-2A-14.1) for the provision of cost-effective services for youth especially in rural areas. The nationally recognized OJJDP Juvenile Assessment and Reception Center in Las Cruces, NM, receives clients with delinquent and non-delinquent referrals who do not meet detention criteria. They also receive youth with no law enforcement involvement from schools, families and other community entities. This comprehensive model receives funding support from the local Continuum for programs that keep students at-risk of JPO referral in school, rather than being suspended or expelled, and links students to needed services. Re-instating the funding for the Juvenile Continuum Fund will provide for the expansion and replication of successful models such as the Las Cruces Model throughout the state especially in rural areas where services are limited.

Youth in Detention-Barriers to Release/Services

Problem Statement
Many youth throughout the state who present with high needs and do not necessarily pose a high risk to public safety are detained or remain in juvenile detention. These youth have been identified with complex behavioral health needs and/or unstable living environments/plans that do not allow them to be released from detention. The average length of stay for youth in detention statewide is 16.78 days which accounts for 228 youth at any given time. As an example, in Bernalillo County the average length of stay for any youth is 17 days. However, for youth pending a higher level of treatment /mental health services in Bernalillo, the average stay is 39 days.

Recommendation
The Task Force recommends that the State of New Mexico along with local juvenile justice boards continues local county/city-wide meetings with behavioral health service providers and OptumHealth or the Single Entity (statewide entity of SE whose role is to provide oversight and management of behavioral health service for New Mexico). The purpose of these meetings is to enhance or develop the following:
  • Identify successful services.
• Identify gaps in services.
• Assess youth to identify most appropriate intervention(s).
• Include community leaders as well as juvenile probation staff, juvenile detention management, public defenders, district attorneys, and school officials.
• Local communities review disproportionate minority contact (DMC) data and decision points for youth entering the juvenile justice system to develop intervention strategies.
• Conduct monthly meetings with providers to identify changes in services and new programs.

CYFD-JJS-Juvenile Probation Officers are to refer youth with high needs to the Core Service Agencies (CSA’s) or similar programs as they enter detention. Included, in this process should be weekly staff meetings on these clients with Community Behavioral Health Clinicians/JPO/CSA and other partners as identified and to develop release options.

That youth service agencies along with juvenile probation continue to provide Children’s Court Judges with community supervision alternatives that include strong behavioral health components. These components should include “wrap around” services for youth and families with regular supervision. These services would be leveraged by community leadership and would help in identifying and providing intervention strategies.

The State of New Mexico along with OptumHealth (SE) should analyze assessments and data to determine necessary services in communities. Results of the analyses would assist in identifying and developing specific services in local behavioral health agencies including medication management, Psychiatrists in rural areas, and telehealth as an example.

That Juvenile Probation Service develops an intake screening process for first time offenders who present high behavioral health needs to divert “out of the juvenile justice system”. This would allow for a behavioral health intervention rather than a juvenile justice response to families and youth. The focus should be on identifying high needs or high risk youth as early in the process as possible, at a time when lower level services may be sufficient help for the youth. Early intervention may prevent the need for higher level services and further penetration into the system in the future, leading to better outcomes for youth. In addition, sometimes youth act out in schools because they have unmet learning/literacy needs, and not solely behavioral and mental health issues, and screening tools should identify this as well.

Further Discussion
For many years youth with complex behavioral health needs have been involved with the juvenile justice system. The response from prevention and intervention has varied greatly throughout the state, depending on city and county of residency for the families being served. The engagement from local communities has been an influencing factor for providing better care for these youth as well as for siblings and extended families. Families have been dealing with their children for many years with limited outside supports to curb high risk behaviors in a home setting. Metropolitan cities (population over sixty thousand) have been better able to
respond to higher needs youth due to resources, acute intervention services, and local treatment providers within public transportation.

The issues that are currently present are those of rural and frontier communities with limited intervention services locally, if any at all. This poses a significant concern when youth are in crisis and law enforcement is the sole option for intervention. Consequently, youth end up in juvenile detention centers for low level offenses as the system response. This crisis also occurs in larger populated areas, but more options are available for families and law enforcement, such as acute hospitalization or respite in residential shelter services. The key in both urban and rural populations alike is early identification of high needs and high risk youth. The earlier in the process that these youth can be identified, the more likely it is that interventions will work and prevent further penetration into the system.

As part of this project, juvenile probation field staff was sent a survey inquiring what services/programs that were effective in working with youth as well as program they would like to see in their communities. The following list is a summary of this survey.

In summary, coordination and collaboration are key elements for successful support services for youth and families. This includes key leadership to assure that the needs of these youth are being met within the youth serving systems.
Law Enforcement:

Problem Statement
Gangs pose a serious threat to public safety in many communities throughout New Mexico and that factors that contribute to gang activity in our state are extensive and complex. While jurisdictional boundaries in law enforcement remain unchanged, criminal gangs have become increasingly more migratory and diverse in their crimes. Not only do we have limited resources to effectively address the issues facing gang prevention/intervention, enforcement and re-entry efforts, but we lack a coordinated, comprehensive approach amongst these areas. Stakeholders from each of these areas acknowledge that we share a common goal but have different objectives; differences that can sometimes affect our ability to collaboratively work together.

Recommendation
To help schools address gang activity, the Task Force recommends the following:

• The Public Education Department as a part of their development of a consistent job description for SROs adopts the U.S. national training program and standards for SROs. This would include a yearly conference for SROs which would include various workshops giving SROs more information on the different facilities and treatments available to their students. Also, a statewide list of resources available to students is provided to SROs.
• Partnering with the NMGTF to support legislation to define “gang activity” so as to better classify the programs we refer youth to for treatment. Support funding the NMGTF and their efforts with community based programs.
• The Youth Risk and Resiliency Survey should be expanded to address gang violence risk factors.

Evidence-Based Practices:

Problem Statement
New Mexico youth face challenges accessing behavioral health services, especially minority youth and those in rural areas. Youth in the juvenile justice system often have developmental and behavioral health needs that are not adequately met. Furthermore, New Mexico youth were ranked worst in the nation for drinking alcohol before age 13, drinking and smoking marijuana on school campus, even using cocaine, heroin and ecstasy, and New Mexico ranked first in the nation in drug overdose rates. This subcommittee has identified evidence based practices for the prevention of juvenile delinquency (inclusive of substance abuse), early intervention, and treatment. Juvenile delinquency is detrimental to communities, families and individuals and is costly for our state. Particularly in trying financial times, New Mexico must address the needs of youth through cost effective and outcomes-driven interventions.

Recommendation- Systems
• Fund and implement screening throughout the State of New Mexico at the earliest
possible opportunity. This will help develop comprehensive knowledge of child and adolescent risk and protective factors related to mental, emotional, and behavioral (MEB) disorders, inclusive of substance abuse and trauma. When individuals are screened for adverse behavioral health factors, the potentially damaging conditions and consequences affecting youth and their families can be addressed earlier, more appropriately, and more effectively through referral to providers for early intervention services, or assessment and appropriate treatment.

- Work towards the statewide implementation of the Fast Track Model developed by Juvenile Justice Probation Services which is currently in three sites (Albuquerque, Taos, and Alamogordo). The Fast Track Model provides for early intervention services including behavioral health for youth who come in contact with law enforcement.
- Support workforce development for behavioral health. New Mexico needs to be responsive to the current and emerging needs of behavioral health professionals and advocate across various disciplines and state agencies, including institutions of higher education. Training offered should enhance skills and knowledge needed for professional certification as well as evidence based practices. Workforce development is one of the most important things that the State could do to create lasting, permanent, effective behavioral health and substance abuse prevention in communities.
- Encourage communities and families to reclaim their youth. Implement public awareness campaigns and education in communities that emphasize the power and knowledge of local solutions and the role of everyone as community members to reclaim, support, and encourage young people.

**Problem Statement**

Adolescent substance use is critical to address because it is linked to many other problem behaviors including delinquency, school failure and dropout, teen pregnancy, and violence. Youth who begin using substances at an early age are more likely to suffer from substance abuse dependence and other substance-related consequences later in life. Prevention can also be expanded to address trauma, and mental, emotional, and behavioral problems. Prevention works. Despite dramatic funding cuts, New Mexico has achieved impressive results in reducing drinking and driving fatalities and underage drinking using a myriad of evidence-based community interventions. Let us continue to build on that.

**Recommendation- Prevention**

- Support evidence-based substance abuse prevention and mental health promotion. Evidence Based Practices for substance abuse prevention include increasing the price of alcohol, restricting access (retail and social), enforcing minimum legal drinking age, and maintaining severe penalties for providing alcohol to minors (such as New Mexico’s 4th degree felony law).
- Expand collaboration with early childhood and protective services so that very young children with the highest risks, severe development challenges and attachment disorders, receive intensive infant mental health services. Parental involvement and
monitoring in their children’s lives are some of the strongest protective factors associated with Mental, Emotional and Behavioral (MEB) prevention, including substance abuse. This includes services to the families and primary caregivers to strengthen family bonding and healthy relationship building.

- Implement universal prevention programming in early elementary school, such as The Good Behavior Game which improves classroom management, rewards children for good behavior, helps them regulate their emotions, and perform better academically.
- Reward schools for creating safe, caring school climates. Especially for rural and minority youth, a supportive and involved school community is shown to reduce delinquency, academic failure, and other problem behaviors.

**Problem Statement**

Early Intervention means that the problems youth are facing are addressed at the first sign of trouble. When problems arise among children and young people, they are often not addressed until things escalate. The opportunities for screening first occur in the offices of primary care physicians and pediatricians, in schools with nurses, counselors and at school-based health centers, in hospital emergency rooms, and when youth violate the law, are arrested and appear before a Juvenile Probation Officer (JPO). If early intervention was to result from screening at any of these sites, substantial and progressive action could be taken on behalf of the youth and their family’s wellbeing. Many New Mexico indicators are improving relating to substance use age of onset and both frequency and intensity of use, but those who are most negatively affected also experience conduct related dysfunctions that result in arrest and JPO intervention. There are few “serious offenders” contrasted with the large population of offenders in general, but all these youth need to be screened for MEB. Based on screening findings, an individual can be more appropriately referred to community based services for early intervention or more thorough assessment related to probable need for treatment. In such cases, the JPO’s judgment is very significant, and appropriate screening tools must be provided to enable the JPO to make a more informed directive that will garner positive benefit to the youth, their family, and to the community.

**Recommendation- Early Intervention**

- Every youth who enters the juvenile justice system or child protective services must be screened for risk factors related to mental, emotional, and behavioral disorders.
- CYFD is exploring appropriate screening tools that have high reliability of early identification for referral to assessment and appropriate behavioral intervention. In addition, assessment tools that are matched to screening tools, and which have been thoroughly researched, are candidates for possible adoption.
- Support screening and brief interventions in school based health centers and at first contact with the juvenile justice system, and comprehensive assessments when determined necessary.
Coordinate referral systems so youth’s needs are properly met and their development is sufficiently supported. Comprehensive assessments will allow us to identify what unique needs each youth has.

**Problem Statement**

Youth in need of behavioral health services in New Mexico often do not have adequate services and may not experience equal access to services. The Children, Youth and Families Department (CYFD) and OptumHealth New Mexico have been working with the Core Service Agencies to identify and implement evidenced based practices and promising practices within an integrated service approach statewide that recognizes addiction as a chronic health condition. An in-depth assessment is required to develop a clear understanding of the addiction processes, triggers, and the strengths and skills of the consumer, along with assessment that will identify any co-occurring mental health disorder and any co-morbid health disorder.

**Recommendation- Treatment**

- Expand intensive outpatient treatment (IOP) capacity statewide.
- Foster, develop, and implement recovery services and supports within all New Mexico communities to inhibit and/or curb the adverse conditions and consequences affecting youth and their families experiencing mental, emotional, and behavioral (MEB) disorders, inclusive of substance abuse and trauma. These supports include community based mentoring, peer and family specialists, natural supports, vocational training and community opportunities for employment, and life skills and education. This effort must encourage citizens, families, and whole communities to step into their role of reclaiming the lives of children, youth, and families in collaboration with the State, Tribal, County, and municipal efforts to provide comprehensive MEB services across the state.
- Continue to explore adolescent-specific evidence-based practices for a better New Mexico system-wide fit, from inpatient, incarceration, treatment foster care, Adolescent Residential Treatment Center care, IOP, and outpatient care. Current possible EBP’s being researched include:
  - Other evidence based approaches include; The Seven Challenges, Multidimensional Family Therapy, Chestnut Health Systems-Bloomington Adolescent Outpatient (OP) and IOP Treatment Model, and TCU (Texas Christian University) Mapping-Enhanced Counseling

Of these listed, currently the EBP best supported by research is the Multidimensional Family Therapy model.
Native American Services:

Problem Statement
Some tribes and pueblos do not have children’s codes. There is a need to provide on-going training and technical assistance to tribes in the development or revision of juvenile justice codes that will enable tribes to use specific provisions of the NM Children’s Code, and to provide training to help tribes develop intergovernmental agreements with the state that will provide the process for tribes to access needed state services and programs. There are few re-entry programs, as well. For example, the Pueblo of Jemez has an intergovernmental agreement with the state, but they do not have good aftercare programs for juveniles at the Pueblo.

In addition, too often, parents and clients at the tribes do not understand the process they must go through to receive behavioral health care for their child, and there is a lack of communication in this regard. Even though the tribes often have their own social service agencies, the parents do not know who to talk to. Usually the tribes do not want to send their youth off the reservation for services. There is a sense of historical trauma and a distrust of the system. Another challenge is transportation to or from programs or facilities. The parents and child’s attitude is ‘why try’ because the process is so complicated and they need to jump through too many hoops. In addition, if the tribes have professional staff such as therapists working on these issues, they focus mostly on substance abuse and not on other behavioral health issues. If they do not have professionals in the tribe, then it often is a problem accessing licensed professionals from Albuquerque to the pueblo or Navajo Nation.

Recommendation
• Training and technical assistance is needed to help tribes in the development or revision of juvenile justice codes that will enable tribes to use specific provisions of the NM Children’s Code, and to help tribes develop intergovernmental agreements with the state that will provide the process for tribes to access needed state services and programs. In addition, the tribes and behavioral health providers should develop a simplified, user-friendly process that will help families and youth more easily obtain access to behavioral health services, and funding for these additional services need to be secured.

Problem Statement
Tribal courts or probation officers face waiting lists when attempting to get a juvenile into certain programs, and they also face a referral system that is difficult to navigate. If there is a service, often it is off the reservation and there may be a transportation problem. There is a strong need for in-patient alcohol and substance treatment, and many outpatient counseling services are understaffed. Many youth need access to after-school activities, not just sports. Schools need in-house real counselors, not just a career guidance counselor.
In addition, there are increasing numbers of juvenile gangs in the pueblos and reservations, as well as many new drugs coming in, and some tribes are not equipped to deal with these new issues. There also is a problem with human trafficking. Truancy from school is an increasing issue, as well. Evaluators of federal and tribal programs need to be culturally sensitive and possibly evidence-based practices to fit pueblo needs.

**Recommendation**
Transportation to off-reservation behavioral health and other services for youth and their families needs to be provided. In addition, the federal and state governments need to provide training and resources to better equip the tribes to deal with new juvenile justice issues coming into the pueblos and reservations, such as juvenile gangs and new drugs.

**Existing Resources and Services:**

**Problem Statement:**
Programs and services that currently exist that help youth and families are not well-known or known at all, and it is very difficult for individual persons, as well as professionals in the field, to discover which services are available and to make referrals to these services, whether this is current information, and how the services are paid for. Some printed documents and some databases already exist to provide this information as much as possible, but it still is difficult to navigate these databases or paper documents. State level and community level information about existing services is needed.

**Recommendation**
The state agency Cabinet Secretaries, along with universities, should coordinate these types of databases to enable one source that any person can access and find all the relevant information, or at minimum, the respective databases should provide a link to the other sites, and this should include geo-mapping. This needs to be marketed to the state and communities, so persons know how to access these databases and thus the services needed.

**Problem Statement**
Mental health and substance abuse services are not uniformly available throughout the state, with the result that some youth in crisis in rural areas have no place to turn for help.

**Recommendation**
A 24/7 call in hotline should be developed for youth having problems or issues, staffed by social workers or counselors, who can provide crisis intervention and make referrals to services. This would be especially helpful to rural areas. Last year’s HJM 17 suggested a better way to serve mental health consumers who find themselves in crisis, and this resulted in a
proposal for development of a statewide crisis line now known as the NM Crisis and Access Line project. A similar project should be developed for youth.

**Problem Statement**
Many rural or tribal communities have very few existing resources or services to help youth that are at risk of referral to the justice system, or have already been arrested and referred to JPO, whereas a youth in larger urban areas may have access to help. Geography and lack of affordable transportation to services is a barrier to youth and families needing help.

**Recommendation**
Larger programs located in Albuquerque, Santa Fe or Las Cruces should establish satellite offices in rural areas, and also use telehealth services, for easy access to services. Communities should develop resources to provide affordable transportation to and from existing programs, and mobile services could also be considered.

**Problem Statement**
Some neighborhoods in both urban and rural communities have disproportionately high numbers of youth who dropout or are truant from school, or are arrested and referred to JPO. A goal of this Memorial and the state Children’s Code is to reduce overrepresentation of minority children in the juvenile justice and abuse and neglect systems.

**Recommendation**
Work with communities to find a non-agency person to visit families to provide assistance and referral, and identify and support local non-traditional organizations such as La Plazita in Albuquerque. In some cases, local non-traditional leaders who are not from the government system can provide services in their own organization to help local children and families, or can partner with schools or community centers to provide these services. An example is the partnership between La Plazita Community Center and Atrisco-Heritage High School to provide a one-stop shop at the school for a variety of social services that students and families need, as well as after-school activities. This model is now being replicated in other Albuquerque schools.

**Problem Statement**
Sufficient funding support is not currently available to provide many needed services, especially in rural and tribal areas of the state. There are currently some programs that provide these needed services, however these services are most likely in larger urban areas.

**Recommendation**
Training and technical assistance could be provided by the state and some counties to assist rural and tribal communities to develop and implement best practice programs and services.
Other Recommendations from Juvenile Continuum Assessments in 21 Counties

Juvenile justice and behavioral health services can be made more accessible through better family and parental involvement, school announcements, extended hours for programs, improved transportation, a community website and Facebook page, a central resource directory for each county, and provision of information at churches and shopping centers.

Services currently not available in some communities and top priorities for additional services include:

Local inpatient treatment centers for substance and outpatient treatment, drug education classes, limited transportation and funding for transportation, cost of participating in certain activities, adequate prevention and intervention programs, adult and peer mentoring, dropout recovery, teen parenting services, best practice model entitled “Boys’ Council” that deals with gang and bullying issues, vocational and technical school for at risk youth and dropouts, teen shelter care, law enforcement ‘drop-off’ points (reception and assessment centers), residential treatment centers, job preparation and employment services for youth, programs addressing the entire family, counseling and other services in Spanish, cost of services for youth/families who have no medical insurance, and having services accessible to very rural parts of the state.

Next Steps

• Encourage the Executive and OptumHealth to expand intensive outpatient treatment (IOP) capacity statewide, and to foster, develop, and implement recovery services and supports within all New Mexico communities. In addition, encourage the Executive and OptumHealth to fund and implement screening throughout the State of New Mexico at the earliest possible opportunity. This will help develop comprehensive knowledge of child and adolescent risk and protective factors related to mental, emotional, and behavioral (MEB) disorders, inclusive of substance abuse and trauma.
• Request the legal system to consider further efforts to reduce case processing times.
• Basic and advanced school resource officer (SRO) training and certification should be considered.
• The Legislature and PED should consider standards with guidelines for enforcement of school infractions that are consistent statewide, and should consider revising zero tolerance policies to promote a safe and supportive learning environment in schools, to protect students and staff from conduct that poses a serious threat to school safety, and to encourage schools to use alternatives to suspension and/or expulsion or referral to law enforcement agencies.
• The Legislature should consider funding support for the Family Youth Resource Act (FYRA) as originally established in 22-2D-5, NMSA 1978.
• The Legislature should consider again supporting the Juvenile Justice Continuum Grant Fund (9-2A-14.1, NMSA 1978) so that communities may receive funding for needed services they
identify locally. These communities collaborative currently serve 21 counties, but there is a need for all counties to be served.

- The next Legislature should continue this effort through another joint memorial or legislation.
Appendices

House Joint Memorial 21, sponsored by Representative Rhonda S. King & Representative Don L. Tripp

Zero Tolerance from a Judicial Perspective

NM Sentencing Commission

NM Gang Task Force Programs

Request to DPS for JAG-BYRNE funds

Family and Youth Resources Fund (22-2D- NMSA)

Juvenile Continuum Grant Fund (9-2A-14.1)