

# Rio Arriba County, New Mexico

## Sequential Intercept Model Mapping



### PROJECT DIRECTOR

Liz Barnhart

### PROJECT TEAM

Danielle Young

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## Acknowledgements

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## Executive Summary

In 2022, the Supreme Court of New Mexico established the New Mexico Supreme Court Commission on Mental Health and Competency with a mission to improve access to the justice system and treatment services based on an individual's mental health status. The objectives of the Commission were to promote fair treatment of affected individuals, to improve public safety through appropriate and meaningful behavioral health interventions, and to provide proper education and training to judges, lawyers, court staff, and cross-system partners at the intersection of behavioral health and criminal justice. In an effort to meet the objectives, the Commission envisioned that local facilitators would complete Sequential Intercept Mappings (SIM) across New Mexico resulting in the Commission contracting with National Center for State Courts (NCSC) through their Justice and Mental Health Collaboration Program grant to provide training for local facilitators.

During the final phase of the JMHCP grant, the National Center for State Courts conducted a second SIM Train-the-Facilitator training for seven NMAOC staff. In September 2024, NCSC and the newly trained facilitators conducted the Rio Arriba County SIM Mapping Workshop. Fifty-three elected and appointed officials, service providers, educators, medical professionals, and other community members from Rio Arriba County participated in the 1.5-day event. Participants identified the following five priorities and developed action plans to address them:

- Expanding Training to Law Enforcement Officers
- Expanding Access to Housing
- Developing Low Barrier Detox Services
- Expanding Utilization of CPSWs
- Instituting a Mobile Crisis Unit

## Recommendations

The following recommendations are provided to focus Rio Arriba County efforts when making decisions regarding the interface of the justice and behavioral health systems and the community. Based on a review of background information and data, the mapping and action planning session conducted within the framework of the SIM, the outlined project goals, and evidence-based practices and research, the project team recommends the following:

1. **Ensure evidence-based practices** are utilized in the criminal justice system to improve outcomes and reduce costs.
2. **Follow a change model** which provides transparency, education, communication, and relationship building to bring stakeholders together around a shared vision and motivates individuals to bring the vision to life.
3. **Utilize courts as conveners and leaders.**
4. **Employ the existing criminal justice coordinating council** to lead and encourage accountability to enacting the action plans developed from the SIM mapping workshop.

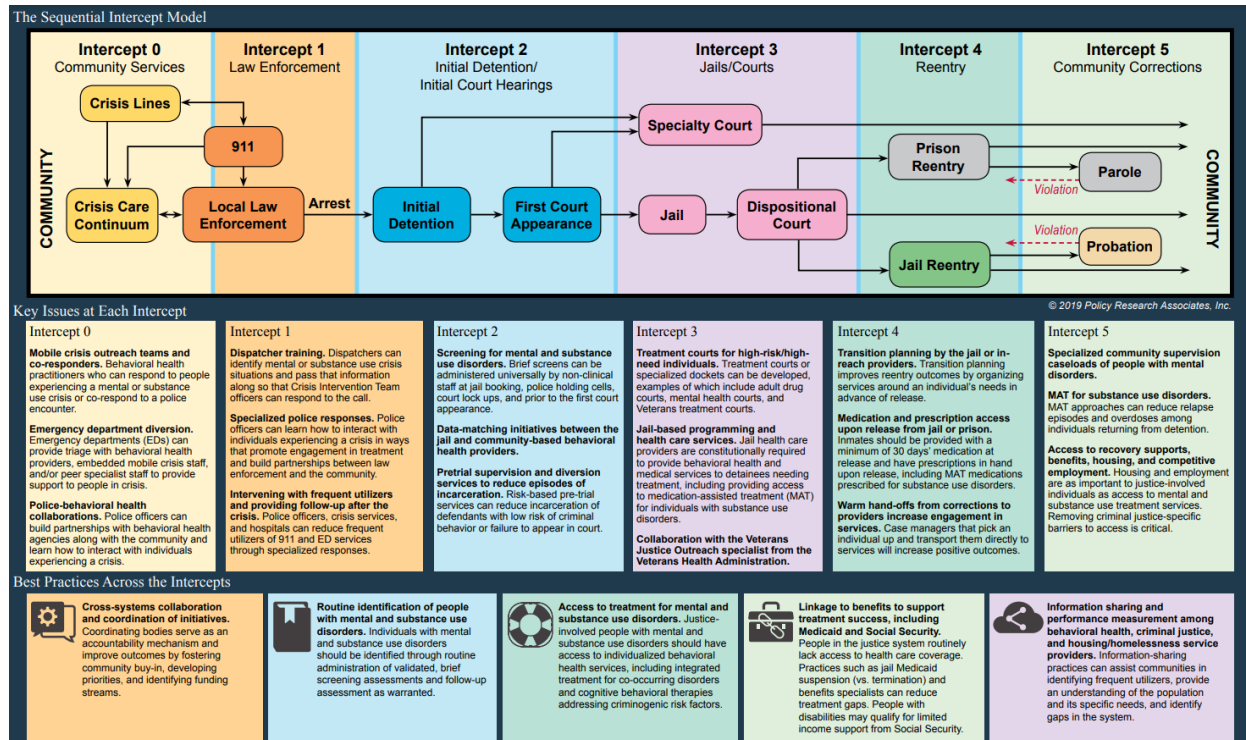
5. **Create and implement a communication policy** to provide transparency and share information.
6. **Provide case management** in the community as people enter the criminal justice system, throughout the case, and as they transition from the criminal justice system to ensure no one gets lost between systems and to improve outcomes.
7. **Develop an outreach program** to improve community relationships and the sharing of information.
8. **Assess data collection efforts** in the county and how information is being shared and develop MOUs to support these data processes.
9. **Use data to drive decisions** to improve outcomes.
10. **Implement a co-response model** to improve crisis response in the community.
11. **Develop and support a crisis center** to improve deflection from the justice system to treatment.
12. **Collaborate with local community and economic development agencies** to ensure transportation and housing for county residents.

# Background

## Overview of the Sequential Intercept Model

The Sequential Intercept Model was developed by Policy Research Associates as a conceptual model to inform community-based responses to the involvement of people with mental health and substance use disorders in the criminal justice system. SIM is used as an applied strategic planning tool to improve cross-system collaborations to reduce involvement in the justice system. SIM is most effective when used as a community strategic planning tool to assess available resources, identify opportunities for improvement, and plan for community change.<sup>1</sup>

These activities are best accomplished by a team of stakeholders that cross multiple systems, including mental health, substance use, law enforcement, pretrial services, courts, jails, community corrections, housing, health, social services, people with lived experience, family members, and many others. SIM helps to develop a comprehensive picture of how people with mental health and substance use disorders flow through the criminal justice system along six distinct intercept points.<sup>2</sup>



<sup>1</sup> SAMHSA's GAINS Center brochure for The Sequential Intercept Model: <https://store.samhsa.gov/sites/default/files/d7/priv/pep19-sim-brochure.pdf>

<sup>2</sup> SAMHSA's GAINS Center brochure for The Sequential Intercept Model: <https://store.samhsa.gov/sites/default/files/d7/priv/pep19-sim-brochure.pdf>

The model depicts the justice system as a series of points of “interception” at which an intervention can be made to prevent people from entering or penetrating deeper into the criminal justice system.<sup>3</sup>

Points of interception include:

- Intercept 0: Community Services
- Intercept 1: Law Enforcement
- Intercept 2: Initial Detention and Hearings
- Intercept 3: Jail and Court
- Intercept 4: Reentry
- Intercept 5: Community Corrections

The model provides an organizing tool for a discussion on how to best address the behavioral health needs of justice-involved individuals at the local level. Using the model, a community can identify local resources and opportunities, decide priorities for change, and develop targeted strategies to deflect and divert individuals with behavioral health disorders to treatment and recovery support services.

## Best Practices Across the Intercepts

In addition to best practices at each intercept, there are also best practices that should span all the intercepts. This section utilizes language from [The Sequential Intercept Model: Advancing Community-Based Solutions for Justice-Involved People with Mental and Substance Use Disorders](#)<sup>4</sup> to describe best practices across the intercepts.



**Cross-systems collaboration and coordination of initiatives.** Coordinating bodies serve as an accountability mechanism and improve outcomes by fostering community buy-in, developing priorities, and identifying funding streams.



**Routine identification of people with mental health and substance use disorders.** Individuals with mental health and substance use disorders should be identified through routine administration of validated, brief screening assessments and follow-up assessment as warranted.



**Access to treatment for mental health and substance use disorders.** Justice-involved people with mental health and substance use disorders should have access to individualized behavioral health services, including integrated treatment for co-occurring disorders and cognitive behavioral therapies addressing criminogenic risk factors.

<sup>3</sup> Munetz, M.R. & Griffin, P.A. (2006). Use of the Sequential Intercept Model as an Approach to Decriminalization of People with Serious Mental Illness. *Psychiatric Services*, 57(4), 544-549.

<sup>4</sup> PRA, Inc. (2018). The Sequential Intercept Model: Advancing Community-Based Solutions for Justice-Involved People with Mental and Substance Use Disorders <https://store.samhsa.gov/sites/default/files/d7/priv/pep19-sim-brochure.pdf>



**Linkage to benefits to support treatment success, including Medicaid and Social Security.** People in the justice system routinely lack access to health care coverage. Practices such as jail Medicaid suspension (vs. termination) and benefits specialists can reduce treatment gaps. People with disabilities may qualify for limited income support from Social Security.



**Information sharing and performance measurement among behavioral health, criminal justice, and housing/ homelessness service providers.** Information-sharing practices can assist communities in identifying frequent utilizers, provide an understanding of the population and its specific needs, and identify gaps in the system.

Objectives for the mapping sessions included:

- Development of a comprehensive picture of how individuals with mental health and/or substance use disorders flow through the criminal justice system along the SIM intercept points,
- Identification of opportunities and barriers in the existing systems, and
- Identification of priorities for change and initial development of an action plan to facilitate change.

For this mapping workshop, NCSC worked with Rio Arriba County stakeholders to identify resources and opportunities for adults with mental health and substance use disorders at each SIM intercept. NCSC also utilized SIM to develop priorities for action designed to improve Rio Arriba County's system– and service-level responses to the targeted population.

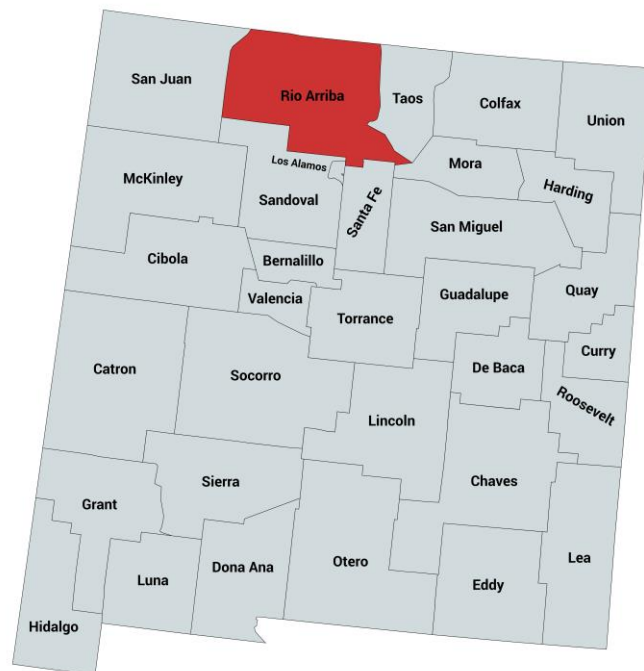
## Project Summary

### Mapping Workshop and Action Planning

#### Overview

Systems mapping is based on SIM and brings together stakeholders from various disciplines and systems to identify strategies to divert people with mental health and substance use disorders away from the justice system and into treatment. SIM is a strategic planning tool used to assess available resources, identify opportunities, and plan for community change. Mapping aims to identify a cross-systems task force responsible for ensuring the priorities identified during the mapping workshop are addressed through community collaboration.

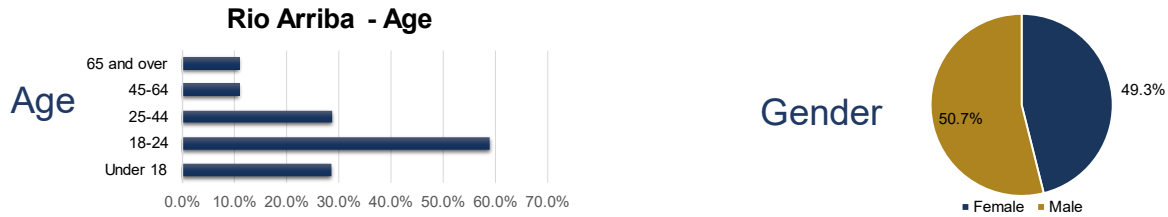
The NCSC project team facilitated the SIM Mapping Workshop and Action Planning over the course of two days in September 2024. Utilizing the information gleaned from the Rio Arriba County SIM Workshop Planning Group, survey of participants, and research on the community, NCSC facilitated the participants in mapping each intercept to ensure the most comprehensive list of resources and opportunities were identified. During the mapping session, NCSC presented statistics regarding national, state, and Rio Arriba County to define the issues and provide the context for discussions. These statistics are summarized in the Statement of the Problem below.



Created with mapchart.net

Statement of the Problem

# Rio Arriba County - Demographics



Race	Rio Arriba County	New Mexico
White	12.1%	35.6%
Black/African American	0.6%	1.8%
American Indian/Alaska Native	14%	8.5%
Asian	0.5%	1.5%
Hispanic or Latino	71.3%	49.8%
Two or more races	0.9%	2.4%
Other	0.7%	0.4%

Source: U.S. Census Bureau, Estimates July 1, 2023 (V2023), Source: Census Reporter, ACS 2022 5 -year unless noted

The Rio Arriba County population is primarily Hispanic or Latino (49.8%) and female (50.7%). The median household income (\$52,031) is comparable with the state average (\$58,722). A greater proportion of the population (21.8%) is below the poverty line compared to the rest of the state (18.3%). The percentage of homes with a computer (77.9%) is much lower than the state (91%), and the rate of those with internet service (66.5%) versus the state (81.7%) is also much less.

# Rio Arriba County – Education

Education	Rio Arriba County	New Mexico
High School graduate or higher	85.3%	87.1%
Bachelor's degree or higher	18.2%	29.1%

Computer/Internet	Rio Arriba County	New Mexico
Households with computer	77.9%	91%
Households with internet subscriptions	66.5%	81.7%

Source: U.S. Census Bureau, Estimates July 1, 2023, Source: Census Reporter, ACS 2018 -2022 Estimates, U.S. Census Bureau, Computers in Household (B28010),

Approximately 85.3% of those residing in Rio Arriba County are high school graduates or higher and 18.2% have obtained a bachelor’s degree or higher.

# Mental Health in New Mexico

### Mental Health in New Mexico

Key Facts and Findings

**Mental Health Defined**  
Mental health includes our emotional, psychological, and social well-being. It impacts everyday life, work, and relationships. It determines how we think, feel, and act. Mental Health is important at each stage of life from childhood through adulthood.

**New Mexico Mental Health Facts**

**Youth Mental Health**

- Two out of Five high school students (40%) felt sad or hopeless in 2019<sup>2</sup>
- One out of Six youth aged 12-17 (17%) experienced a major depressive episode in the past year in 2019-2020<sup>4</sup>

**Adult Mental Health**

- 18% of adults had a history of a depression diagnosis in 2020<sup>3</sup>
- 13% of adults experienced frequent mental distress in 2020<sup>3</sup>
- 7% of adults had a serious mental illness in 2018-2019<sup>3</sup>

**Suicide**

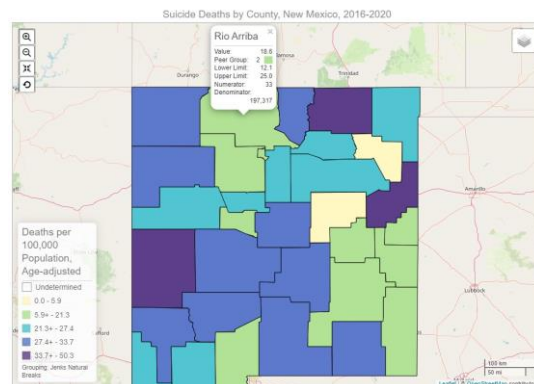
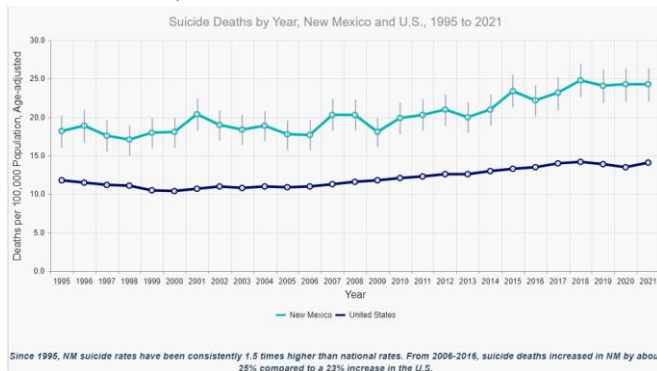
- 4<sup>th</sup> highest rate of suicide among all U.S. states in 2020<sup>1</sup>
- New Mexico’s age-adjusted suicide rate (24.2/100,000) was 79% higher than the United States rate (13.5/100,000) in 2020<sup>1</sup>
- The age-adjusted suicide rate increased 19% from 2011 to 2020<sup>1</sup>
- 57% of suicides involved a firearm in 2020<sup>1</sup>

Data Sources 1. Centers for Disease Control and Prevention, National Center for Health Statistics, Underlying Cause of Death 1999-2020 on CDC WONDER Online Database, released in 2021. 2. 2019 Youth Risk and Resiliency Survey (NM); NMDOH and NM PED 3. 2019 and 2020 Behavioral Risk Factor Surveillance System (NM); NMDOH 4. 2018/2020 National Survey on Drug Use and Health, SAMHSA

According to Mental Health America, the rate of any mental illness (AMI) prevalence was 21.39%, ranking 32 among all the states in 2022. Additionally, according to the Centers for Disease Control and Prevention, New Mexico had the 4<sup>th</sup> highest rate of suicide among all U.S. states in 2020.

# Suicide Deaths in New Mexico & Rio Arriba County

\*Suicide Rates per 100,000



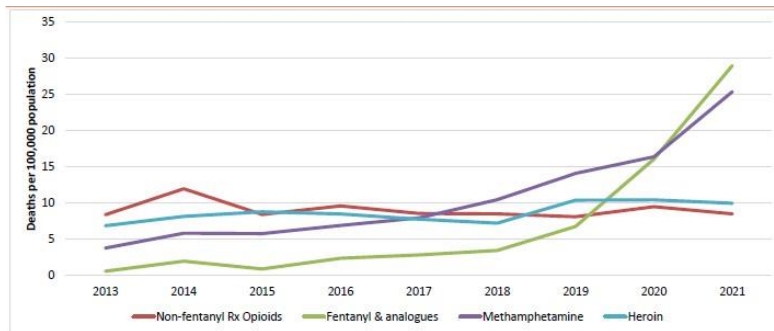
Source: New Mexico Death Data: Bureau of Vital Records and Health Statistics (BVRHS), Epidemiology and Response Division, New Mexico Department of Health

Since 1995, New Mexico suicide rates have been consistently 1.5 times than national rates, according to the New Mexico Department of Health. The New Mexico Department of Health also reports the suicide rate per 100,000 for Rio Arriba County is 18.6 from 2016-2020.

# Substance Use

In 2021, New Mexico had the sixth highest total drug overdose death rate in the nation.

In 2021, fentanyl and analogues were the #1 substance identified, followed by Methamphetamines, heroin, and non-fentanyl RX.



Drug categories in this chart are not mutually exclusive - many deaths involve more than one class. Rates are age adjusted to the US 2000 standard population. Source: Bureau of Vital Records and Health Statistics; UNM-GPS population files; SUES

According to the Bureau of Vital Records and Health Statistics, in 2021, New Mexico had the sixth highest total drug overdose death rate in the nation. Rio Arriba County had the highest total fentanyl-involved drug overdose death rates (28.1 deaths per 100,000) among all New Mexico counties during 2017-2021.

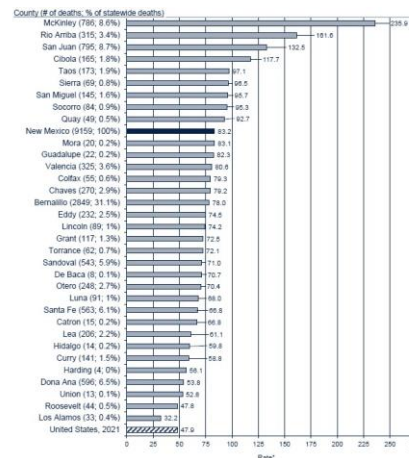
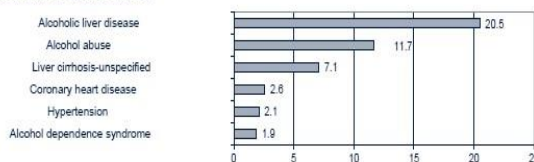
# ALCOHOL-RELATED DEATHS

## Alcohol-Related Chronic Disease Death Rates\* by County, New Mexico, 2017-2021

**\*Rio Arriba and McKinley Counties had the highest death rates for diseases associated with alcohol related chronic disease in 2021.**

**\*High death rates among American Indian males 25-64 yrs., females 25-74 yrs. and Hispanics males 35+, in Rio Arriba and McKinley counties.**

Alcohol-related\* deaths due to:



\* All rates are per 100,000, age -adjusted to the 2000 US standard population Sources: NMDOH BVRHS death files and UNM -GPS population files (NM); NCHS death and population files (US); CDC ARD); SUES

Pertaining to alcohol-related deaths, Rio Arriba and McKinley Counties had the highest death rates for diseases associated with alcohol related chronic disease in 2021.

## Rio Arriba County Court Filings

### By Type

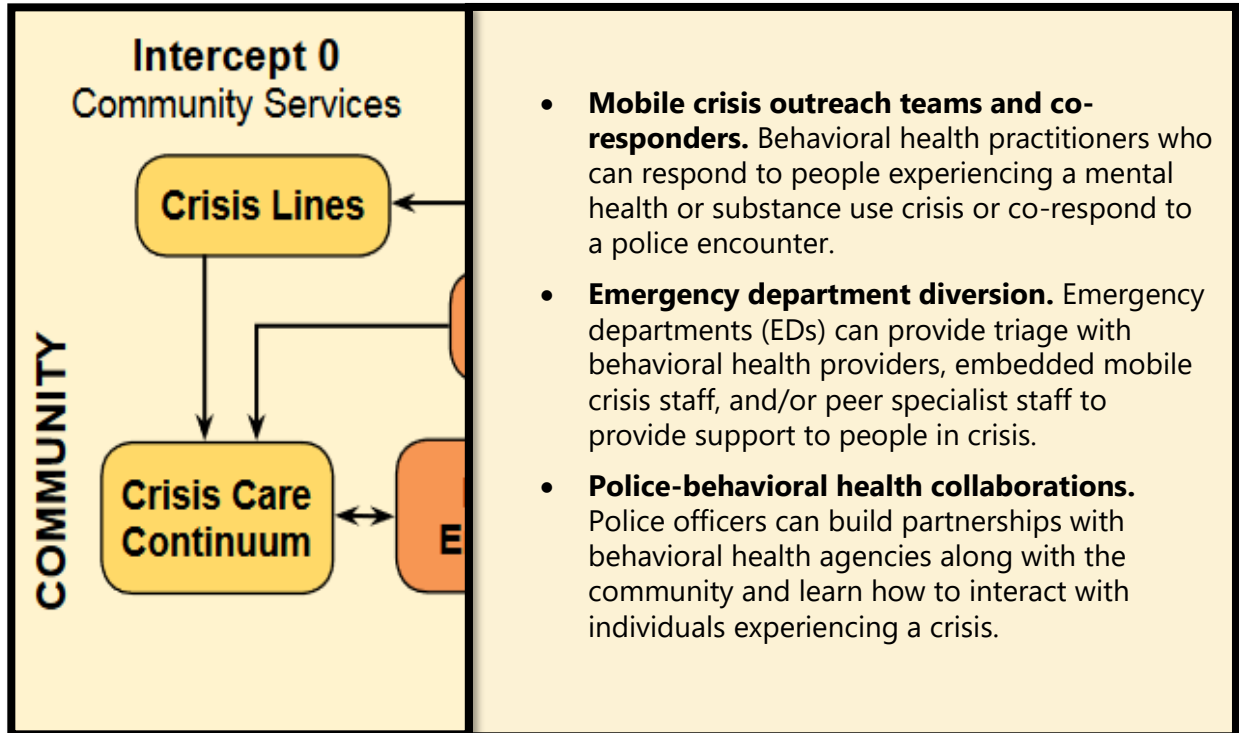
Rio Arriba County Court Filings by Type					
	2020	2021	2022	2023	2024 - July
Felony	713	669	711	822	967
Misdemeanor	788	654	660	688	639
Traffic	2425	1286	1404	1593	1856
Competency	94	84	85	80	57
Subtotal	4020	2693	2860	3183	3519

As with much of the data across the nation, court filings decreased due to the COVID pandemic, however the data in 2023, through July, has drastically increased with several of the types of cases meeting years previous in just the first seven months of the year.

## Resources and Opportunities at Each Intercept

As each intercept was discussed, the resources and opportunities were identified and recorded. This process is important since the justice and behavioral health systems are ever changing, and the resources and opportunities provide contextual information for understanding the local map.

### Intercept 0



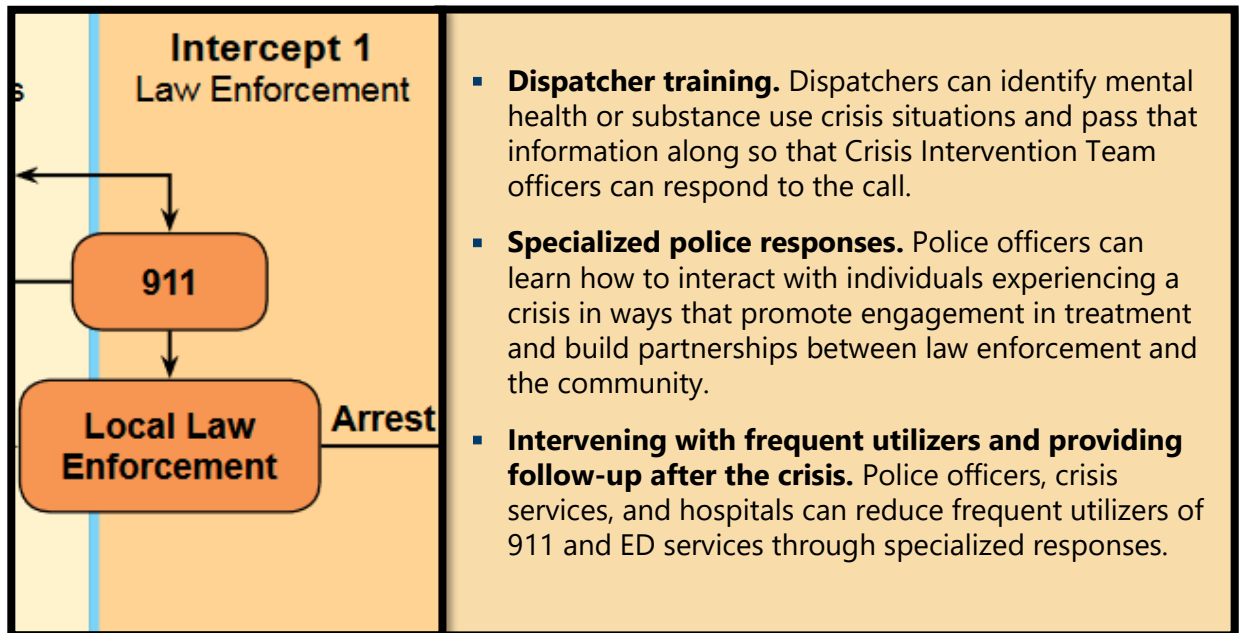
#### Resources

- 988 Hotline
- Rio Arriba Health Council
- Everyone Deserves Warm Line
- Chess Health Crisis Services
- Suicide Hotline
- La Sala (Santa Fe)
- Mountain Center Harm Reduction
- Peak Youth Behavioral Health Services
- Presbyterian Medical Services
- Veterans Crisis Center
- Krossroads (Las Vegas)

#### Opportunities

- Creation of mobile crisis unit
- Creating of educational social worker program at local college
- Establish very low barrier detox (i.e. social model)
- Develop county wide CIT unit
- Create a digitized and combine resource directory
- Develop housing development plan for Rio Arriba County
- Establish an alternative response team
- Educate on culturally responsive responses and trauma-informed care
- Strengthen protective factors for prevention

## Intercept 1 – Law Enforcement



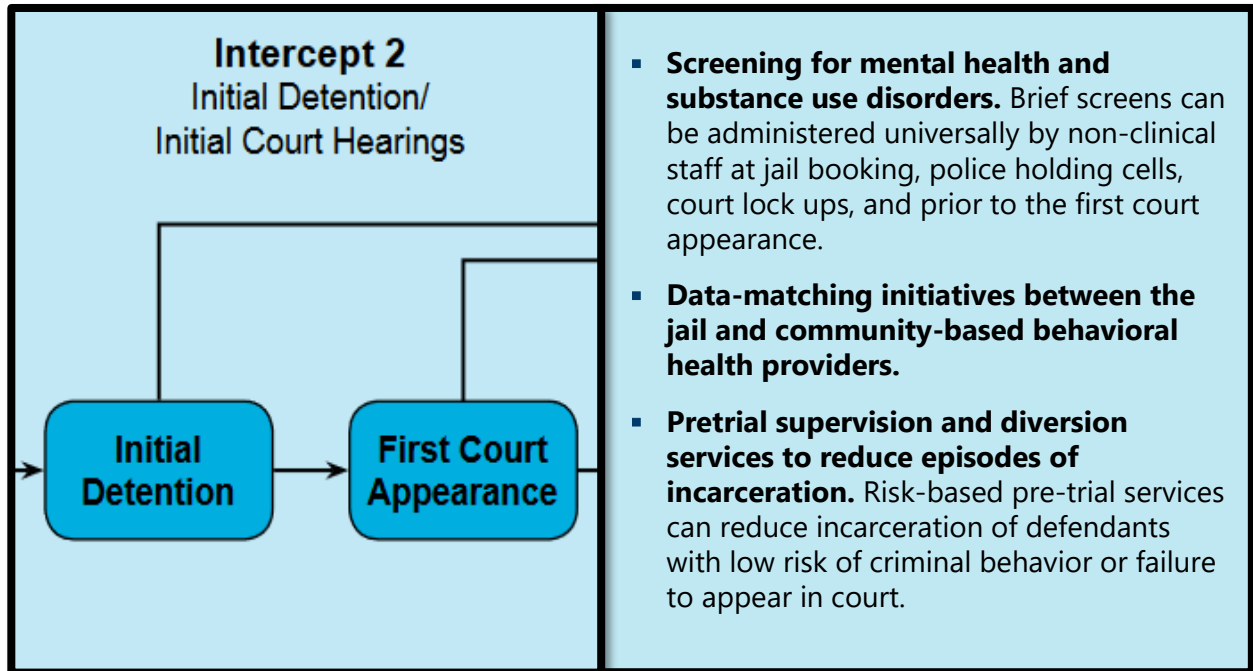
### Resources

- 911
- 8-hour CIT training for new law enforcement
- St. Vincent's Hospital (Santa Fe)
- ReROUTE program
- Darrin's Place
- Mountain Center

### Opportunities

- CIT training for all officers
- Veterans Assistance Outreach, support and treatment
- Comprehensive training for law enforcement
  - Trauma-informed
  - Motivational interviewing
  - Diversion/ReROUTE
  - Lived-Experience
  - Harm reduction
- After hours case-manager
- Viable housing options
- Increase awareness of ReROUTE program

## Intercept 2 – Initial Court Hearings and Initial Detention



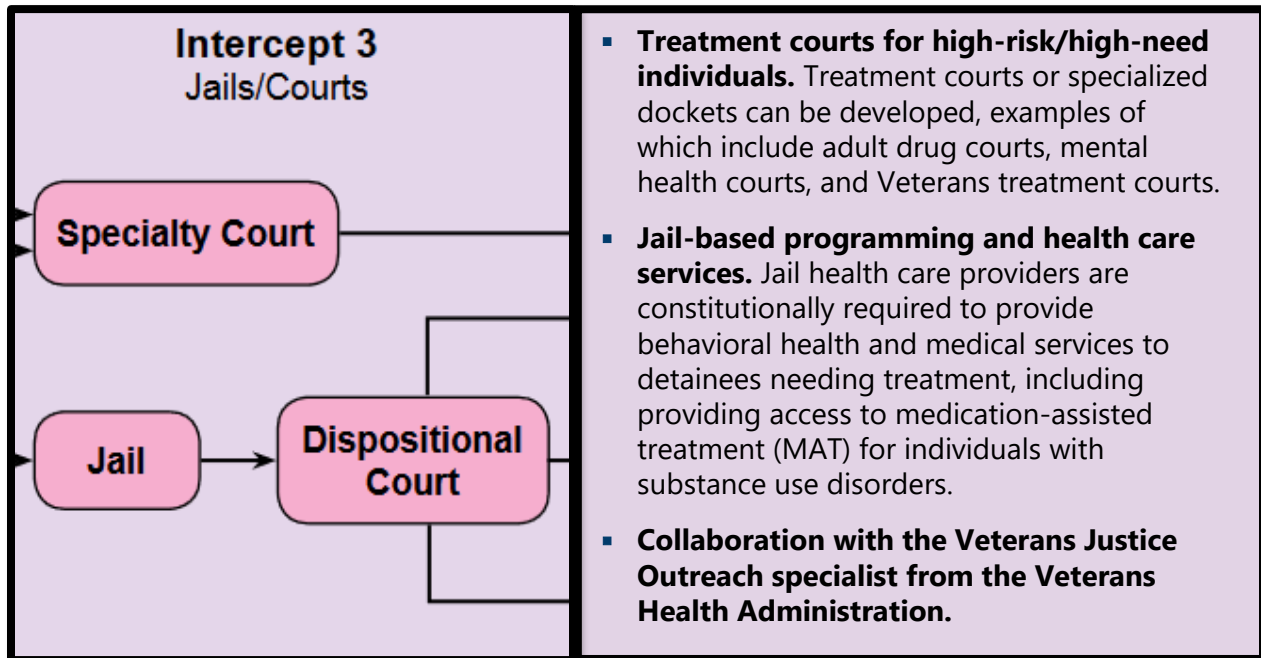
### Resources

- Mental Health screening/assessment at Santa Fe Detention Center
- Suboxone and Subutex at Santa Fe Detention Center
- Court-based pretrial services
- Inside Out peer support services

### Opportunities

- Expansion of screening in jail to include needs assessment
- Case managers and peer support in the jail
- Update software and technology in the jail
- Extend Medicaid to 90 days
- Prosecution or law enforcement deflection

## Intercept 3 – Jails and Courts

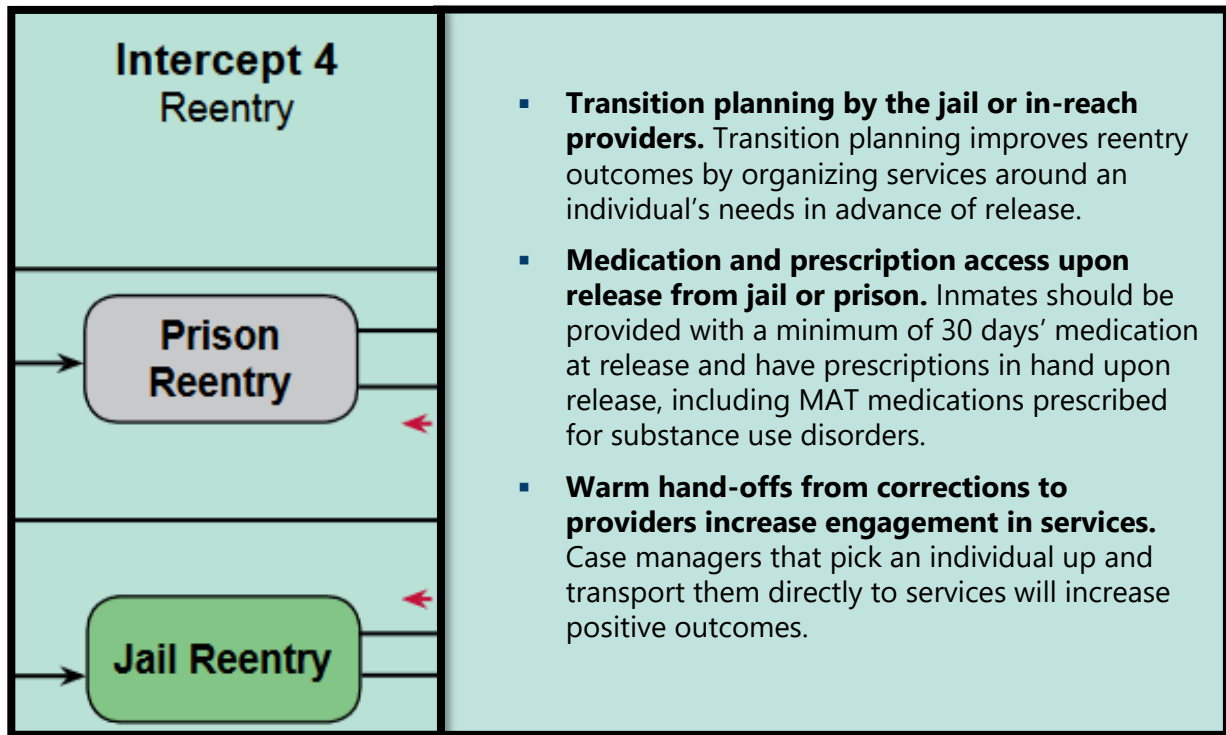
**Resources**

- Prosecution diversion at magistrate and district level (Santa Fe)
- Electronic monitoring, remote breathalyzer and SCRAM
- ReROUTE
- Santa Fe Detention Center: behavioral health services, volunteers, MATRIX model, step down treatment, NARCAN training, 12-step meetings
- Drug Court
- Magistrate and municipal courts have diversionary programs (i.e. DWI Court)

**Opportunities**

- Develop assisted outpatient treatment program
- Increase number of re-entry specialists and case managers in the jails
- Provide funding to allow non-Medicaid credentialed providers to provide services
- Complete onsite evaluations and assessments by mental health and medical staff
- Treatment programs in the jail for those serving less than one year

## Intercept 4 – Reentry



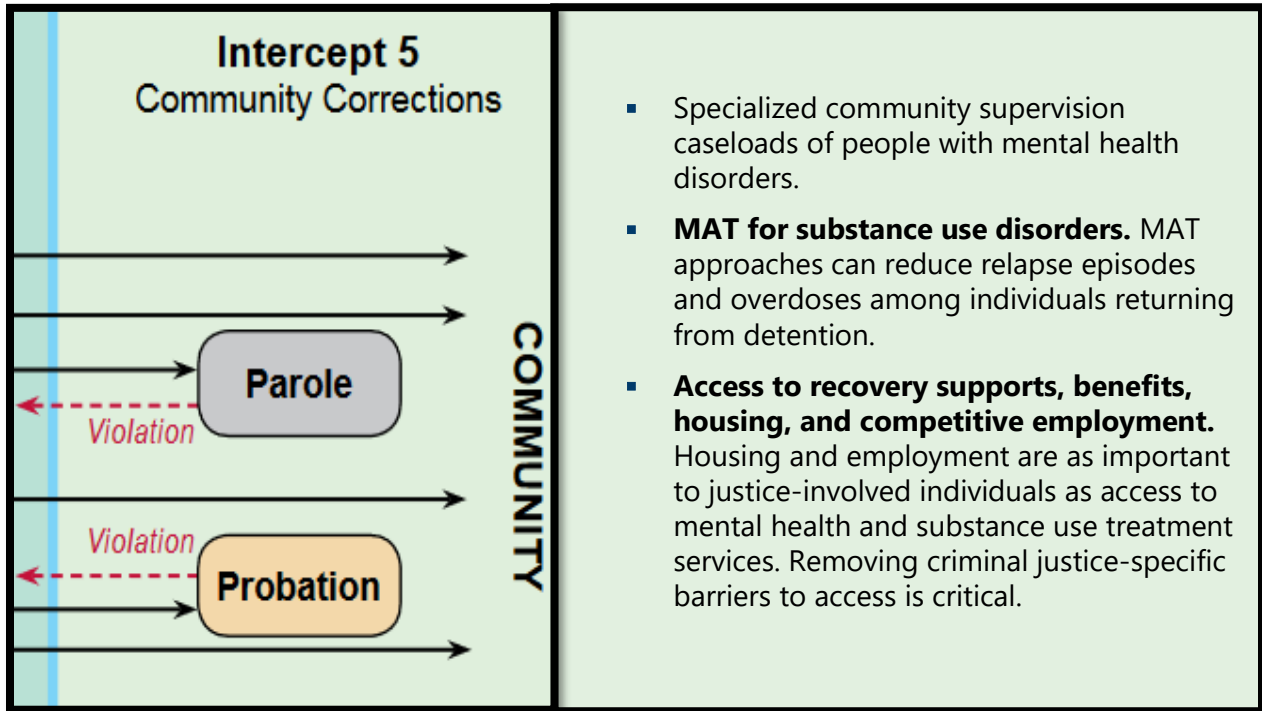
### Resources

- Reentry specialists at Santa Fe Detention Center
- Parole Supervision upon release
- Medicaid presumptive eligibility determination
- Darrin's Place warm handoff from DOC
- Recovery Housing
- Veterans Justice Outreach
- Psychosocial Rehabilitation at Presbyterian Medical Services

### Opportunities

- Lack of Intensive Outpatient Programs
- Monthly collaboration meetings between providers, probation, and county officials
- Increase transportation options within the county
- Create a community crisis team
- Expand Eagle Village (residential facility for troubled youth)
- Increase Certified Peer Support Worker classes
- Establish detox facility in the county

## Intercept 5 – Community Corrections



### Resources

- Criminogenic Risk Assessment (COMPAS)
- Case planning
- Darrin's Place
- Porchlight
- Peer-Supported Probation in District Court

### Opportunities

- Develop community advocates
- Oversight from the Office of Peer Recovery and Engagement
- Increase neuropsychiatric services

## Overall Priorities

Facilitators encouraged participants to think about the identified opportunities through a lens of effort and impact. Opportunities that had a high impact were to be prioritized. In addition, a balance of low effort and high effort opportunities were to be selected. After discussion, the priorities were determined through a voting process; workshop participants were asked to identify a set of priorities followed by a vote where each participant had three votes. The top five overall priorities identified by the mapping sessions regardless of intercept were:

- Institute a mobile crisis team/unit
- Expanding access to housing
- Develop low-barrier detox services
- Expand the number and utilization of Certified Peer Specialist Workers
- Expand training for law enforcement officers

## Action Planning

Mapping Workshop participants were given instructions on action planning and an action plan template. Participants were then divided into five breakout groups to create action plans for each of the priority areas. The action plans were designed to have participants ask themselves the following questions:

- What are our objectives? What do we want to achieve?
- What do we have to do to meet those objective(s)? What are the specific activities/tasks necessary to meet the objective(s)?
- What resources are necessary to complete the identified activities?
- How much time is required for each activity/task? When can action begin on each activity/task?
- What are the potential barriers to consider?
- Who will take the lead on this activity/task? Who should be involved in the collaboration? Who is already engaged in this activity?

Participants identified the following five priorities and developed action plans to address them:

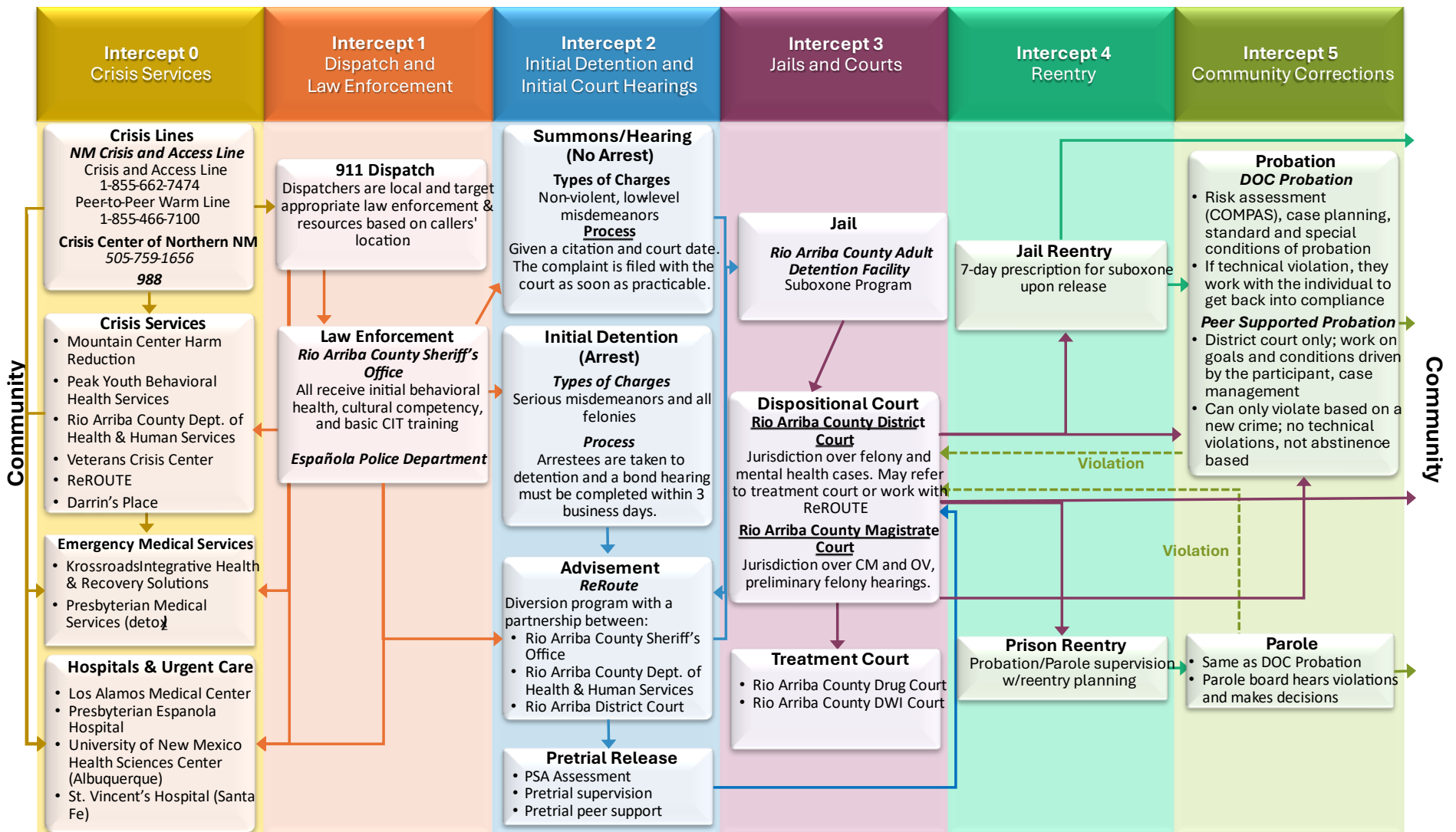
- Expanding Training to Law Enforcement Officers
- Expanding Access to Housing
- Developing Low Barrier Detox Services
- Expanding Utilization of CPSWs
- Instituting a Mobile Crisis Unit

All completed action plans can be viewed in [Appendix G](#).

## Development of the Local Map

The prevalence of mental health and substance use disorders has greatly impacted our nation, each of our states, and our communities and has had a disproportionate impact on our nation's courts and justice system. New strategies must be developed to ensure people receive appropriate, evidence-based services in their communities and are diverted from the justice system. Determining priorities for a community requires collaboration and identifying resources and opportunities to systematically solve existing and emerging problems. The mapping process serves as a dynamic, interactive tool for developing partnerships within the community by assessing resources and identifying opportunities at each of the points that individuals seek or obtain services as they move through the criminal justice system.

The project team drafted a Rio Arriba County SIM Map that identifies the processes and workflow at each intercept based on the information gathered through the mapping workshop and action planning session. The Rio Arriba County SIM Map was fully developed after the Mapping Workshop.



## Next Steps

The following chart outlines the next steps to achieve a more complete community picture, ensure community awareness of the project, and keep the project moving forward.

<b>Action Plans</b>	Give more time to complete the action plans created by the five focus groups.
<b>Assign Responsibility</b>	<p>Determine who or what entity will be responsible for ensuring that the project and momentum of the SIM mapping continues and who or what entity will champion each item of the action plan.</p> <p>The priority groups that were self-selected during the workshop are the logical entities to keep the entire project moving forward and provide coordination and accountability. When determining who or what entity should champion each item of the action plan, look to organizations or groups that are currently involved with the work.</p>
<b>Capitalize on Momentum</b>	Determine how to bring the community back together and develop a plan with actionable steps to keep the project moving forward. Make sure to celebrate the successes along the way and remember that change is a long-term process which will reap many rewards if successful.

## Recommendations

The Rio Arriba County community consists of people who are engaged, enthusiastic, and passionate about addressing change for justice-involved individuals living with mental health and substance use disorders. This strong foundation is the key to success and improving outcomes for individuals with behavioral health issues in Rio Arriba County. The following recommendations are provided to focus efforts when making decisions regarding the Rio Arriba County justice and behavioral health systems and community. The recommendations are based on evidence-based practices and research and a review of the county's background information, data, workshop mapping, and action planning conducted within the SIM framework.

Recommendations made across all intercepts are steps that should be started at the beginning of the project as they create a foundation for all work. Although they should be addressed at the beginning of the project, they will take time to establish, reinforce, and institutionalize. Prioritizing which recommendations to start with depends on community need and community interest.

### 1. Evidence-Based Criminal Justice System

There are many benefits to implementing evidence-based programs in the criminal justice system. Several benefits include improved outcomes and long-term reduced costs. For people involved in the criminal justice system, evidence-based practices (EBP) and treatments emphasize that assessment and programming should target criminal justice, criminogenic need, and other behavioral issues.

EBP is the objective, balanced, and responsible use of current research and the best available data to guide policy and practice decisions such that outcomes for consumers are improved. Used originally in the health care and social science fields, evidence-based practice focuses on approaches demonstrated to be effective through empirical research rather than through anecdotal or professional experience alone. An evidence-based approach involves an ongoing, critical review of research literature to determine what information is credible and what policies and practices would be most effective given the best available evidence. It also involves rigorous quality assurance and evaluation to ensure evidence-based practices are replicated with fidelity and that new practices are evaluated to determine their effectiveness.<sup>5</sup>

Mental illness and substance use have significant direct and indirect costs to courts and communities. For individuals, these costs are experienced personally as broken relationships, poor performance at school or work, suicidal thoughts, substance abuse, and poor physical health.<sup>6</sup> The economic impacts of mental illness affect personal income; the ability of ill persons – and often their caregivers – to work; productivity in the workplace, and contributions to the national economy; as well as the utilization of treatment and support services.<sup>7</sup> Substance use in the U.S. costs society in increased healthcare costs, crime, and lost productivity.<sup>8</sup> The total costs to society for substance use goes beyond the financial costs. Other costs include crime, unemployment, domestic violence, divorce, homelessness, deaths from overdose, and the effects from unborn children.

Diversion is a positive tool that should be used throughout the criminal justice system. By targeting the underlying problems that led to the crime in the first place, effective diversion programs can improve long-term community safety and reduce recidivism far more effectively than warehousing someone in a prison cell before turning them back onto the streets.<sup>9</sup>

Sending individuals with mental health and substance use disorders to community-based treatment programs rather than prison can reduce crime and save the criminal justice system billions of dollars.<sup>10</sup> Nearly half of all state prisoners have substance use disorders, but only 10 percent receive medically-based drug treatment during incarceration. Untreated

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<sup>5</sup> Evidence-Based Practice, National Institute of Corrections, <https://nicic.gov/evidence-based-practices-ebp>

<sup>6</sup> The Real Cost of Untreated Mental Illness in America, Constellation Behavioral Health, The public cost of untreated mental illness includes substance use disorders, overdose, suicide, and economic costs of healthcare and lost productivity. For individuals, these costs are experienced personally as broken relationships, poor performance at school or work, suicidal thoughts, substance abuse, and poor physical health.

<sup>7</sup> How Does Mental Illness Affect Society? Quora, <https://www.quora.com/How-does-mental-health-affect-society#:~:text=The%20economic%20impacts%20of%20mental%20illness%20affect%20personal,as%20the%20utilization%20of%20treatment%20and%20support%20services.>

<sup>8</sup> How Drug Use Affects Our Society, Very Well Mind, <https://www.verywellmind.com/what-are-the-costs-of-drug-abuse-to-society-63037>

<sup>9</sup> Diversion Programs Are Cheaper and More Effective than Jail, ACLU, <https://www.aclu.org/blog/smart-justice/diversion-programs-are-cheaper-and-more-effective-incarceration-prosecutors>

<sup>10</sup> Study: Replacing Prison Terms with Drug Abuse Treatment Could Save Billions in Criminal Justice Costs, RTI International, <https://www.rti.org/news/study-replacing-prison-drug-treatment-could-save>

or inadequately treated inmates are more likely to resume using drugs when released from prison and commit crimes at a higher rate.

The increased number of individuals with mental health and substance use conditions in the criminal justice system has enormous fiscal, health, and human costs. Diverting individuals with mental health and substance use conditions away from jails and prisons and toward evidence-based and culturally competent community-based behavioral health treatment is an essential component to eliminate unnecessary involvement in the criminal justice systems<sup>11</sup> and improve the community.

## 2. Change Model

There is little that polarizes an organization as much as change. For some, it is an exciting opportunity. For others, it is a devastating defeat. And for many, it lies somewhere on the continuum between the two. Good change management involves transparency, education, communication, and relationship-building to bring everyone together around a shared vision and motivates individuals to bring that vision to life. As part of the change that should occur, Rio Arriba County and individual agencies want to ensure evidence-based practices are being used to provide the best outcomes for individuals and the community. The use of data also plays an integral role in making decisions. NCSC recommends utilizing the Integrated Model developed by the National Institute of Corrections and the Crime and Justice Institute to help criminal justice system leaders and stakeholders manage change and to implement Data-Driven Decision Making and the evidence-based practices outlined below.

In 2002, the National Institute of Corrections and the Crime and Justice Institute (CJI) partnered to develop “Implementing Effective Correctional Management of Offenders in the Community: An Integrated Model” (commonly referred to as the “Integrated Model”). The Integrated Model is a guide to help programs implement evidence-based practices at the client, organization, and system levels. The model emphasizes equal evidence-based principles, organizational development, and collaboration.

EBPs based on the Risk-Need-Responsivity (RNR) model are deemed the underpinning of effective supervision and service delivery for justice-involved individuals. These eight principles, along with measurement and evaluation and related feedback, have become the foundation for justice-related intervention. CJI, contending that human behavior is universal, advocates for the use of the Integrated Model at the case, agency, and system levels. As the principles are applied to larger and larger systems, the more these concepts need to be abstracted; programs need to clarify priorities and establish and train staff on protocols, reinforce staff proficiency, provide ongoing support to stakeholders, and establish quality assurance measures. The framework CJI provides for implementing effective interventions at any level includes seven guidelines:

1. Limit new projects to mission-related initiatives;
2. Assess progress of implementation processes using quantifiable data;

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<sup>11</sup> Mental Health and Criminal Justice Issues, Mental Health America, <https://www.mhanational.org/issues/mental-health-and-criminal-justice-issues>

3. Acknowledge and accommodate professional overrides with adequate accountability;
4. Focus on staff development, including awareness of research, skill development, and management of behavioral and organizational change processes, within the context of a complete training or human resource development program;
5. Routinely measure staff practices (attitudes, knowledge, and skills) that are considered related to outcomes;
6. Provide staff timely, relevant, and accurate feedback regarding performance related to outcomes; and
7. Utilize high levels of data-driven advocacy and brokerage to enable appropriate community services (Crime and Justice Institute, 2009, pp. 26-29).<sup>12</sup>

Organizational Development is the second component of the Integrated Model. CJI emphasizes the need for total organizational overhaul to effectively move to an evidence-based culture. Organizations are encouraged to reexamine their mission statements and core values, revamp their infrastructure to support EBPs, and effectively change their entire organizational culture. Emphasis is placed on transforming organizations into learning environments focused on improving processes and maximizing productivity and outcomes. Organizations and systems utilizing

the seven implementation guidelines are encouraged to assess their organizational culture; provide motivational enhancement to stakeholders; clarify organizational priorities and restructure protocols; provide ample training to staff including feedback and time to practice newly learned skills; incentivize staff proficiency; provide ongoing support; and develop quality assurance programs to both improve and report on the EBP's effectiveness.<sup>13</sup>

Collaboration is the third component of the Integrated Model. Including outside stakeholders and engaging them in the change process is encouraged to develop systemwide buy-in for the new ways of doing business. The impetus behind the need for collaboration is that organizations do not operate in a vacuum. In order for an organization to successfully shift to an evidence-based culture, stakeholders who interact with the organization on a daily basis must support the

Implementing Effective Correctional Management of Offenders in the Community:  
*An Integrated Model*



<sup>12</sup> Criminal Justice Institute (2009) pp 26-29.

[https://www.cjinitiative.org/assets/sites/2/2009/10/Community\\_Corrections\\_BoxSet\\_Oct09.pdf](https://www.cjinitiative.org/assets/sites/2/2009/10/Community_Corrections_BoxSet_Oct09.pdf)

<sup>13</sup> ibid

change. The interdependence of organizations in the criminal justice system dictates the need for systemwide investment in the change to EBP.<sup>14</sup>

The National Implementation Research Network (NIRN) notes that EBPs cannot be helpful unless they are fully implemented and practiced with the same fidelity as they were in the experimental environment. Full implementation of an EBP occurs when 50% or more practitioners in an organization utilize the EBP regularly and with fidelity.<sup>15</sup> There is an adage that “what gets measured gets done.” This is true at any level of supervision. Ultimately, for any practice, evidence-based or otherwise, to stick, it must become part of routine practice. Furthermore, it must add value. Researchers note that leadership is key in ensuring implementation of the EBP, and it generally falls into one of three categories: leaders who “let it happen” by simply noting that an EBP will be implemented, leaders who “help it happen” by urging others to actually utilize the EBP but do not provide support or accountability, and leaders who “make it happen” by systematically working to implement an EBP with fidelity providing support and accountability.<sup>16</sup>

Key to moving from “letting it happen” to “making it happen” are something the NIRN calls implementation drivers. These include competency, organization, and leadership support. Since EBPs represent a new way of doing the work, training must be coupled with ongoing coaching from experienced users of the EBP tools and fidelity checks to ensure that learning and competency are on track. Organizations must also have managers and infrastructure that is both supportive and reinforcing of the EBPs; utilize the fidelity checks as well as baseline and outcome data to determine where the flaws in the system lie; and make adjustments in managing the organizational change.<sup>17</sup> This reinforces the information contained in the NIJ’s Implementation Model.

Lack of stakeholder buy-in at any level can be disastrous for implementation of any change. Ensuring buy-in from high-level stakeholders will allow a project to get off the ground on its intended timeline. Ensuring buy-in from supervisors will help engender enthusiasm for the change. And ensuring buy-in from staff will greatly reduce the likelihood that they will adopt the change willingly. In all cases, utilizing education of stakeholders on the EBPs and their benefits to the clients and department, providing transparent communication of the implementation project and process/timeline updates, and nurturing relationships both up and down the organizational ladder will help lead to successful change. These principles will be important in implementing the systemic and programmatic changes noted below.

### 3. Courts as Conveners and Leaders

With an estimated [70% of court-involved individuals](#) experiencing a behavioral health disorder, courts have increasingly become the default system for addressing behavioral health needs. The rate of serious mental illness is [four to six times higher](#) in jail than in the

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<sup>14</sup> *ibid*

<sup>15</sup> National Implementation Research Network. (2016, April 23). *Implementation Defined*. Retrieved from National Implementation Research Network: <http://nirn.fpg.unc.edu/learn-implementation/implementation-defined>

<sup>16</sup> *ibid*

<sup>17</sup> [implementation/implementation-defined](http://nirn.fpg.unc.edu/learn-implementation/implementation-defined)

National Implementation Research Network. (2016, April 23). *Implementation Drivers*. Retrieved from National Implementation Research Network: <http://nirn.fpg.unc.edu/learn-implementation/implementation-drivers>

general population, and the rate of substance use disorders is seven times higher among those in jail than in the general population. As leaders of their courts and communities, judges are in a unique position to encourage local practices aimed at improving responses to individuals with mental health and co-occurring substance use disorders.

Rio Arriba County should:

- Encourage judges to use their leadership role as convenors to foster collaborative community and court strategies to promote community safety and improve outcomes for individuals with behavioral health needs.
- Coordinate and communicate between the behavioral health and justice systems to examine their systems and community resources to determine the best path forward to provide the best care and responses to individuals with behavioral health needs.
- Review and implement the [Findings and Recommendations](#), as appropriate, of the National Judicial Task Force to Examine State Courts' Response to Mental Illness as approved by the Conference of Chief Justices and Conference of State Court Administrators in [Resolution 1](#). The resolution urges each member of the conferences to lead, examine, educate, and advocate for system improvements in his or her state or territory.
- Explore ways to encourage and support cross-system communication, resource sharing, and further development and implementation of sequential intercept strategies. Invite cross-system involvement in committees and meetings to further inform needs across systems.
- Distribute a copy of this report and share the plans for implementation of local SIM mapping workshops along with the [Leading Change Guide for Trial Court Leaders](#) to all judges and court administrators, and encourage and empower all courts to develop judicially-led interdisciplinary teams to advise and support local SIM activities and strategies.
- Review emergency responder, behavioral health, and court data to identify "revolving door" offenders, as this population often displays multiple psychosocial risk factors such as mental illness, alcohol or substance use disorders, and homelessness. Once identified, courts may wish to convene a multidisciplinary committee to develop a more coordinated and comprehensive response to ensure treatment and provide the opportunity to break the cycle of justice involvement.

#### 4. Criminal Justice Coordinating Committee

This improvement falls squarely in the center of the Venn diagram, a marriage of all three components of the Integrated Model. The benefits of multidisciplinary teams are well-documented in the medical, business, and criminal justice fields: improving individual consumer outcomes, streamlining system operations, reducing costs, and enhancing overall feelings of procedural satisfaction. Criminal Justice Coordinating Committees (CJCCs) build upon the multidisciplinary team model by utilizing cross-agency collaboration and data and information sharing to ensure efficiency, efficacy, and procedural fairness in the criminal justice system. Membership should include representatives from all stakeholders including criminal justice agencies in the jurisdiction (police, prosecution, defense, judiciary, clerk, jail, and community corrections), representatives from agencies commonly affecting or affected by criminal justice matters (i.e., hospitals, behavioral health, social service, public

transportation, employment, education, public health, etc.), and community members (including formerly incarcerated individuals or those who were previously involved in the criminal justice system). CJCCs have been documented as far back as the 1930s<sup>18</sup> but have experienced a resurgence in the last decade, initially as a result of federal and state emphasis on collaboration in their grant requirements, but they have persevered because they work.

NCSC recommends that Rio Arriba County build upon the success of multidisciplinary collaborations like the Rio Arriba County SIM Workshop by utilizing the Rio Arriba County CJCC to lead the action plans developed from the SIM workshop. Ensure the group includes decision-making representatives from the county, city, courts, prosecution, defense, probation, law enforcement, detention, service providers, and the community. The National Institute of Corrections has a series of collaboration-related guides to assist localities in developing or updating their CJCCs (these are currently being updated):

- Guidelines for Developing a Criminal Justice Coordinating Committee (2002),
- Getting it Right: Collaborative Problem Solving for Criminal Justice (2006),
- Guidelines for Staffing a Local Criminal Justice Coordinating Committee (2012), and
- A Framework for Evidence-Based Decision Making in State and Local Criminal Justice Systems (2017).

## 5. Communication

Responsible transparency is a hallmark of good government. Transparency does not require carte blanche public disclosure, as often government agencies are dealing with protected information. However, it does require a responsible, accountable plan for communication of government activity to stakeholders and community members. NCSC has observed that stakeholders either have misinformation or a lack of information regarding how the system operates or of appropriate agency roles and responsibilities.

Develop and implement a communication policy for your CJCC and for each criminal justice agency that encourages responsible transparency. Many stakeholders did not have accurate information about one another which can lead to confusion, miscommunication, and decreased collaboration. Each policy should address:

- The mission of the agency, how it works to accomplish that mission, and its degree of effectiveness;
- The laws, directives, authorities, and policies that govern agency activities;
- Any compliance or oversight the agency is accountable to and the framework for that oversight (e.g., accreditation boards);
- The channels through which information will be made available and under what timelines; and
- What types of information will be freely given, what can be made available upon request, and what and why information may not be communicated.

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<sup>18</sup> Appier, J. (2005). "We're Blocking Youth's Path to Crime": The Los Angeles Coordinating Councils during the Great Depression. *Journal of Urban History*, 31(2), 190–218. <https://doi.org/10.1177/0096144204270750>

Communication should be proactive, clear, concise, timely, written simply; available in multiple languages; and accessible to those with visual, audial, and processing impairments or disorders; and include information on ways to provide feedback. Utilize mediums that will reach multiple and different types of constituents. Revisit your policies and procedures at least annually.

## 6. Case Management

Many people with a history of behavioral health issues have a complex array of needs that must be considered. Case management is one of the major types of community care that is used to provide ongoing management of chronic or recurring illness. Active case management is especially important for people who have been repeatedly hospitalized for mental illness. The more chronic and disabling the experience of mental illness, the more a case management approach to continuing care is required for people with mental illness and their families and service providers.

There are many different models of case management,<sup>19</sup> but the major approaches are case management teams and caseworkers with individual caseloads. Case management teams are collaborations among local agencies that help provide a more holistic response to behavioral health needs. Specialized staff can ensure services across domains (e.g., housing, employment, life skills, etc.) that consider and respond to the full spectrum of an individual's needs. Team members also ensure that traditional information silos are broken down to best serve their client and position them for success.<sup>20</sup>

Most case management programs in mental health, however, typically involve a single case manager working with an individual. The role of the case manager is to undertake assessment, monitoring, planning, advocacy, and linking of the consumer with rehabilitation and support services.<sup>21</sup> Its function is clearly illness management and relapse prevention.

Principles of effective case management<sup>22</sup> include:

1. Case managers should deliver as much of the "help" or service as possible, rather than making referrals to multiple formal services.
2. Natural community resources are the primary partners (e.g., landlords, employers, teachers, art clubs, etc.).
3. Work is in the community.
4. Both individual and team case management works.
5. Case managers have primary responsibility for a person's services.
6. Case managers can be paraprofessionals. Supervisors should be experienced and fully credentialed.

<sup>19</sup> Chamberlin R, Rapp CA (1991) A decade of case management: A methodological review of outcome research. *Community Mental Health Journal*, 27, 171-188.

<sup>20</sup> Behavioral Health Resources Hub, National Center for State Courts, <https://mhbb.azurewebsites.net/#top>

<sup>21</sup> Intagliata J (1982) Improving the quality of care for the chronically mentally disabled: The role of case management. *Schizophrenia Bulletin*, 8, 655-674.

<sup>22</sup> Rapp CA, Goscha RJ (2004) The principles of effective case management of mental health services. *Psychiatric Rehabilitation Journal*, 27(4), 319-333.

7. Caseload size should be small enough to allow for relatively high frequency of contact (no more than 20:1).
8. Case management service should be time-unlimited, if necessary.
9. People need access to familiar persons 24 hours a day, 7 days a week.
10. Case managers should foster choice.

Ensure that case management not only occurs in the community but also when the person enters the criminal justice system (enters jail) and continues throughout the entirety of the case. By providing ongoing case management, people will not get lost in or between systems and will have better outcomes.

## 7. Outreach to Develop Relationships in the Community

Community outreach refers to efforts that connect an organization's ideas or practices to the public. Unlike marketing which is focused on products or strategies that increase market share, outreach takes on an educational component that engages the community. The goals of community outreach programs include:

- Provide oversight for all proposed program and policy development to assure equity and accessibility by all customers.
- Develop policy and programs that will allow full participation by underserved individuals and groups.
- Identify and address potential institutional and systemic barriers that prevent underserved customers from full participation.
- Provide implementation strategies to increase participation in programs and benefits to underserved individuals and groups.
- Develop and implement specific outreach activity performance measures with expected outcomes and program results. Ensure better program accountability and adjustments.
- Provide leadership and guidance on developing outreach plans.
- Expand and strengthen relationships.
- Maintain effective communication and working relationships.
- Expand and enhance partnerships and networks that provide assistance and information to underserved groups and individuals.
- Institutionalize outreach and share outreach information across systems increasing the ability to reach more underserved members of the community.

Rio Arriba County should develop an outreach program to reach underserved populations in the community, understand their needs and challenges, develop relationships, and enhance information and resources to better serve the entire community.

## 8. Information and Data Sharing

Information sharing is necessary for effectively coordinating services and treatment across resources and systems. Information sharing also has the potential to dramatically improve outcomes, especially for individuals with complex needs. Data sharing informs programs on

who is using what services, provides an understanding of the crossover of users with different providers, and ensures that performance measures and outcomes are met. All information and data sharing protocols should be put in writing and in compliance with relevant state and federal laws. Sharing data facilitates more effective individual treatment responses and can help leverage scarce resources, particularly for high system utilizers. Stakeholders should consider HIPAA, 42CFR part 2, FERPA, and state laws related to sharing behavioral health information.<sup>23</sup>

When information and data is shared between different agencies or partners, best practices recommend development of memoranda of understanding (MOUs) between partners to solidify working partnerships and data agreements.

Rio Arriba County should start by doing an inventory of what data is collected by individual service providers, courts, and systems, followed by an inventory to document what information or data is currently being shared. Next, a conversation should occur to discuss what additional information and data sharing is desired. Once these inventories and discussions have been completed, agreements or MOUs should be put into place to define what and how information and data will be shared. Finally, a process for looking at the data should be developed, such as dashboards, so all users have current data to inform their programs and systems.

## 9. Continuous Quality Improvement

Data-Driven Decision Making (DDDM) is a management approach that requires policy decisions to be substantiated with verifiable data. The DDDM process involves collecting data, analyzing it for patterns and facts, making inferences, and utilizing those inferences to guide decision-making. DDDM success is therefore reliant upon the quality of the data gathered and the efficacy of its analysis and interpretation. DDDM can be utilized in criminal justice as a whole to examine overall effectiveness of specific interventions, activities, programs, or departments or at the system level to examine collaborations between agencies, evaluate multi-agency initiatives, or do system mapping to address service gaps. NCSC recommends Rio Arriba County develop DDDM across the justice system to routinely monitor key metrics as a key activity of any multidisciplinary efforts.

Performance measurement provides a pathway to continuously monitor and report on a specific activity's progress and accomplishments using pre-selected performance measures. Performance measurement is considered an essential activity in many government and non-profit agencies because it "has a common sense logic that is irrefutable, namely that agencies have a greater probability of achieving their goals and objectives if they use performance measures to monitor their progress along these lines and then take follow-up actions as necessary to insure success."<sup>24</sup> Effectively designed and implemented performance measurement systems provide tools for managers to exercise and maintain control over their organizations, as well as mechanisms for governing bodies and funding agencies to hold programs accountable for producing intended results.

<sup>23</sup> Behavioral Health Resource Hub, National Center for State Courts, <https://mhbb.azurewebsites.net/#data>

<sup>24</sup> Poister, Theodore (2003). *Measuring Performance in Public and Nonprofit Organizations*. San Francisco: Jossey-Bass, p. xvi.

Performance measurement is distinct from program evaluation and consequently does not attempt to ascertain a program or activity's "value-added" over an appropriate "business-as-usual" alternative. Rather, performance measurements provide timely information about key aspects of the performance of the program or activity to managers and staff, enabling them to identify effective practices and, if warranted, take corrective actions.

Evaluations are systematic studies conducted to assess how well a program or activity is working and why. There are several types of evaluation, including process, outcome, impact, and cost-benefit. Process evaluations assess whether a program or activity is operating as designed and identifies areas for improvement. Outcome evaluations examine the results of a program or activity, both intended and unintended. Impact evaluations take outcome evaluations a step further, assessing the causal link(s) between program activities and outcomes. Cost-benefit evaluations utilize outcomes and compare them with the costs of the program to determine its cost-effectiveness.

The quality of data is a key component in successful DDDM. Data must be accurate, complete, timely, and actionable for DDDM to work. Primary and secondary data sets should be utilized to get a complete picture of the client experience. Memoranda of Agreement between agencies that address data access, data quality (type, format, frequency, etc.), data security, and confidentiality/release of information should be enacted and updated annually or as new data points are added.

Data can be quantitative or qualitative in nature, and the best research designs use both in tandem. Quantitative research should include both descriptive and inferential (pattern-finding) analyses, while qualitative data can be utilized to humanize the quantitative data and provide first-person experiential accountings of the activity, program, or system being examined. Data sharing should happen regularly, as outlined in MOUs in the form of dashboards (ongoing performance) or reports (periodic evaluation).

The DDDM cycle is not complete until the data and information gathered is utilized to make change. Decisionmakers utilizing data to make policy and/or protocol decisions should ensure the changes made reflect the most current research and evidence-based practices, minimize the burden on staff and clients, highlight and capitalize on strengths, and account for any biases inherent in the data or process. Finally, it is important to emphasize that DDDM is a cycle and does not end. The process must be repeated to ensure continual quality. In fact, DDDM should be incorporated into the culture of an organization to ensure DDDM is institutionalized in policy and procedure. DDDM is a technical process and knowledge of handling multiple potentially large data sets is necessary. As such, many county justice systems partner with local colleges and universities to examine and report the data and performance measures. As Rio Arriba County justice system stakeholders become more and more accustomed to reviewing and analyzing data, the ability to make data-driven decisions and monitor outcomes will become the accepted practice.

## 10. Co-Response Model

Across the country, law enforcement agencies, communities, individuals living with mental illness, those who love them, and local governments are learning of the benefits of implementing a co-response/co-responder model. The co-response model is designed to

prevent unnecessary entry into the criminal justice system of individuals with behavioral health needs. Clinicians de-escalate potentially volatile situations and facilitate individual entry into the appropriate type and intensity of substance use and mental health services. Clinicians screen, assess, and make referrals based on client needs and their knowledge of appropriate resources, thereby minimizing the frequency and costs of avoidable incarcerations and hospitalizations. Most models include proactive follow up to support client engagement and stabilization. The Bureau of Justice Assistance provides a good [overview](#) of the value of co-response models.

Different response protocols exist but include licensed clinicians and law enforcement officers using their separate skill sets to respond to a person or scene:

- Co-dispatched and arrive on the scene with law enforcement (most common model)
- Respond at the request of law enforcement or dispatch
- Are available via telehealth

Also, some teams include an EMS-trained medical co-responder; a substance use navigator, or a homeless liaison, often referred to as the HOT or HOME model.

The co-response model is different than mobile crisis or CIT-only trained officers. The co-response model allows for real-time response to an individual in mental health crisis who is contacted by police. It is ideal for managing populations with undertreated or untreated mental health and substance use disorders who are frequently involved in low-level offenses. Generally, clinicians are licensed and able to place an individual on an involuntary mental health hold if necessary. Ideally, clinicians are also licensed/certified substance use disorder therapists and have training in trauma and developmental disabilities. There are a variety of “calls” well suited for co-response:

- Location-based and high needs areas
- SWAT calls (e.g., barricades, suicidal)
- Homeless and high utilizer populations
- Calls for service involving mental illness or substance use
- Responding to a community/public event with a high degree of trauma such as a shooting or natural disaster
- Observations made during patrol or at an event where an individual’s behavior suggests the need for clinical intervention.

## 11. Crisis Center

Given the siloed nature of current services as well as service entry challenges, it would benefit Rio Arriba County to develop a space that can be utilized as an assessment and brief treatment center for those in a mental health crisis. There are multiple models for providing alternative crisis care. Two that may be of interest include the Living Room Model and the 23-hour Crisis Stabilization Model. The Living Room Model is a crisis respite program for individuals 18 years and older who are experiencing acute crises sufficiently severe enough to warrant an emergency room visit. Examples include individuals who are experiencing suicidal or homicidal thoughts, panic attacks, situational crises, severe depressive

symptoms, and psychotic symptoms. These centers have clinical staff (e.g., counselors, APNs, etc.), but rely heavily on peer counselors.<sup>25</sup>

The Crisis Stabilization Model,<sup>26</sup> is another model that could be used to free up mobile crisis and emergency beds. This model allows for 23-hour crisis observation or stabilization in a direct service provider for individuals in severe distress with up to 23 consecutive hours of supervised care to assist with de-escalating the severity of their crisis and/or need for urgent care. The primary objectives of this level of care are prompt assessments, stabilization, and/or determination of the appropriate level of care. The main outcome of 23-hour observation beds is the avoidance of unnecessary hospitalizations for individuals whose crisis may resolve with time and observation. Two studies that evaluated the effectiveness of 23-hour crisis show a lower rate of hospital admissions, increased referrals to outpatient services, and an increased acceptance of available treatment. In addition, a cost-effectiveness study found the net benefit for mental health crisis stabilization services was approximately \$0.3 million, with a return of \$2.16 dollars for every dollar invested.<sup>27</sup> With this model in place, individuals would be able to be assessed at the center, have an immediate service plan developed, have their placement secured, and be transported if necessary.

## 12. Transportation and Housing

Transportation and housing resources were listed as opportunities by stakeholders, particularly for those in more rural areas of Rio Arriba County. NCSC recommends Rio Arriba County work with local community and economic development agencies to ensure transportation and housing for county residents is included in city, county, or regional strategic planning. The county should also partner with the Rio Arriba Board of Commissioners to ensure projects are included in Community Development and Service Block grants, HUD affordable housing and Section 8 programs, and other programs they govern. Additional resources that may be explored include BUILD (formerly TIGER) grants, USDA rural development grants, and New Mexico Housing Finance Authority programs. Additionally, multipurpose programs that address several issues at once, such as the Department of Labor's YouthBuild program may be something to explore to address the need for services for those who drop out of school and need vocational training while developing affordable housing for the community.

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<sup>25</sup> The Living Room, A Community Crisis Respite Program: Offering People in Crisis an Alternative to Emergency Departments, *Gloval Journal of Community Psychology Practice*, <https://www.gjcpp.org/pdfs/2013-007-final-20130930.pdf>

<sup>26</sup> Crisis Services: Effectiveness, Cost-Effectiveness, and Funding Strategies, SAMHSA, <https://store.samhsa.gov/product/Crisis-Services-Effectiveness-Cost-Effectiveness-and-Funding-Strategies/sma14-4848>

<sup>27</sup> Ibid

## Appendix A: Rio Arriba County SIM Mapping Participants

Name	Agency	Days in Attendance
Sixto Aguirre	HHS – Peer Support Probation	<input checked="" type="checkbox"/> 4/18/23 <input checked="" type="checkbox"/> 4/19/23
Cruz Anaya	HHS – Peer Support Pretrial	<input checked="" type="checkbox"/> 4/18/23 <input checked="" type="checkbox"/> 4/19/23
Adam Baca	NNMC TEC #213	<input checked="" type="checkbox"/> 4/18/23 <input type="checkbox"/> 4/19/23
Julie Ball	LOPD	<input checked="" type="checkbox"/> 4/18/23 <input type="checkbox"/> 4/19/23
Adam Baum	PPD	<input checked="" type="checkbox"/> 4/18/23 <input checked="" type="checkbox"/> 4/19/23
William Becker	SFRC	<input checked="" type="checkbox"/> 4/18/23 <input checked="" type="checkbox"/> 4/19/23
Stacey Boone	AOC	<input checked="" type="checkbox"/> 4/18/23 <input type="checkbox"/> 4/19/23
Abbey Chavez	AOC	<input checked="" type="checkbox"/> 4/18/23 <input type="checkbox"/> 4/19/23
Wilford Crain	NM VJO – Veteran’s Health	<input checked="" type="checkbox"/> 4/18/23 <input checked="" type="checkbox"/> 4/19/23
Marshall Dixon	AOC	<input checked="" type="checkbox"/> 4/18/23 <input checked="" type="checkbox"/> 4/19/23
Alex Dominguez	SFC	<input checked="" type="checkbox"/> 4/18/23 <input checked="" type="checkbox"/> 4/19/23
Jailyn Dominquez	1 <sup>st</sup> Judicial District Attorney’s Office	<input checked="" type="checkbox"/> 4/18/23 <input type="checkbox"/> 4/19/23
Julia Elgatian	Moving Arts Espanola	<input checked="" type="checkbox"/> 4/18/23 <input checked="" type="checkbox"/> 4/19/23
Jon Fischer	Pretrial Services – NM Courts	<input checked="" type="checkbox"/> 4/18/23 <input checked="" type="checkbox"/> 4/19/23

Name	Agency	Days in Attendance
Ana Gutierrez Sisneros	NNMC	<input checked="" type="checkbox"/> 4/18/23 <input checked="" type="checkbox"/> 4/19/23
Gilbert Jaramillo	AOC	<input checked="" type="checkbox"/> 4/18/23 <input type="checkbox"/> 4/19/23
David Jenkins	1 <sup>st</sup> Judicial District Attorney's Office	<input checked="" type="checkbox"/> 4/18/23 <input type="checkbox"/> 4/19/23
Krista Kelley	1 <sup>st</sup> Judicial District CJCC	<input checked="" type="checkbox"/> 4/18/23 <input checked="" type="checkbox"/> 4/19/23
Jason Lidyard	1 <sup>st</sup> Judicial District Court	<input checked="" type="checkbox"/> 4/18/23 <input checked="" type="checkbox"/> 4/19/23
Adriana Lott	AOC	<input checked="" type="checkbox"/> 4/18/23 <input type="checkbox"/> 4/19/23
Suzanne Lujan	Darrin's Place	<input checked="" type="checkbox"/> 4/18/23 <input checked="" type="checkbox"/> 4/19/23
Jeffrey Lymburner	Darrin's Place	<input checked="" type="checkbox"/> 4/18/23 <input type="checkbox"/> 4/19/23
Tim Martinez	N/A	<input checked="" type="checkbox"/> 4/18/23 <input type="checkbox"/> 4/19/23
Andrea Martinez	1 <sup>st</sup> Judicial District Court	<input checked="" type="checkbox"/> 4/18/23 <input checked="" type="checkbox"/> 4/19/23
Elijah Meason	Darrin's Place	<input checked="" type="checkbox"/> 4/18/23 <input checked="" type="checkbox"/> 4/19/23
Roger Montoya	Moving Arts Espanola	<input checked="" type="checkbox"/> 4/18/23 <input type="checkbox"/> 4/19/23
Serina Bailon	The Mountain Center	<input checked="" type="checkbox"/> 4/18/23 <input checked="" type="checkbox"/> 4/19/23
Sarah Dwyer	The Mountain Center	<input checked="" type="checkbox"/> 4/18/23 <input checked="" type="checkbox"/> 4/19/23
Adrian Avila	Senate Majority Office	<input type="checkbox"/> 4/18/23 <input type="checkbox"/> 4/19/23
Mary Ann Montoya-Lopez	NMCD – PPP	<input checked="" type="checkbox"/> 4/18/23 <input checked="" type="checkbox"/> 4/19/23
Lorraine Montoya-Vigil	Senate Majority Office	<input checked="" type="checkbox"/> 4/18/23 <input type="checkbox"/> 4/19/23

Name	Agency	Days in Attendance
Delubina Montoya	National Latino Behavioral Health Association	<input checked="" type="checkbox"/> 4/18/23 <input checked="" type="checkbox"/> 4/19/23
Violette Cloud	Policy Research Associates	<input checked="" type="checkbox"/> 4/18/23 <input checked="" type="checkbox"/> 4/19/23
Ambrose Boros	Darrin's Place	<input checked="" type="checkbox"/> 4/18/23 <input type="checkbox"/> 4/19/23
Katrina Padilla	RAC/HHS	<input checked="" type="checkbox"/> 4/18/23 <input checked="" type="checkbox"/> 4/19/23
Scott Patterson Alatore	CYFD	<input checked="" type="checkbox"/> 4/18/23 <input checked="" type="checkbox"/> 4/19/23
Cecilia Perry	AOC	<input checked="" type="checkbox"/> 4/18/23 <input type="checkbox"/> 4/19/23
Elizabeth Peterson	Santa Fe County	<input checked="" type="checkbox"/> 4/18/23 <input type="checkbox"/> 4/19/23
Yisel Quintana	RAC/HHS	<input checked="" type="checkbox"/> 4/18/23 <input checked="" type="checkbox"/> 4/19/23
Harlena Reed	Krossroads	<input checked="" type="checkbox"/> 4/18/23 <input checked="" type="checkbox"/> 4/19/23
Diego Rodriguez	Rio Arriba DWI Magistrate Court	<input checked="" type="checkbox"/> 4/18/23 <input checked="" type="checkbox"/> 4/19/23
Joile Rodriguez	NMVAHCS	<input checked="" type="checkbox"/> 4/18/23 <input type="checkbox"/> 4/19/23
Elias Romero	Krossroads	<input checked="" type="checkbox"/> 4/18/23 <input checked="" type="checkbox"/> 4/19/23
Annette Rougemont	LOPD	<input checked="" type="checkbox"/> 4/18/23 <input checked="" type="checkbox"/> 4/19/23
Veronica Savage	CYFD	<input checked="" type="checkbox"/> 4/18/23 <input checked="" type="checkbox"/> 4/19/23
Mona Serna	RAHHS – Peer Support Navigator	<input type="checkbox"/> 4/18/23 <input type="checkbox"/> 4/19/23
Geno Trujillo	NNMC – Security	<input checked="" type="checkbox"/> 4/18/23 <input type="checkbox"/> 4/19/23
Joshua Trujillo	SFCADF	<input checked="" type="checkbox"/> 4/18/23 <input checked="" type="checkbox"/> 4/19/23

Name	Agency	Days in Attendance
Robert Vigil	Espanola Pathways Shelter	<input checked="" type="checkbox"/> 4/18/23 <input checked="" type="checkbox"/> 4/19/23
Katie Webb	Krossroads	<input checked="" type="checkbox"/> 4/18/23 <input checked="" type="checkbox"/> 4/19/23
Luis Trujillo	DWI Drug Court Coordinator	<input checked="" type="checkbox"/> 4/18/23 <input checked="" type="checkbox"/> 4/19/23
Shaheen Rasroul	LOPD	<input checked="" type="checkbox"/> 4/18/23 <input type="checkbox"/> 4/19/23
Brad Kerwin	LOPD	<input checked="" type="checkbox"/> 4/18/23 <input type="checkbox"/> 4/19/23
Patrice Joleen Trujillo	NNMC	<input checked="" type="checkbox"/> 4/18/23 <input type="checkbox"/> 4/19/23

## Appendix B: Agenda



**Sequential Intercept Mapping**  
 Strengthening Communities  
 through Prevention and Intervention Strategies:  
 A Court and Community-Based Approach



### **RIO ARRIBA COUNTY** **SEQUENTIAL INTERCEPT MODEL MAPPING WORKSHOP**

#### **LOCATION**

**Northern New Mexico College**

Room

921 N Paseo De Oate, Española, NM 87532

#### **AGENDA DAY 1**

September 24, 2024

8:00AM – 4:30PM

<b>8:00 – 8:30</b>	<b>Registration and Networking</b>	
<b>8:30 – 8:45</b>	<b>Welcome and Opening Remarks</b> <i>Hon. Jason Lidyard, First Judicial District Court Judge</i>	
<b>8:45 – 9:45</b>	<b>Setting the Stage</b> <i>Introductions, Overview SIM and Goals of Mapping</i> <i>Mapping based on the Sequential Intercept Model (SIM) and Leading Change brings together stakeholders from various disciplines and systems to identify strategies to divert people with mental health and substance use disorders away from the justice system and into treatment. SIM is a strategic planning tool used to identify available resources and opportunities and plan for community change.</i>  <i>The prevalence of mental illness and substance use disorders has greatly impacted our nation, each of our states, and our communities, and has had a disproportionate impact on our nation's courts and justice system. New strategies must be developed to ensure that people receive appropriate, evidence-based services in our communities and are appropriately diverted from the justice system.</i>	

<b>9:45 – 10:15</b>	<p><b>Learning from Experience</b>  <i>Name, Organization</i>  <i>People with lived experience play a critical role in system improvement efforts. Their personal experiences provide a tangible glimpse of how community resources and system processes interface. Incorporating their perspectives throughout systems improvement efforts enables communities to effectively design processes and deliver services that best meet the actual needs of those with behavioral health diagnoses.</i></p>	
<b>10:15 – 10:30</b>	<b>Break</b>	
<b>10:30 – 11:00</b>	<p><b>Defining the Community Landscape through Data</b>  <i>Examining national and community data is an important step to understanding and evaluating resources, gaps, and opportunities. This work is essential to successful mapping.</i></p>	
<b>11:00 – 12:00</b>	<p><b>Process Mapping</b>  <i>Mapping the process of how people enter and move through the systems is an important step in identifying areas for opportunities to improve processes and build collaboration.</i></p>	
<b>12:00 – 1:00</b>	<p><b>Lunch</b>  <i>Please return to the room around 12:45PM so we are ready to begin on time at 1:00PM</i></p>	
<b>1:00 – 4:00</b>	<p><b>Identify Resources &amp; Opportunities Across the Intercepts</b>  <i>The mapping process serves as a dynamic, interactive tool for developing partnerships within the community by identifying resources and opportunities at each of the points that individuals seek or obtain services and move through the justice system.</i></p>	
<b>4:00 – 4:15</b>	<p><b>Review of Day, Questions, and Homework</b>  <i>Determining gaps and opportunities is just the beginning. Identifying potential solutions and prioritizing those efforts is the next step to ensure improved responses for persons with mental health and substance use disorders. Mapping next steps will be discussed.</i></p>	
<b>4:15 – 4:30</b>	<p><b>Identifying Priorities</b>  <i>Determining priorities for a community requires collaboration to systematically solve existing and emerging problems. How to prioritize opportunities will be discussed.</i></p>	

## AGENDA DAY 2

September 25, 2024

8:00AM – 1:00PM

<b>8:00 – 8:30</b>	<b>Registration and Networking</b>	
<b>8:30 – 8:45</b>	<b>Welcome and Review of Day One and Homework</b>	
<b>8:45 – 9:00</b>	<b>Review of Priorities</b> <i>Collectively selecting priorities is critical to move work forward. A review of the selected priorities and confirmation of the priorities will be discussed.</i>	
<b>9:00 – 11:45</b>	<b>Action Planning</b> <i>Considerations for establishing priorities will be discussed and workgroups will discuss priorities and action plan solutions.</i>	
<b>11:45 – 12:30</b>	<b>Presentation of Action Plans</b> <i>Workgroups will present their action plans and participants will be able to ask questions and provide feedback.</i>	
<b>12:30 – 12:45</b>	<b>Next Steps: Implementing Your Action Plan</b> <i>Tips for implementing action plans, sustaining momentum, and being successful will be discussed. Specific next steps for Rio Arriba County.</i>	
<b>12:45 – 1:00</b>	<b>Closing Remarks</b> <i>Hon. Jason Lidyard, First Judicial District Court Judge</i>	
<b>1:00</b>	<b>Adjourn</b>	

## Appendix C: Full List of Priorities

Intercept 0	Intercept 1	Intercept 2	Intercept 3	Intercept 4	Intercept 5
Housing: need low-barrier shelter in the area, need safe, low-income housing	Law Enforcement Challenges: need training in CIT, trauma-informed responses, motivational interviewing, diversion options, and harm reduction	Court Processes: lack of prosecution viability screening, need assessment at the jail, need more local prosecutor and jail staff, outdated software/technology in the jail	Diversion Opportunities: need competency diversion	Employment: Lack of local employment opportunities	Transportation: Lack of public transportation to probation and parole appts.,
Community Resources: need more community outreach resources, need mobile crisis team including warm hand-off opportunities, need culturally responsive responses, need comprehensive resource guide	Community Resources: Need funding for diversion (i.e. ReRoute), need after hours case management, need access to veterans' services,	Community Resources: Lack of local resources and transportation to those resources, lack of funding to create local resources, individuals lose access to Medicaid while incarcerated, need peer support and case managers in the jail	Community Resources: Need Assisted Outpatient Treatment, need mental health and medical staff to conduct onsite evaluations/assessments, long waitlist for behavioral health services, need multi-service electronic referrals that includes city and county agreements	Housing: Need to expand transitional housing, criminal background checks can limit housing options	Community Resources: define resources that exist, develop current lists, collaboration, lack of IOP providers, neuropsych services
Hospitalization: Need local detox center and medication management	Data Collection and Information Sharing Challenges: lack of data and data sharing, no centralized leadership or case management system, no data collection on high utilizers, no way to identify and assist repeat offenders and individuals with multiple agency involvement	Need data to be collected to prioritize need and determine areas of focus	Jail Opportunities: treatment programs in the jail for those serving less than one year	Lack of reentry specialists and case managers in the jail	Housing: Expansion of Eagle Village, need more options for safe, sober housing

Intercept 0	Intercept 1	Intercept 2	Intercept 3	Intercept 4	Intercept 5
<p>Limited Transportation, especially in rural areas</p>	<p>Housing: Lack of options for housing opportunities; potential opportunity for cross-county collaboration</p>		<p>Competency issues: need enhanced outpatient restoration services, need outpatient restoration treatment housing, develop resources to support processes, divert misdemeanor cases, look at civil alternatives and involuntary commitment</p>		
<p>Education: public needs to be educated to reduce stigma, local school of social work needs to be tapped more for service opportunities</p>					

<b>Overall</b>	<b>Votes</b>	<b>% of Voters</b>
Creation of mobile crisis unit	15	44%
Creation of educational social worker program	1	3%
Creation of very low barrier detox	4	12%
County-wide CIT unit	3	9%
Creation of digitized and combined resource directory	5	15%
Development of housing and development plan for Rio Arriba	14	41%
Comprehensive training for law enforcement	7	21%
Explore blended funding opportunities for diversion programs	3	9%
Extend Medicaid to 90 days	10	29%
Move county jail to Espanola	8	24%
Community crisis team	6	18%
Detox and Adult Accredited Residential Treatment Center Services (AARTC)	9	26%
More IOP options	5	15%
Expansion of screening in the jail	4	12%
Peer support and case managers in the jail	7	21%
Alternative Response Team/Unit	1	3%

# Appendix D: Sample Action Planning Form

## ACTION PLANNING

### Priority

<b>Objective</b>	<b>Activities/Tasks</b>	<b>Resources</b>	<b>Timeframe</b>	<b>Barriers</b>	<b>Responsibility</b>
<i>What do we want to achieve?</i>	<i>What do we have to do to meet the objective(s)?  List the specific activities/tasks.</i>	<i>What resources are necessary to complete the activity/task? (People, time, space, equipment, money, access, etc.)</i>	<i>How much time is required for the activity/ task?  When can action begin?</i>	<i>What are the potential barriers to consider?</i>	<i>Who will take the lead?  Who should be involved in the collaboration?  Who is already engaged in this activity?</i>

## Appendix E: Completed Action Planning Forms

### Priority 1: Expanding Training to Law Enforcement Officers

These should be considered on included in each of the objectives:

- What education and training needs to occur to achieve this objective?
- What data should be collected and what information sharing should be shared to support this objective?
- How can peers be included in this objective?
- How do we ensure diversity and inclusion in this objective?
- How can we identify people with behavioral health issues earlier and ensure the use of evidence-based screening and assessment?
- How can we improve communication?
- What transportation options need to be considered?
- How does a criminal record create a barrier to achieve the objective?

<b>Priority: Expanding Training to Law Enforcement Officers</b>					
<b>Objective</b>	<b>Activities/Tasks</b>	<b>Resources</b>	<b>Timeframe</b>	<b>Barriers</b>	<b>Responsibility</b>
<i>What do we want to achieve?</i>	<i>What do we have to do to meet the objective?  What are the specific tasks to meet the objective(s)?</i>	<i>What resources are necessary to complete the activity? (people, time, space, equipment, money, access to services)  What data exists in this space?</i>	<i>How much time is required for the activity/task?  When can action begin on this activity/task?</i>	<i>Are there any potential barriers to consider?</i>	<i>Who will take the lead?  Who should be at the table for collaboration?  Who is already engaged in this activity?</i>

<p>Briefing Training</p>	<p>Training slide deck created for 10-15 minute training sessions (could be presented over several months to cover all services or presented as individual services description to officers)</p>	<p>Services heads/representatives</p>	<p>Services presentations may already exist.  Time commitment would be potentially drive time to meet with Agency Head/designee to arrange training. Briefing training itself would be minimal. Can begin immediately.</p>	<p>Able to reach all officers/Is there a day where most officers from a shift attend briefing?  Inability to receive commitment from Agency Head/Designee  LE Understaffing</p>	<p>Mona with Re-route would like to begin putting this together, however, once a process is developed, it would need to be shared with all Services programs to conduct the trainings re: each Service.</p>
<p>Push LEAD Program / Utilization of Re-Route</p>	<p>Push use of a LEAD program with Agencies  Does this already exist (Portions of Espanola in SF may already have access, how do we expand?) or is this something that will need to be built, partnered with LE</p>	<p>Re-Route  Connection and MOU between the Agencies and Program to develop capacity.  Funding for case managers if they don't already exist and training into case considerations  Training for law enforcement to include BUY IN (without referring officers with a belief in services, their communities will not have an Intercept 1 diversion)</p>	<p>Realistically, could this be a CJCC engagement for development?  Overall, probably a year to implement given the number of stakeholders potentially involved.</p>	<p>LE Buy in – has been an issue in the past  Use of program correctly – program has been misused in other places  Community understanding – for many of the people referred, there may not be an understanding for dropped criminal charges for referral to a program – lack of support</p>	<p>Probably best to develop this through the CJCC due to all the same players being present/active.  That engagement could cultivate a champion or someone to be assigned in a community outreach type position within a law enforcement agency for development.</p>

<p>Support early law enforcement diversion strategies through early education / understanding roles in the system</p>	<p>Introduction of trauma- informed police response and knowledge of recovery services at the earliest possible point in police education to engage a new generation of police officer to support long term success strategies to diversion</p>	<p>Potentially engaging the Law Enforcement Academy to arrange a training block with police cadets statewide.</p> <p>In the short term, meeting with law enforcement agency heads/training supervisors to institute training blocks to new employee training locally.</p>	<p>Completing curriculum as it pertains to the Academy would be necessary to incorporate into their certification.</p> <p>Completing local-based curriculum/presentation may be necessary for new employee training.</p>	<p>Unable to add any training blocks at the State level</p> <p>Due to understaffing, pushing officers through training may decrease the amount of time/training blocks available for engagement</p>	<p>This should be discussed with the CJCC and law enforcement agency heads to determine state vs. local development.</p>
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## Priority 2: Expanding Access to Housing

These should be considered on included in each of the objectives:

- What education and training needs to occur to achieve this objective?
- What data should be collected and what information sharing should be shared to support this objective?
- How can peers be included in this objective?
- How do we ensure diversity and inclusion in this objective?
- How can we identify people with behavioral health issues earlier and ensure the use of evidence-based screening and assessment?
- How can we improve communication?
- What transportation options need to be considered?
- How does a criminal record create a barrier to achieve the objective?

<b>Priority: Expanding Access to Housing</b>					
<b>Objective</b>	<b>Activities/Tasks</b>	<b>Resources</b>	<b>Timeframe</b>	<b>Barriers</b>	<b>Responsibility</b>
<i>What do we want to achieve?</i>	<i>What do we have to do to meet the objective?</i>  <i>What are the specific tasks to meet the objective(s)?</i>	<i>What resources are necessary to complete the activity? (people, time, space, equipment, money, access to services)</i>  <i>What data exists in this space?</i>	<i>How much time is required for the activity/task?</i>  <i>When can action begin on this activity/task?</i>	<i>Are there any potential barriers to consider?</i>	<i>Who will take the lead?</i>  <i>Who should be at the table for collaboration?</i>  <i>Who is already engaged in this activity?</i>

APPENDIX E: COMPLETED ACTION PLANNING FORMS

Increase access to affordable housing	Expand participation in the Housing Task Force	Requires champions from city, county, and state	Start Immediately  Expand by December 31, 2024	Willingness of stakeholders to expand and participate on the task force  Lack of collaboration between City, County, State, and community providers	Roger Montoya  Delubina Montoya
	Obtain copy of current comprehensive plan for the City of Espanola, participate in update of 2026 comprehensive plan	City council, community, community providers	Start work to obtain the existing plan immediately  Begin conversations for new plan January 2025	Not easily accessible, Willingness or lack of willingness of the city to update the plan	Roger Montoya  Delubina Montoya
	Review plans from other communities and utilize good plans to create the 2026 plan		Research now through the end of the year  Approach the city of Espanola at the beginning of 2025.		Delubina Montoya
	Community Outreach and Education, Outreach Events to inform public of housing crisis and solutions for the community		Start January 2025		Delubina Montoya

### Priority 3: Develop Low Barrier Detox Services

These should be considered on included in each of the objectives:

- What education and training needs to occur to achieve this objective?
- What data should be collected and what information sharing should be shared to support this objective?
- How do we ensure diversity and inclusion in this objective?
- How can we identify people with behavioral health issues earlier and ensure the use of evidence-based screening and assessment?
- How can we improve communication?
- What transportation options need to be considered?
- How does a criminal record create a barrier to achieve the objective?

<b>Priority: Develop Low Barrier Detox Services</b>					
<b>Objective</b>	<b>Activities/Tasks</b>	<b>Resources</b>	<b>Timeframe</b>	<b>Barriers</b>	<b>Responsibility</b>
<i>What do we want to achieve?</i>	<i>What do we have to do to meet the objective?</i>  <i>What are the specific tasks to meet the objective(s)?</i>	<i>What resources are necessary to complete the activity? (people, time, space, equipment, money, access to services)</i>  <i>What data exists in this space?</i>	<i>How much time is required for the activity/task?</i>  <i>When can action begin on this activity/task?</i>	<i>Are there any potential barriers to consider?</i>	<i>Who will take the lead?</i>  <i>Who should be at the table for collaboration?</i>  <i>Who is already engaged in this activity?</i>
Local medical detox center w/ referral options both locally and non-locally	<ul style="list-style-type: none"> <li>• Put out RFP's</li> <li>• Attend monthly city council meetings</li> <li>• Find space</li> <li>• Hire medically licensed staff</li> <li>• Collaborate with local and non-</li> </ul>	<ul style="list-style-type: none"> <li>• Medically licenses staff</li> <li>• Space to include isolation area</li> <li>• Sufficient beds</li> </ul>	Expansion through Darrin's Place = 1-2 years Rep will attend next Oct. city	<ul style="list-style-type: none"> <li>• Political red tape</li> <li>• Sub Oxone given at jails</li> </ul> Admission to detox requires a 10 day detox period.	Elijah Meason from Darrin's Place is working on expansion and agrees to attend Oct. city council meeting.  Peggy Sue Martinez-City Counsel woman has been discussing city's detox facility at meetings.

	<p>local facilities for referrals</p> <ul style="list-style-type: none"> <li>• Give individuals the option</li> </ul>		<p>council meeting</p> <p>City's new facility plan = unknown but can take up to 10 years</p>	<p>For local referrals:</p> <ul style="list-style-type: none"> <li>• Access to substances</li> <li>• Ability to leave</li> <li>• Family or other unhealthy relations</li> </ul>	
Same day admissions	<ul style="list-style-type: none"> <li>• Get pharmacy board bought in</li> <li>• Obtain clinical licensing</li> <li>• Create in-house pharmacy</li> </ul>	<ul style="list-style-type: none"> <li>• In-house pharmacy</li> <li>• Medical staff to conduct evaluations</li> <li>• Clearance for labs obtained</li> <li>• Isolation area</li> <li>• CARF accreditation</li> </ul>	<p>At time of opening for new or expanded services</p> <p>Takes one full day for admission clearance (this is delayed with length of time for labs to be completed to gain clearance.)</p>	<p>Having enough beds after initial 2 week detox period for RTC</p> <p>Not having enough RTC's creates a waitlist</p>	Elijah Meason –could seek assistance from other listed group members

<p>Sliding fee scale with acceptance of Medicaid and Medicare</p>	<ul style="list-style-type: none"> <li>• Gain block grant funds from the state</li> <li>• Obtain accreditation through CARF</li> </ul>	<ul style="list-style-type: none"> <li>• Funding</li> <li>• Accreditation</li> <li>• Rural Health Care Delivery Grant</li> </ul>	<p>Minimum of 90 days for MCO's to include Medicare</p> <p>Unknown timeframe for other insurances</p>	<ul style="list-style-type: none"> <li>• Insurance acceptance (for example many do not accept I/BS)</li> <li>• Obtaining credentials and/or required accreditations                         <ul style="list-style-type: none"> <li>▪</li> </ul> </li> <li>• Too many facilities                         <ul style="list-style-type: none"> <li>▪</li> </ul> </li> </ul>	<p>Elijah Meason –could seek assistance from other listed group members</p>
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## Priority 4: Expanding Utilization of CPSW's

These should be considered on included in each of the objectives:

- What education and training needs to occur to achieve this objective?
- What data should be collected and what information sharing should be shared to support this objective?
- How can peers be included in this objective?
- How do we ensure diversity and inclusion in this objective?
- How can we identify people with behavioral health issues earlier and ensure the use of evidence-based screening and assessment?
- How can we improve communication?
- What transportation options need to be considered?
- How does a criminal record create a barrier to achieve the objective?

<b>Priority: Expanding Utilization of CPSW's</b>					
<b>Objective</b>	<b>Activities/Tasks</b>	<b>Resources</b>	<b>Timeframe</b>	<b>Barriers</b>	<b>Responsibility</b>
<i>What do we want to achieve?</i>	<i>What do we have to do to meet the objective?</i>  <i>What are the specific tasks to meet the objective(s)?</i>	<i>What resources are necessary to complete the activity? (people, time, space, equipment, money, access to services)</i>  <i>What data exists in this space?</i>	<i>How much time is required for the activity/task?</i>  <i>When can action begin on this activity/task?</i>	<i>Are there any potential barriers to consider?</i>	<i>Who will take the lead?</i>  <i>Who should be at the table for collaboration?</i>  <i>Who is already engaged in this activity?</i>

<p>Get with OPRE to share the education plan, and gather data about CPSWs.</p> <p>What does the data say?</p> <p><a href="#">Anita Martinez</a>-OPRE</p> <p>Melisha Montano-OPRE</p>	<p>Rodger Montoya will take the lead to help facilitate connections with agencies. *Linda Lopez, Alisha Martinez</p> <p>*Help create the PowerPoint.</p> <p>Melisha Montano</p>	<p>Rodger Montoya Krossroads, City, and County.</p> <p>CJCC- presentation, subcommittee</p>	<p>Immediately-email/phone call will go out to Melisha Montoya/OPRE.</p> <p>CJCC- presentation, subcommittee</p>	<p>Stigma</p> <p>Criminal History</p> <p>Hiring agencies</p> <p>Funding</p> <p>Mechanism for jobs who will hire CPSW's</p> <p>pay bands for CPSW's DOH-funding CHW funding</p>	<p>Rodger Montoya-pending</p> <p>Sixto Aguirre</p>
<p>Education the Commity on CPSW.</p> <p>Identify where CPSW's should be positioned</p>	<p>Powerpoint presentation. *get data from programs,</p> <p>*spreadsheet where we can keep a list of who is certified and where they are working.</p>	<p>CJCC- presentation, subcommittee</p> <p>CPSW champions who already exist.</p>	<p>Immediately</p> <p>HR; Departments - Discussions on CPSW preferred</p> <p>creating on Central Board funding to pay for certifications</p>	<p>Stigma</p> <p>Criminal History</p> <p>Hiring agencies</p> <p>Funding</p> <p>Mechanism for jobs who will hire CPSW's</p> <p>pay bands for CPSW's</p> <p>DOH-funding CHW funding</p>	<p><a href="#">Joshua Trujillo</a>-email list will go out of places that could benefit from a position CPSW.</p> <p>Can AOC education department assist in the creation of the presentation? Judge L will ask the Supreme Court about presenting on the needs and benefits of CPSWs.</p>
<p>Statue Change</p>	<p>Presenting</p>	<p>CJCC- presentation, subcommittee</p>	<p>6 months</p>		

## Priority 5: Mobile Crisis Unit

These should be considered on included in each of the objectives:

- What education and training needs to occur to achieve this objective?
- What data should be collected and what information sharing should be shared to support this objective?
- How can peers be included in this objective?
- How do we ensure diversity and inclusion in this objective?
- How can we identify people with behavioral health issues earlier and ensure the use of evidence-based screening and assessment?
- How can we improve communication?
- What transportation options need to be considered?
- How does a criminal record create a barrier to achieve the objective?

<b>Priority: Mobile Crisis Unit</b>					
<b>Objective:</b> <i>What do we want to achieve?</i>	<b>Activities/Tasks:</b> <i>What do we have to do to meet the objective?</i>  <i>What are the specific tasks to meet the objective(s)?</i>	<b>Resources:</b> <i>What resources are necessary to complete the activity? (people, time, space, equipment, money, access to services)</i>  <i>What data exists in this space?</i>	<b>Timeframe:</b> <i>How much time is required for the activity/task?</i>  <i>When can action begin on this activity/task?</i>	<b>Barriers:</b> <i>Are there any potential barriers to consider?</i>	<b>Responsibility:</b> <i>Who will take the lead?</i>  <i>Who should be at the table for collaboration?</i>  <i>Who is already engaged in this activity?</i>
Establish the services and model (through a CCBHC) <ul style="list-style-type: none"> <li>• Overdose response</li> <li>• Narcan access</li> <li>• LPCC/Peers</li> </ul>	<ul style="list-style-type: none"> <li>• Gather input regarding definition of service</li> <li>• Determine location</li> <li>• Gather stakeholder team (CPSWs, LEOs, EMS, Inside Out,</li> </ul>	<ul style="list-style-type: none"> <li>• Community survey</li> <li>• CJCC presentation</li> <li>• Survey</li> <li>• Review materials from nearby communities</li> <li>• DOH Call Logs (NM Stars)</li> <li>• Diversion Guide: Implementation Plans</li> </ul>	<ul style="list-style-type: none"> <li>• 90 days</li> <li>• Convene Meeting for additional stakeholders</li> </ul>	<ul style="list-style-type: none"> <li>• Funding</li> <li>• Collaboration</li> <li>• LE Buy In</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Judge Lidyard to schedule</b></li> </ul>

	Crisis Center, Fire Rescue, Dr. Dadzie, Dr. Ketchum, Melisha Montano/Anita Mesa)				
Establish the Funding:  (payer of last resort)	<ul style="list-style-type: none"> <li>• Grant applications</li> <li>• RFPs</li> </ul>	<ul style="list-style-type: none"> <li>• County funds</li> <li>• Medicaid</li> <li>• Public safety GRT</li> <li>• SAMHSA, COSAP, JMHCP</li> <li>• BHSD/HHS</li> <li>• LANL</li> <li>• Congressional Spending grant</li> <li>• Opioid Settlement</li> <li>• AOC IT</li> <li>• Liquor Excise</li> <li>• Block Grant SAMHSA</li> </ul>	<ul style="list-style-type: none"> <li>• 6 months-1 year</li> </ul>	<ul style="list-style-type: none"> <li>• Leadership buy-in</li> <li>• Funding/fiscal agent</li> </ul>	<ul style="list-style-type: none"> <li>• CJCC</li> <li>• BHSD/HCA</li> </ul>
Re-Invigorate the CJCC MCT	RAC Stop United Way Promoting 100% Rio Arriba	<ul style="list-style-type: none"> <li>• CJCC</li> </ul>	1-2 Months at next CJCC meeting, share the action plan	<ul style="list-style-type: none"> <li>• Buy-in</li> <li>• Needs champions</li> <li>• Consistency</li> </ul>	Judge Lidyard Julia Shaneen CJCC Coordinate

## Appendix F: Rio Arriba County Community Survey

NCSC and NMAOC surveyed the prospective attendees of the Community SIM Mapping to ascertain Rio Arriba County's level of collaboration and activities relating to the local behavioral health system and community resources and supports for persons with mental health or substance use disorders. The survey was conducted as part of the planning for the Rio Arriba County Sequential Intercept Mapping Workshop. Responses will be used to inform efforts to identify opportunities for improving systems and responses for persons with mental health and substance use disorders. Individual responses are confidential, so all information is reported in aggregate.

### Respondents

There were sixteen total responses, 12 complete and four partial. Respondents represented a wide range of community members including justice partners, behavioral health and social service providers, community members and persons with lived experience, elected and tribal officials, and funders.

### Collaboration and Capacity Building

Respondents were provided 13 statements regarding the degree of collaboration and capacity building present between agencies in Rio Arriba County surrounding behavioral health and justice. Respondents were asked to choose their level of agreement on a 5-point Likert scale ranging from Strongly Disagree (1) to Strongly Agree (5), with 'Don't Know' as an additional option that was not scored. Scores were averaged to provide an overall score for each item ranging from 1.0 to 5.0. The higher the score, the more agreement that Rio Arriba County engages in that collaboration or capacity building activity. The results of that survey are provided in **Table 1**. Scores in this section were largely above 3.0, indicating some degree of agreement overall. Two items, the routine sharing of data among stakeholders and a comprehensive assessment of funding sources targeting mental health and substance use disorders scored below 3.0, indicating general disagreement with the statements.

**Table 1: Collaboration and Capacity Building in Rio Arriba County**

Statement	Rio Arriba County
<b>There is cross-system recognition that many adults involved with the justice system experience mental health and substance use disorders. (n=16)</b>	3.9
<b>There is cross-system recognition that responding to adults with mental health and substance use disorders is the responsibility of all systems. (n=16)</b>	3.6
<b>The justice and behavioral health systems are engaged in collaborative and comprehensive efforts to foster a shared understanding of gaps at each point in the justice system. (n=16)</b>	3.0

Statement	Rio Arriba County
Family members and people with lived experience are engaged as stakeholders in justice and behavioral health collaborations, such as committees, task forces, and advisory boards. (n=16)	3.1
Stakeholders have established a shared mission and common goals to facilitate collaboration between behavioral health, justice, and community systems. (n=16)	3.3
Stakeholders engage in frequent communication on behavioral health issues, including opportunities, challenges, and oversight of existing initiatives. (n=15)	3.1
Stakeholders focus on overcoming barriers to implementing effective programs and policies regarding mental illness and substance use disorders. (n=15)	3.3
Stakeholders share data on a routine basis for the purposes of program planning, program evaluation, and performance measurement. (n=16)	2.9
Stakeholders share resources and staff to support initiatives focused on mental illness and substance use disorders. (n=16)	3.2
Stakeholders engage in cross-system education and training to improve collaboration and understanding of different agency priorities, philosophies, and mandates. (n=15)	3.1
Based on research, evidence, and guidance on best practices, stakeholders are willing to change beliefs, behaviors, practices, and policies relating to mental health and substance use disorders. (n=15)	3.4
A comprehensive analysis of funding sources and streams targeting mental health and substance use disorders has been conducted for this region. (n=16)	2.5
Stakeholders are knowledgeable about trauma-informed and evidence-based strategies for persons with mental health and substance use disorders. (n=14)	3.3

## Access to Services

Respondents were provided 26 statements regarding access to services in Rio Arriba County. Respondents were asked to choose their level of agreement on a 5-point Likert scale ranging from Strongly Disagree (1) to Strongly Agree (5), with 'Don't Know' as an additional option that was not scored. Scores were averaged to provide an overall score for each item ranging from 1.0 to 5.0. The higher the score, the more agreement that Rio Arriba County services are accessible. The results of that survey are provided in **Table 2**. Scores in this section were all below 3.0, indicating some degree of disagreement for all items. Scores on five items fell below 2.0, indicating strong disagreement. Those include timely access to housing, childcare, childcare subsidies, legal services, and services for those with intellectual disabilities.

**Table 2: Access to Services in Rio Arriba County**

Statement	Rio Arriba County
People in Rio Arriba County have timely access to navigation services facilitating identification of and access to programs and resources. (n=14)	2.4
People in Rio Arriba County have timely access to care coordination services. (n=14)	2.6
People in Rio Arriba County have timely access to education, skills training, job opportunities, and work supports to move into stable work that generates a livable wage. (n=13)	2.4
People in Rio Arriba County have timely access to adequate housing options and housing supports. (n=14)	1.7
People in Rio Arriba County have timely access to adequate energy assistance options. (n=12)	2.5
People in Rio Arriba County have timely access to food insufficiency support (SNAP, WIC, etc.). (n=12)	3.0
People in Rio Arriba County have timely access to financial support (TANF, etc.). (n=13)	2.8
People in Rio Arriba County have timely access to affordable, high-quality childcare. (n=14)	1.9
People in Rio Arriba County have timely access to subsidies to assist with cost of high-quality childcare. (n=13)	1.9
People in Rio Arriba County have timely access to prosocial activities and peer supports. (n=14)	2.6
People in Rio Arriba County have timely access to health insurance enrollment/adjustment. (n=12)	2.3
People in Rio Arriba County have timely access to primary medical care. (n=13)	2.2
People in Rio Arriba County have timely access to dental care. (n=12)	2.3
People in Rio Arriba County have timely access to mental health services, including treatment for trauma. (n=14)	2.3
People in Rio Arriba County have timely access to substance use disorder treatment and supports. (n=14)	2.6
People in Rio Arriba County have timely access to youth substance use disorder treatment and supports. (n=13)	2.2
People in Rio Arriba County have timely access to family recovery support services. (n=12)	2.3
People in Rio Arriba County have timely access to early intervention services. (n=13)	2.2
People in Rio Arriba County have timely access to home visiting programs. (n=10)	2.1
People in Rio Arriba County have timely access to domestic violence services. (n=10)	2.4
People in Rio Arriba County have timely access to informal social supports (e.g., parent support groups, faith-based groups). (n=11)	2.4
People in Rio Arriba County have timely access to legal services. (n=11)	1.8

Statement	Rio Arriba County
People in Rio Arriba County have timely access to immigration services. (n=10)	2.1
People in Rio Arriba County have timely access to intellectual disabilities services for adults. (n=10)	1.9
People in Rio Arriba County have timely access to peer support/mentors. (n=12)	2.5
People in Rio Arriba County receive information and services responsive to their culture and language. (n=12)	2.5

## Court Staff

Respondents were provided seven (7) statements court staff in Rio Arriba County surrounding behavioral health and justice. Respondents were asked to choose their level of agreement on a 5-point Likert scale ranging from Strongly Disagree (1) to Strongly Agree (5), with ‘Don’t Know’ as an additional option that was not scored. Scores were averaged to provide an overall score for each item ranging from 1.0 to 5.0. The higher the score, the more agreement that Rio Arriba County engages in that collaboration or capacity building activity. The results of that survey are provided in **Table 3**. Scores in this section were largely above 3.0 on four measures, indicating some degree of agreement, and under 3.0 on three items, indicating general disagreement with the statements. The areas of focus for improvement include regular training on trauma, mental health, SUD, and domestic violence, tailoring court to individual needs, and allowing court respondents to be heard in proceedings. The last two are key elements in access to and perceptions of procedural fairness.

**Table 3: Court Staff, Behavioral Health, and Justice in Rio Arriba County**

Statement	Rio Arriba County
Court staff understand and are supportive of evidence-based strategies to address mental health and substance use disorders. (n=13)	3.4
Court staff understand and are supportive of evidence-based strategies to address mental health and substance use disorders. (n=13)	3.2
Court staff facilitate access to community-based treatment and services. (n=13)	3.2
Court staff accept the clinical decisions that medical and behavioral health treatment professionals recommend on the treatment of behavioral health issues. (n=12)	3.6
Court staff receive sufficient and regular training on trauma, substance use disorders, mental health, and domestic violence. (n=11)	2.8
Court time frames are individualized and tailored to the needs of each person. (n=11)	2.6

Statement	Rio Arriba County
Court staff elicit and engage the perspective of the court respondent in proceedings. (n=12)	3.1

## Sequential Intercept Best Practices

This portion of the community assessment collected information on community the adequacy of resources and processes related to best practices at each intercept. Community service areas covered included a full range of crisis, substance use, mental health, , and complementary services. The survey also examined existing pretrial and probation services to determine their adequacy.

### Intercepts 0 & 1

#### Crisis Services

Respondents were asked about the utilization of and or need for common crisis services in their county, and what changes, if any to existing services need to be made. All core crisis services and best practices are taken from SAMHSA's National Guidelines for Behavioral Health Crisis Care.<sup>28</sup>

**Regional Crisis Call Centers** are regional 24/7 clinically staffed hub/crisis call center that provides crisis intervention capabilities (telephonic, text and chat). Such a service should meet National Suicide Prevention Lifeline (NSPL) standards for risk assessment and engagement of individuals at imminent risk of suicide and offer quality coordination of crisis care in real-time.

Regional Crisis Call Centers	Rio Arriba County (n=12)
Exists, No Changes Needed	3
Exists, Changes Needed	4
Does Not Exist, Needed	3
Does Not Exist, Not Needed	0
Don't Know	2

A little over half of respondents indicated that a regional crisis call center exists. The centers named included E-911, 988, NM Crisis and Access Line, ad Northern New Mexico Crisis Center. For those who noted that changes need to be made to the service, those changes included: more specialization of the services, better advertising, and providing 24-hour supportive services to people experiencing crisis. Three respondents indicated it is needed in the community.

<sup>28</sup> SAMHSA (2020). National Guidelines for Behavioral Health Crisis Care: Best Practice Toolkit. <https://www.samhsa.gov/sites/default/files/national-guidelines-for-behavioral-health-crisis-services-executive-summary-02242020.pdf>

**Mobile Crisis Response Teams** are teams of professionals offering community-based intervention to individuals in need wherever they are; including at home, work, or anywhere else in the community where the person is experiencing a crisis.

Mobile Crisis Response Teams	Rio Arriba County (n=12)
Exists, No Changes Needed	0
Exists, Changes Needed	4
Does Not Exist, Needed	4
Does Not Exist, Not Needed	1
Don't Know	3

A third of respondents indicated that a mobile crisis response team exists, but only one named an organization: Crisis Center of Northern New Mexico, which is a domestic violence services organization offering 24/7 shelter, crisis intervention, counseling, skills and knowledge groups, case management, and legal advocacy. For those who noted changes were necessary, those changes included having more specialized services and advertising more widely. Four respondents indicated it is needed in the community, and one indicated it is not.

**Crisis Receiving and Stabilization Services** offer the community a no-wrong-door access to mental health and substance use care; operating much like a hospital emergency department that accepts all walk-ins, ambulance, fire and police drop-offs, and is committed to never turning away a first responder or walk-in referral.

Crisis Receiving and Stabilization Services	Rio Arriba County (n=12)
Exists, No Changes Needed	0
Exists, Changes Needed	3
Does Not Exist, Needed	6
Does Not Exist, Not Needed	1
Don't Know	3

Most respondents indicated that crisis receiving and stabilization services do not exist in Rio Arriba County or that they were unaware of any. A quarter of respondents indicated that these services exist at Goodwill, Presbyterian Medical Services, and Crisis Center of Northern New Mexico, but that services could be improved by have more and varied access. Six respondents indicated it is needed in the community, and one indicated it is not.

**Short-Term Crisis Step-Down Facilities** are a strong step-down option to support individuals who do not require inpatient care after their crisis episode. SAMHSA calls these Short-Term Residential Facilities to communicate that they are not crisis facilities as they are not required to accept all referrals. Staffing for these programs is far less intensive than a crisis receiving and stabilization facility, and should minimally have a

licensed and/or credentialed clinician on location for several hours each day and on-call for other hours.

Short-Term Crisis Step-Down Facilities	Rio Arriba County (n=12)
Exists, No Changes Needed	0
Exists, Changes Needed	2
Does Not Exist, Needed	6
Does Not Exist, Not Needed	1
Don't Know	3

All regions except Region 5 had respondents that noted having short-term crisis step-down facilities. However, most regions' respondents noted they either did not have the service or were unsure if the service existed in their county. For those who noted they have the service but changes are necessary, those changes included: the need for better funding for step-down services; easier access to these services; re-instituting these services where they have gone defunct; better connections to safe, stable housing upon exit; more beds/availability; and having them located in closer proximity to emergency departments. Six respondents indicated it is needed in the community, and one indicated it is not.

**Peer Operated Respite** programs provide peer-staffed, restful, voluntary sanctuary for people in crisis, which is preferred by guests and increasingly valued in service systems. Peer-respite offers a low-cost, supportive step-down environment for individuals coming out of or working to avoid the occurrence of a crisis episode.

Peer Operated Respite	Rio Arriba County (n=12)
Exists, No Changes Needed	2
Exists, Changes Needed	0
Does Not Exist, Needed	6
Does Not Exist, Not Needed	1
Don't Know	3

The majority of respondents noted not having or being unsure about having peer-operated respite in Rio Arriba County, although two respondents noted having peer-operated respite services through peer-supported probation and pretrial services, and through ReRoute (the LEAD program). Six respondents indicated it is needed in the community, and one indicated it is not.

**Psychiatric Advance Directives (PAD)** are a legal tool that allow persons with mental illness to state their preferences for treatment in advance of a crisis. They can serve as a way to protect a person's autonomy and ability to self-direct care. Crisis providers are expected to always seek to understand and implement any existing PAD that has been developed by the individual during the evaluation phase and work to ensure the individual discharges from crisis care with an updated and accurate psychiatric advance

directive whenever possible. PAD creates a path to express treatment preferences and identify a representative who is trusted and legally empowered to make healthcare decisions on medications, preferred facilities and listings of visitors.

Psychiatric Advance Directives	Rio Arriba County (n=12)
Exists, No Changes Needed	0
Exists, Changes Needed	2
Does Not Exist, Needed	4
Does Not Exist, Not Needed	1
Don't Know	5

Most respondents were unsure if PAD exists in their county or believed that it does not. However, two respondents noted that PAD does exist through La Clinica del Pueblo de Rio Arriba, but that more services for PAD are needed. Four respondents indicated it is needed in the community, and one indicated it is not.

**Assisted Outpatient Treatment (AOT)** is the practice of providing community-based mental health treatment under civil court commitment to treat patients with serious mental history and a history of treatment failure. AOT (also known as involuntary outpatient commitment, conditional release, and other terms) involves petitioning local courts to order individuals to enter and remain in treatment within the community for a specified period of time. AOT is intended to facilitate the delivery of community-based outpatient mental health treatment services to individuals with SMI that are under court order, as authorized by state mental health statute.<sup>29</sup>

Assisted Outpatient Treatment	Rio Arriba County (n=12)
Exists, No Changes Needed	0
Exists, Changes Needed	5
Does Not Exist, Needed	6
Does Not Exist, Not Needed	0
Don't Know	1

The majority of respondents didn't know or thought AOT did not exist in Rio Arriba County, however five respondents indicated that AOT is available through Hoy Recovery, Rio Arriba County STOP, Krossroads, and Inside Out. All indicated that changes including more staff, more options, and expansion to provide detox and medicated assisted treatment options would be welcome. Six respondents indicated it is needed in the community.

**Law Enforcement Crisis Intervention Teams Training (CIT)** involves police training by mental health professionals in order to provide crisis intervention and act as liaisons to the mental health system. CIT training for law enforcement includes educating officers

<sup>29</sup> <https://www.samhsa.gov/sites/default/files/grants/pdf/sm-16-11.pdf>

about mental illness, substance use and abuse, psychiatric medications, and strategies for identifying and responding to a crisis. CIT necessitates a strong partnership and close collaboration between the police officers and mental health programs that includes the availability of a crisis setting where police can drop off people experiencing a mental health crisis.

Law Enforcement Crisis Intervention Teams (CIT) Training	Rio Arriba County (n=12)
Exists, No Changes Needed	1
Exists, Changes Needed	2
Does Not Exist, Needed	6
Does Not Exist, Not Needed	0
Don't Know	3

One quarter of respondents indicated Rio Arriba County Sheriff's Office and the Rio Arriba County Crisis Intervention Training Program are utilizing CIT training for law enforcement. Changes that were noted as being needed included crisis and 988 response, LEAD training, and de-escalation training. Six respondents indicated it is needed in the community.

**Law Enforcement Co-Responder Programs** are a response to crisis where law enforcement agencies dedicate specially trained personnel and team them with clinically trained individuals to respond to mental health crises. These programs vary in design, from embedded clinical staff housed at the law enforcement agency, to dual dispatch of mobile crisis and law enforcement, to telehealth provided via the officer's tablet or laptop to the person in crisis.

Law Enforcement Co-Responder Programs	Rio Arriba County (n=12)
Exists, No Changes Needed	0
Exists, Changes Needed	2
Does Not Exist, Needed	6
Does Not Exist, Not Needed	1
Don't Know	3

Two respondents indicated that a co-responder program exists in Rio Arriba County, but were unsure who runs the program. The rest of the respondents were unsure or thought there was no program. Changes needed included incorporating the program into the schools and adding shelter, 988, and mobile response services. Six respondents indicated it is needed in the community, and one indicated it is not.

**Overdose Response Teams** (also called post-overdose response teams, quick response teams, rapid response teams, etc.) are an emerging strategy to meaningfully engage with people who have experienced overdose. These teams follow up with patients who have experienced an overdose within 72 hours. Teams seek to link the

patient with appropriate care ranging from harm reduction services to treatment to recovery supports.<sup>30</sup>

Overdose Response Teams	Rio Arriba County (n=12)
Exists, No Changes Needed	0
Exists, Changes Needed	3
Does Not Exist, Needed	6
Does Not Exist, Not Needed	0
Don't Know	3

One quarter of respondents indicated that there is an opioid response team in Rio Arriba County through their RACOUD Team. The remaining respondents indicated they were unsure or that no such team was in the county. Changes that would be welcome included incorporating research studies to guide overdose conversation. Six respondents indicated it is needed in the community.

**Crisis Triage Centers** offer in-person treatment and services to people experiencing a behavioral health emergency. These centers may offer short-term treatment, group and individual therapy, medical assessment, peer respite, medication administration and rehabilitation services, among other ongoing support options. In many counties, crisis triage centers are federally-funded Certified Community Behavioral Health Clinics (CCBHCs) that provide integrated and evidence-based services to residents.<sup>31</sup>

Crisis Triage Centers	Rio Arriba County (n=12)
Exists, No Changes Needed	1
Exists, Changes Needed	2
Does Not Exist, Needed	4
Does Not Exist, Not Needed	1
Don't Know	4

The majority of respondents indicated that they were unsure or do not have a crisis triage center in Rio Arriba County. A quarter of respondents indicated that Presbyterian Hospital provides these services. No specifics on changes needed were provided. Four respondents indicated it is needed in the community, and one indicated it is not.

**Brief Intervention and Treatment** refers to a brief universal screening, time-limited intervention, and referral to treatment. Success in substance use treatment has led to use with other behavioral health issues, including anxiety and depression. Brief

<sup>30</sup> <https://www.ncdhhs.gov/about/department-initiatives/opioid-epidemic/first-responders>

<sup>31</sup> <https://www.naco.org/events/somewhere-go-during-behavioral-health-emergency-crisis-triage-centers-and-behavioral-health>

Intervention and Treatment is designed for primary and emergency care providers to stabilize an individual so they can be referred to more appropriate treatment.

Brief Intervention and Treatment	Rio Arriba County (n=12)
Exists, No Changes Needed	0
Exists, Changes Needed	2
Does Not Exist, Needed	6
Does Not Exist, Not Needed	0
Don't Know	4

Two respondents indicated that BIT does exist in the community, provided by many treatment providers in the area. The remainder of respondents were unsure or indicated the services do not exist in the county. No specifics on changes needed were provided.

### Substance Use Services

Respondents were asked about the utilization of and or need for common substance use disorder (SUD) services in their county, and what changes, if any to existing services need to be made.

**Prevention & Early Intervention** strategies can reduce the impact of substance use on communities. Prevention activities work to educate and support individuals and communities to prevent the use and misuse of drugs and the development of substance use disorders. Early intervention is the American Society of Addiction Medicine (ASAM)'s<sup>32</sup> lowest level (0.5) of assessed care. It includes assessment and education for individuals with risk factors related to substance abuse who do not have a confirmed substance use disorder.

Prevention & Early Intervention	Rio Arriba County (n=9)
Exists, No Changes Needed	1
Exists, Changes Needed	2
Does Not Exist, Needed	3
Does Not Exist, Not Needed	1
Don't Know	2

Three respondents indicated that early intervention services are provided through the county's LEAD program (ReRoute) and could be improved with more funding. All other respondents were unsure or indicated the service is unavailable. Three respondents indicated it is needed in the community, and one indicated it is not.

**Adolescent Community Reinforcement Approach (A-CRA)** is behavioral intervention that aims to support adolescents and young adults with substance use disorders. The

<sup>32</sup> <https://www.aetna.com/document-library/healthcare-professionals/documents-forms/asam-criteria.pdf>

treatment aims to support adolescents' substance use recovery by encouraging positive family and peer relationships and helping adolescents engage in prosocial activities. ACRA is rated as a promising practice because at least one study achieved a rating of moderate or high on study design and execution and demonstrated a favorable effect on a target outcome.<sup>33</sup>

Adolescent Community Reinforcement Approach	Rio Arriba County (n=9)
Exists, No Changes Needed	0
Exists, Changes Needed	1
Does Not Exist, Needed	4
Does Not Exist, Not Needed	0
Don't Know	4

The majority of respondents were unsure or unaware if ACRA is utilized in their community. One respondent indicated that it exists but is unsure who runs the service and that it needs more funding. Four respondents indicated it is needed in the community.

**SUD Assessment** is a process for defining the nature of the problem, determining diagnosis, and developing specific treatment recommendations for addressing the diagnosis. It is often confused with screening, which is a process for evaluating the possible presence of a particular problem. Assessment is far more involved and may involve the use of multiple screening instruments and the exploration of biological, psychological and social factors that contribute to the issue or diagnosis.<sup>34</sup>

SUD Assessment	Rio Arriba County (n=9)
Exists, No Changes Needed	1
Exists, Changes Needed	3
Does Not Exist, Needed	0
Does Not Exist, Not Needed	1
Don't Know	4

Four respondents indicated that SUD assessment is available in Rio Arriba through Krossroads, Hoy, Darrin's Place, Inside Out, Mountain Center, and Santa Fe Recovery. It was also indicated that more providers are needed and more funding to start up new programs. One respondent indicated it is not needed in the community.

**Outpatient SUD Treatment (OP)** is ASAM Level 1.0 community-based care. For adults it is fewer than 9 hours of services per week, and fewer than 6 for adolescents.

<sup>33</sup> <https://prevention.services.acf.hhs.gov/programs/233/show>

<sup>34</sup> <https://www.ncbi.nlm.nih.gov/books/NBK83253/>

Outpatient care is generally reserved for persons who have no significant withdrawal risks, no or stable biomedical conditions or complications, no or stable emotional/behavioral/ cognitive conditions or complications, are ready for recovery but needs strategies to strengthen that readiness, are able to maintain abstinence or control their use with minimal support, and have a supportive environment and adequate coping skills.

Outpatient SUD Treatment	Rio Arriba County (n=9)
Exists, No Changes Needed	1
Exists, Changes Needed	4
Does Not Exist, Needed	0
Does Not Exist, Not Needed	1
Don't Know	3

Five respondents indicated that they have outpatient level of care in their community through Krossroads, Hoy, Porchlight, and Mountain Center, but that mor providers are needed. One respondent indicated it is not needed in the community.

**Intensive Outpatient SUD Treatment (IOP)** is ASAM level 2.1 community-based care. For adults it is 9 or more hours of services per week, and 6 or more for adolescents. IOP is reserved for those patients with minimal withdrawal risk, no or non-distracting biomedical conditions, mild emotional/behavioral/cognitive conditions or complications, require a structured treatment program due to variable engagement, have a high likelihood of relapse without close monitoring and support, and who have coping skills despite and unsupportive environment.

Intensive Outpatient SUD Treatment	Rio Arriba County (n=9)
Exists, No Changes Needed	2
Exists, Changes Needed	3
Does Not Exist, Needed	0
Does Not Exist, Not Needed	1
Don't Know	3

Five respondents indicated that IOP available in their community through Krossroads, Mountain Center, Porchlight, and Darrin’s Place. It was noted that most groups are done via telehealth and would like to see in-person groups return with transportation provided for clients. Three respondents indicated it is needed in the community, and one indicated it is not.

**SUD Day Treatment** is ASAM level 2.5 partial hospitalization services. It provides 20 or more hours of service per week. Day treatment is reserved for those who are at moderate risk of severe withdrawal, have no or non-distracting biomedical conditions,

mild to moderate emotional/behavioral/cognitive conditions or complications, have poor treatment engagement and need near-daily structured programming, have a high likelihood of relapse without near daily monitoring and support, and have an unsupportive environment but can cope with structure and support.

SUD Day Treatment	Rio Arriba County (n=9)
Exists, No Changes Needed	1
Exists, Changes Needed	2
Does Not Exist, Needed	2
Does Not Exist, Not Needed	1
Don't Know	3

Three respondents indicated that they have day treatment services in their community, but were unable to name them or provide information regarding needed changes to existing services. Two respondents indicated it is needed in the community, and one indicated it is not needed.

**Residential SUD Treatment (Non-Medical)** is ASAM level 3.1 clinically managed low-intensity residential services. It provides 24-hour structure with available personnel and at least five hours of clinical service per week. Non-medical residential treatment is reserved with those for no to stable withdrawal, no or stable biomedical conditions, no or minimal emotional/behavioral/cognitive conditions or complications, are open to recovery but need a structured environment, understands relapse but needs more structure, and whose environment is dangerous to their recovery and need 24-hour structure.

Residential SUD Treatment	Rio Arriba County (n=9)
Exists, No Changes Needed	1
Exists, Changes Needed	3
Does Not Exist, Needed	3
Does Not Exist, Not Needed	0
Don't Know	2

Four respondents indicated they have residential services available through Hoy Recovery, Darrin's Place, Delancey Street, and Santa Fe Recovery. Improvements noted included providing staff for discharge planning and transportation, having more staff, and including more NM Certified Peer Support Services. Three respondents indicated it is needed in the community.

**Inpatient SUD Treatment (Non-Medical)** is ASAM level 3.3 clinically managed population-specific high-intensity residential services and 3.5 clinically managed high-intensity residential services. Level 3.3 provides 24-hour care with trained counselors and treatment for those with cognitive and other impairments. Level 3.5 provides similar care for those without cognitive impairments. Both levels serve patients who are at a

minimal to manageable withdrawal level, have no or stable biomedical conditions, and whose environment is dangerous to their recovery and need highly structured 24-hour care. Level 3.3 patients have mild to moderate emotional/behavioral/cognitive conditions or complications, and need interventions to stay engaged in treatment and prevent relapse. Level 3.5 patients require a 24-hour setting for stabilization of their emotional/behavioral/cognitive needs, have significant difficulty with treatment, and need skills to prevent continued use.

Inpatient SUD Treatment	Rio Arriba County (n=9)
<b>Exists, No Changes Needed</b>	1
<b>Exists, Changes Needed</b>	3
<b>Does Not Exist, Needed</b>	3
<b>Does Not Exist, Not Needed</b>	0
<b>Don't Know</b>	2

Four respondents indicated that non-medical inpatient services are available through Hoy Recovery, Delancey Street, and Darrin's Place. Changes needed include more staff, more programming, and more peer supports. Three respondents indicated it is needed in the community.

**Inpatient SUD Treatment (Medical)** is ASAM level 3.7 medically monitored intensive inpatient services and level 4.0 medically managed intensive inpatient services. Both levels provide 24-hour nursing care with physician availability. Level 4.0 provides 24-hour counselor availability while Level 3.7 provides 16-hour per day counselor availability. Level 3.7 is reserved for those with a manageable to high risk for withdrawal, requires 24-hour medical monitoring and a 24-hour structured setting for emotional/behavioral/cognitive conditions. It is for patients who have low interest in treatment, need motivational strategies, have challenges controlling use at less intensive levels of care, and whose environment is dangerous to their use and require a 24-hour structured setting. Level 4.0 serves those who are at high withdrawal risk and need full hospital resources. These patients have severe or unstable emotional/behavioral/cognitive challenges. Domains 4-6 are not utilized to determine level of care for Level 4.0.

Inpatient SUD Treatment	Rio Arriba County (n=9)
<b>Exists, No Changes Needed</b>	1
<b>Exists, Changes Needed</b>	2
<b>Does Not Exist, Needed</b>	2
<b>Does Not Exist, Not Needed</b>	0
<b>Don't Know</b>	4

Three respondents indicated Rio Arriba County has medical inpatient treatment, but were unsure who provides the services. Two respondents indicated it is needed in the community.

**Ambulatory Detox** is reserved for patients who are experiencing mild to moderate withdrawal, and is considered outpatient withdrawal monitoring. For those at Level I, outpatient service is monitored at predetermined levels, while those at Level II receive medically monitored day hospital care from licensed and credentialed nurses.

Ambulatory Detox	Rio Arriba County (n=9)
Exists, No Changes Needed	0
Exists, Changes Needed	1
Does Not Exist, Needed	5
Does Not Exist, Not Needed	0
Don't Know	3

One respondent indicated they have ambulatory detox services in the community, but did not provide any detail on who provides the service. Over half of respondents indicated that inpatient/medical detox is needed in the community.

**Inpatient/Medical Detox** is reserved for patients who are experiencing moderate to severe withdrawal. There are three levels of medical detox including clinically managed residential for moderate withdrawal requiring 24-hour support, medically monitored inpatient withdrawal management that is for severe withdrawal requiring 24-hour nursing care and physician visits as needed; and medically managed intensive inpatient withdrawal management that is for severe, unstable withdrawal requiring 24-hour nursing care and daily physician visits.

Inpatient/Medical Detox	Rio Arriba County (n=9)
Exists, No Changes Needed	0
Exists, Changes Needed	2
Does Not Exist, Needed	5
Does Not Exist, Not Needed	0
Don't Know	2

Two respondents indicated that inpatient/medical detox is available in the community, at Hoy Recovery. It was noted that more treatment centers are needed. Over half of respondents indicated that inpatient/medical detox is needed in the community.

**Medication-Assisted Treatment (MAT)** is the use of medications, in combination with counseling and behavioral therapies, to provide a “whole-patient” approach to the treatment of substance use disorders. The prescribed medication operates to normalize brain chemistry, block the euphoric effects of alcohol and opioids, relieve physiological cravings, and normalize body functions without the negative and euphoric effects of the substance used.<sup>35</sup>

<sup>35</sup> <https://www.samhsa.gov/medication-assisted-treatment>

Medication-Assisted Treatment	Rio Arriba County (n=9)
Exists, No Changes Needed	1
Exists, Changes Needed	5
Does Not Exist, Needed	0
Does Not Exist, Not Needed	0
Don't Know	3

Two-thirds of respondents reporting having Medication Assisted Treatment available in the community at El Centro, Porchlight, Hoy Recovery, and two unnamed methadone clinics. Changes needed include more facilities, staff, and better access to services.

**Other Harm Reduction Programs.** Harm reduction is an approach that emphasizes engaging directly with people who use drugs to prevent overdose and infectious disease transmission, improve the physical, mental, and social wellbeing of those served, and offer low-threshold options for accessing substance use disorder treatment and other health care services. Harm reduction services save lives by being available and accessible in a matter that emphasizes the need for humility and compassion toward people who use drugs. Harm reduction plays a significant role in preventing drug-related deaths and offering access to healthcare, social services, and treatment. These services decrease overdose fatalities, acute life-threatening infections related to unsterile drug injection, and chronic diseases such as HIV/HCV. These harm reduction services include overdose reversal, linkage to HIV and viral hepatitis protection and vaccines, fentanyl test strips, needle exchange programs, safer smoking kits, etc.<sup>36</sup>

Other Harm Reduction Programs	Rio Arriba County (n=9)
Exists, No Changes Needed	1
Exists, Changes Needed	4
Does Not Exist, Needed	0
Does Not Exist, Not Needed	0
Don't Know	4

Over half of respondents indicated that they do have other harm reduction programs available in the community at Mountain Center, InsideOut, Hoy Recovery, and PMS Hospital. It was noted that more stakeholder buy-in is needed.

**Brief Intervention and Referral** is a comprehensive, integrated, public health approach to the delivery of early intervention and treatment services for persons with substance use disorders, as well as those who are at risk of developing these disorders. Primary care centers, hospital emergency rooms, trauma centers, and other community settings provide opportunities for early intervention with at-risk substance users before more severe consequences occur. Screening quickly assesses the severity of substance use

<sup>36</sup> <https://www.samhsa.gov/find-help/harm-reduction>

and identifies the appropriate level of treatment. Brief intervention focuses on increasing insight and awareness regarding substance use and motivation toward behavioral change. Referral to treatment provides those identified as needing more extensive treatment with access to specialty care.<sup>37</sup>

Brief Intervention and Referral	Rio Arriba County (n=9)
Exists, No Changes Needed	1
Exists, Changes Needed	3
Does Not Exist, Needed	0
Does Not Exist, Not Needed	0
Don't Know	5

Four respondents indicated they do have access to brief intervention and referral services in the community, but no information about who provides the services or changes needed was provided.

**Peer Recovery Support Services (PRSS)** are designed and delivered by people who have experienced both substance use disorder and recovery. PRSS may include peer mentoring, peer-led support groups, peer led classes and seminars, assistance with transportation or accessing community services, and peer-managed recovery centers, sports leagues, and sober activities and supports.<sup>38</sup>

Peer Recovery Support Services	Rio Arriba County (n=9)
Exists, No Changes Needed	2
Exists, Changes Needed	4
Does Not Exist, Needed	0
Does Not Exist, Not Needed	0
Don't Know	3

Six respondents indicated that they do have PRSS available in the community at Eagle Village Recovery Housing, ReRoute, drug court, probation, pretrial, InsideOut, and Darrin's Place. Changes needed include more services in recovery housing, training more staff and funds to expand programs outside of the political arena, and ensuring peers (both in law enforcement and treatment settings) are trained and certified through the Office of Peer Recovery and Engagement.

**Substance Use Case Management** focuses on the whole individual and stresses comprehensive assessment, service planning, and service coordination to address multiple aspects of a patient's life. Case management enhances the scope of treatment and recovery by providing the patient with a single point of contact for multiple health

<sup>37</sup> <https://www.samhsa.gov/sbirt>

<sup>38</sup> <https://store.samhsa.gov/sites/default/files/d7/priv/sma09-4454.pdf>

and social services systems, patient advocacy, and patient-focused linkages and monitoring.<sup>39</sup>

Substance Use Case Management	Rio Arriba County (n=9)
Exists, No Changes Needed	2
Exists, Changes Needed	4
Does Not Exist, Needed	0
Does Not Exist, Not Needed	0
Don't Know	3

Six eight respondents indicated that they do have substance abuse case management services in the community at Hoy Recovery, Darrin's Place, Krossroads, ReRoute, InsideOut, RAC STOP, probation, pretrial, El Centro, and PMS Hospital. Changes needed include expanding programs with more funding, transportation, better access, and more certified peers.

**SUD Outreach Services** refers to recovery-oriented service delivery designed to offer evidence-based interventions to patients in the community. Similar to ACRA noted above, these interventions are provided in patients' homes or other places they may be. This may include anything from harm reduction strategies to case management and PRSS to outpatient treatment.<sup>40</sup>

SUD Outreach Services	Rio Arriba County (n=9)
Exists, No Changes Needed	0
Exists, Changes Needed	5
Does Not Exist, Needed	0
Does Not Exist, Not Needed	0
Don't Know	4

Five respondents indicated they have outreach services in the community through probation, pretrial, ReRoute, and InsideOut. Changes needed included developing a solid outreach program with New Mexico Sentencing Commission funds.

**Medical Services** refers to concurrent medical treatment for co-occurring chronic and acute medical needs while in treatment. It includes psychiatric care and medication monitoring, care for HCV and HIV and other infectious diseases and conditions; and having substance use services as part of integrated care or a "health home."<sup>41</sup>

Medical Services	Rio Arriba County (n=9)
Exists, No Changes Needed	1

<sup>39</sup> <https://store.samhsa.gov/sites/default/files/d7/priv/sma15-4215.pdf>

<sup>40</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6987469/>

<sup>41</sup> <https://www.ncbi.nlm.nih.gov/books/NBK424848/>

Medical Services	Rio Arriba County (n=9)
Exists, Changes Needed	4
Does Not Exist, Needed	1
Does Not Exist, Not Needed	0
Don't Know	3

Five respondents indicated they have medical services tied to substance use treatment in the community, through RAC STOP and PMS Hospital. Changes needed include developing a solid program outside of the hospital and improving/increasing access. One respondent indicated it is needed in the community.

**Co-Occurring or Integrated Treatment** coordinates mental and substance use interventions by linking people to other providers who can deliver individualized and personalized services to treat the physical and emotional aspects of mental and substance use disorders. There are three models for delivering care for co-occurring disorders: coordinated, co-located, and fully integrated. With integrated care, a more complete recovery is possible.<sup>42</sup>

Co-Occurring or Integrated Treatment	Rio Arriba County (n=9)
Exists, No Changes Needed	1
Exists, Changes Needed	4
Does Not Exist, Needed	1
Does Not Exist, Not Needed	0
Don't Know	3

Five respondents indicated that they have co-occurring or integrated treatment services in the community through Darrin's Place and PMS Hospital. Changes Needed include developing more programs and obtaining more funding. One respondent indicated it is needed in the community.

**Recovery Housing** is an intervention that is specifically designed to address the recovering person's need for a safe and healthy living environment while supplying the requisite recovery and peer supports. There are four levels of care in recovery housing. Level I includes Oxford Houses and typical residents are those who identify as being in recovery. They have no on-site staff and are peer to peer support. Level II includes sober living homes and is for those who are in stable recovery but want more structure and accountability. They have a resident house manager that holds house meetings and mutual support groups. Level III is for those who wish to have moderately structured daily schedule and life skill supports. They have a paid house manager, administrative support, certified PRSS staff, and on-site life skills training and PRSS. Level IV includes

<sup>42</sup> <https://www.samhsa.gov/co-occurring-disorders>

therapeutic communities and for those who require clinical oversight or monitoring. They have paid licensed or credentialed staff and provide on-site clinical services, mutual support groups, life-skills training, and PRSS.<sup>43</sup>

Recovery Housing	Rio Arriba County (n=9)
Exists, No Changes Needed	2
Exists, Changes Needed	2
Does Not Exist, Needed	3
Does Not Exist, Not Needed	0
Don't Know	2

Four respondents indicated they have recovery housing services available in the community through Espanola Pathways Shelter and Eagle Village Recovery Housing. Changes needed include more funding and innovative partnerships, reducing stigma associated with recovery housing, renovating existing housing and adding more recovery housing. Three respondents indicated it is needed in the community.

**Relapse Prevention** is a skills-based, cognitive-behavioral approach that requires patients and their clinicians to identify situations that place the person at greater risk for relapse – both internal experiences (e.g., positive thoughts related to substance use or negative thoughts related to sobriety that arise without effort, called “automatic thoughts”) and external cues (e.g., people that the person associates with substance use). Then, the patient and clinician work to develop strategies, including cognitive (related to thinking) and behavioral (related to action), to address those specific high-risk situations. With more effective coping, the patient develops increased confidence to handle challenging situations without alcohol and other drugs (i.e., increased self-efficacy).<sup>44</sup>

Relapse Prevention	Rio Arriba County (n=9)
Exists, No Changes Needed	0
Exists, Changes Needed	5
Does Not Exist, Needed	1
Does Not Exist, Not Needed	0
Don't Know	3

Five respondents indicated that they have relapse prevention services in the community through Krossroads and RAC STOP. Changes needed include increasing services, and putting them all under one umbrella to improve wraparound services. One respondent indicated it is needed in the community.

<sup>43</sup> <https://www.samhsa.gov/sites/default/files/housing-best-practices-100819.pdf>

<sup>44</sup> <https://www.recoveryanswers.org/resource/relapse-prevention-rp/>

**Self-Help Support Groups** can aid recovery from substance use disorders and facilitate personal growth through self-exploration and peer support. Although these groups are not a part of professional treatment, they can provide a rich source of support for recovery and complement other treatment. Mutual self-help groups provide a forum and opportunity for individuals in recovery to connect with others who have similar experiences and goals, allowing them to build relationships within a substance-free support network. These groups are typically free, anonymous, and easily accessible; as such, these groups can be readily available over the long-term trajectory of recovery. Mutual self-help groups include a variety of programs, with 12-step programs (e.g., Alcoholics Anonymous, AA; or Narcotics Anonymous, NA) and Self-Management and Recovery Training (SMART Recovery) being the most common ones.<sup>45</sup> These groups may be in person or virtual. Courts requiring defendants to attend self-help groups must ensure secular options are available, as groups based on 12-step programs have a religious/spiritual component.

Self-Help Support Groups	Rio Arriba County (n=9)
Exists, No Changes Needed	0
Exists, Changes Needed	5
Does Not Exist, Needed	1
Does Not Exist, Not Needed	0
Don't Know	3

Five respondents indicated that they have self-help groups in the community through AA and NA. It was noted that an ad campaign should be created to support self-help groups. One respondent indicated it is needed in the community.

**Aftercare Services**, sometimes referred to as ‘continuing care’ are structured care to help the patient continue the progress they have made after completing a level of care. Aftercare planning begins in that highest level of care, and focuses on what the patient will need to support their recovery, prevent relapse, and help achieve their goals. An aftercare plan includes activities, interventions, and resources to help a recovering person cope with triggers, stress, and cravings that they may face when treatment is over. Each patient’s aftercare plan will vary based upon their own needs.<sup>46</sup>

Aftercare Services	Rio Arriba County (n=9)
Exists, No Changes Needed	1
Exists, Changes Needed	5
Does Not Exist, Needed	0
Does Not Exist, Not Needed	0
Don't Know	3

<sup>45</sup> <https://www.va.gov/WHOLEHEALTHLIBRARY/tools/recovery-based-mutual-self-help-groups.asp>

<sup>46</sup> <https://americanaddictioncenters.org/addiction-treatment-aftercare>

Six respondents indicated that they have aftercare services in the community, but did not specify the name of the provider(s) or the changes needed.

### Mental Health Services

Respondents were asked about the utilization of and or need for common mental health services in their county, and what changes, if any to existing services need to be made.

**Early Identification and Intervention** requires early and periodic screening, diagnosis, and treatment for genetic, behavioral, and environmental risk factors mental health disorders. Research indicates that intervening early can interrupt the negative course of some mental illnesses and may, in some cases, lessen long-term disability. New understanding of the brain science indicates that early identification and intervention can sharply improve outcomes and that longer periods of abnormal thoughts and behavior have cumulative effects and can limit capacity for recovery.<sup>47</sup>

Early Identification and Intervention	Rio Arriba County (n=6)
Exists, No Changes Needed	0
Exists, Changes Needed	1
Does Not Exist, Needed	2
Does Not Exist, Not Needed	1
Don't Know	2

One respondent indicated that they have early identification and intervention services in the community, but did not specify the name of the provider(s) or the changes needed. Two respondents indicated it is needed in the community, and one indicated it is not needed.

**Mental Health Evaluation** is an examination used to ascertain whether or not a patient is functioning on a healthy psychological, social, or developmental level. A mental health assessment can also be used to aid diagnosis of some neurological disorders, specific diseases, or possible drug abuse. These assessments are carried out by licensed, credentialed clinicians, and include a mental status exam, review of patient history, and written and verbal tests, and may include a physical examination and clinical tests such as an MRI or CT scan.<sup>48</sup>

Mental Health Evaluation	Rio Arriba County (n=6)
Exists, No Changes Needed	0
Exists, Changes Needed	3

<sup>47</sup> <https://www.amhca.org/HigherLogic/System/DownloadDocumentFile.ashx?DocumentFileKey=2ca60afe-8be0-af27-2ad9-7100b61ad636&forceDialog=1>

<sup>48</sup> <https://www.encyclopedia.com/medicine/encyclopedias-almanacs-transcripts-and-maps/mental-health-assessment>

<b>Does Not Exist, Needed</b>	1
<b>Does Not Exist, Not Needed</b>	0
<b>Don't Know</b>	2

Three respondents indicated that they have mental health evaluation services available in the community but did not specify the name of the provider(s). Changes needed include expanding services and more providers. One respondent indicated it is needed in the community.

**Outpatient MH Treatment** is community-based treatment for mental health that generally involves less than six hours a week for adolescents and less than 9 hours a week for adults. It may include individual counseling or therapy and group counseling or therapy. Other services such as psychiatry and medication monitoring may also be included. Outpatient services are intended to reduce psychiatric symptoms and promote adaptive functioning. These services are designed to help people live independently as they stabilize and move toward recovery.

<b>Outpatient MH Treatment</b>	<b>Rio Arriba County (n=6)</b>
<b>Exists, No Changes Needed</b>	1
<b>Exists, Changes Needed</b>	1
<b>Does Not Exist, Needed</b>	2
<b>Does Not Exist, Not Needed</b>	0
<b>Don't Know</b>	2

Two respondents indicated that they have outpatient mental health services available in the community through RAC STOP and Mountain Center. No changes needed were offered. Two respondents indicated it is needed in the community.

**Intensive Outpatient MH Treatment** provides similar services to outpatient treatment, but is more robust. Adolescent patients receive at least six hours per week of service, and adults patients receive at least 9 hours per week. Those who need more structure may be stepped up to partial hospitalization, receiving 20 to 35 hours of service a week. Patients often attend structured groups three to five times a week.<sup>49</sup>

<b>Intensive Outpatient MH Treatment</b>	<b>Rio Arriba County (n=6)</b>
<b>Exists, No Changes Needed</b>	1
<b>Exists, Changes Needed</b>	1
<b>Does Not Exist, Needed</b>	2
<b>Does Not Exist, Not Needed</b>	0
<b>Don't Know</b>	2

<sup>49</sup> <https://www.nami.org/Blogs/NAMI-Blog/April-2020/The-Value-of-Structured-Outpatient-Treatment>

Two respondents indicated that they have intensive outpatient mental health services available in the community through RAC STOP and Mountain Center. No changes needed were offered. Two respondents indicated it is needed in the community.

**Inpatient MH Treatment** may also be referred to as hospitalization. Hospitalization inpatient generally involve a 1 to 30 day stay in a psychiatric unit or at a psychiatric hospital to treat and acute phase of mental illness.<sup>50</sup>

Inpatient MH Treatment	Rio Arriba County (n=6)
Exists, No Changes Needed	0
Exists, Changes Needed	1
Does Not Exist, Needed	3
Does Not Exist, Not Needed	0
Don't Know	2

One respondent indicated that they have inpatient mental health treatment in the community, but did not specify the name of the provider(s) or the changes needed. Three respondents indicated it is needed in the community.

**Residential MH Treatment** centers provide longer-term care once the acute phase has passed if the patient continues to be unready to return to the community. Residential treatment is considered a step down from hospitalization.<sup>51</sup>

Residential MH Treatment	Rio Arriba County (n=6)
Exists, No Changes Needed	0
Exists, Changes Needed	2
Does Not Exist, Needed	2
Does Not Exist, Not Needed	0
Don't Know	2

Two respondents indicated that they have residential mental health services available in the community through Hoy Recovery. Changes needed include more beds and additional treatment facilities. Three respondents indicated it is needed in the community.

**Psychiatry** is the branch of medicine focused on the diagnosis, treatment and prevention of mental, emotional and behavioral disorders. Psychiatrists use a variety of treatments – including various forms of psychotherapy, medications, psychosocial interventions and other treatments (such as electroconvulsive therapy or ECT),

<sup>50</sup> <https://www.sandstonecare.com/blog/inpatient-mental-health-faqs>

<sup>51</sup> *ibid*

depending on the needs of each patient. Psychiatrists differ from psychologists in that they are medical doctors who are able to prescribe medication and treatment.<sup>52</sup>

Psychiatry	Rio Arriba County (n=6)
Exists, No Changes Needed	0
Exists, Changes Needed	2
Does Not Exist, Needed	2
Does Not Exist, Not Needed	0
Don't Know	2

Two respondents indicated that they have psychiatry services available in the community through PMS Hospital. More providers are needed. Two respondents indicated it is needed in the community.

**Medication and Medication Monitoring** refers to a psychiatrist, primary care physician, or APN under the supervision of a psychiatrist monitoring the effectiveness and limitations of prescribed psychotropic medications. Many medications require blood testing to monitor whether the patient is within therapeutic ranges for the prescribed medication, others have a danger of toxicity or development of debilitating physical reactions/side effects. Patients must be monitored not just for efficacy, but in order to minimize these side effects and potentially life-threatening reactions.<sup>53</sup>

Medication and Medication Monitoring	Rio Arriba County (n=6)
Exists, No Changes Needed	0
Exists, Changes Needed	2
Does Not Exist, Needed	2
Does Not Exist, Not Needed	0
Don't Know	2

Two respondents indicated that they have medication and medication monitoring services available in the community through Porch Light and Mountain Center. Collaboration and oversight of services are needed. Two respondents indicated it is needed in the community.

**Mental Health Case Management** provides coordination, support and advocacy for patients with multiple needs such as mental health, vocational, educational, child welfare and other community services, and require assistance in obtaining them. Mental health case managers work intimately with their patients to develop treatment plans that are properly targeted at the patient's needs. This involves a thorough assessment of the patient's psychosocial triggers, strengths, and personal needs.<sup>54</sup>

<sup>52</sup> <https://www.psychiatry.org/patients-families/what-is-psychiatry>

<sup>53</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2014933/>

<sup>54</sup> <https://www.mhaonline.com/faq/what-is-a-mental-health-manager>

Mental Health Case Management	Rio Arriba County (n=12)
Exists, No Changes Needed	0
Exists, Changes Needed	3
Does Not Exist, Needed	1
Does Not Exist, Not Needed	0
Don't Know	2

Three respondents indicated that they have mental health case management services available in the community through Krossroads, Golden Willow, Pinwheel, RAC STOP, InsideOut, Darrin's Place, and PMS Hospital. More staff and resources are needed. One respondent indicated it is needed in the community.

**Intensive Case Management (ICM)** is a community-based package of care aiming to provide long-term care for severely mentally ill people who do not require immediate hospitalization. It consists of management of the mental health problem and the rehabilitation and social support needs of the patient, over an indefinite period of time, by a team of people who have a fairly small group of clients (fewer than 20). Twenty-four-hour help is offered, and clients are seen in a non-clinical setting.<sup>55</sup>

Intensive Case Management	Rio Arriba County (n=6)
Exists, No Changes Needed	0
Exists, Changes Needed	2
Does Not Exist, Needed	2
Does Not Exist, Not Needed	0
Don't Know	2

Two respondents indicated that they have mental health case management services available in the community through Krossroads, Golden Willow, and Pinwheel. More services and employment training opportunities are needed, along with more trained peer support workers. Two respondents indicated it is needed in the community.

**Assertive Community Treatment (ACT)** is a very specialized model of treatment/service delivery in which a multi-disciplinary team assumes ultimate accountability for a small, defined caseload of seriously mentally ill adults and becomes the single point of responsibility for that caseload. While encompassing a full range of case management activities, ACT is not just an intensive form of assertive case management; rather it is a unique treatment model in which the majority of mental health services are directly provided internally by the ACT program in the client's regular environment.<sup>56</sup>

<sup>55</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6472672/>

<sup>56</sup> <https://preventionservices.acf.hhs.gov/programs/619/show>

Assertive Community Treatment	Rio Arriba County (n=6)
Exists, No Changes Needed	0
Exists, Changes Needed	0
Does Not Exist, Needed	2
Does Not Exist, Not Needed	0
Don't Know	4

No respondents indicated that they have ACT in the community. Two respondents indicated it is needed in the community.

**Wellness Recovery Action Plan (WRAP®)** Facilitation is a process to assist patients in identifying tools to keep them well and create action plans to put into practice in their everyday lives. WRAP® is an evidence-based practice used worldwide by people dealing with mental health or general health challenges. WRAP® is an education process, not therapy. Every WRAP® includes principles of wellness, learning skills and strategies for wellness, understanding triggers, recognizing when wellness begins to get off track, creating a crisis plan, developing a wellness toolbox, plans for utilizing peer support, and ways to recover after a crisis. As an EBP, WRAP® facilitators must be trained according to WRAP® standards.<sup>57</sup>

Wellness Recovery Action Plan	Rio Arriba County (n=6)
Exists, No Changes Needed	0
Exists, Changes Needed	0
Does Not Exist, Needed	2
Does Not Exist, Not Needed	0
Don't Know	4

No respondents indicated that they have WRAP in the community. Two respondents indicated it is needed in the community.

**Family Counseling & Services** refers to any services provided a patient with mental illness that includes their biological and chosen families. This may include family counseling or case management, separate counseling for family members, support groups, educational classes/groups, etc.

Family Counseling & Services	Rio Arriba County (n=6)
Exists, No Changes Needed	0
Exists, Changes Needed	1
Does Not Exist, Needed	2

<sup>57</sup> <https://www.wellnessrecoveryactionplan.com/>

Family Counseling & Services	Rio Arriba County (n=6)
Does Not Exist, Not Needed	0
Don't Know	3

One respondent indicated that they have family counseling and services in the community, but specified no providers or changes needed. Two respondents indicated it is needed in the community.

**Drop-In Counseling & Centers** may include drop-in counseling as offered at many colleges and universities, for instance, or drop-in centers. Drop-in counseling provides first-come, first-served professional counseling during given hours/days. Drop-In Centers are generally peer-run programs providing a central location for self-help, advocacy, and education. They offer a safe, supportive environment for socializing and networking to address feelings of isolation. The centers are generally open to any person in mental health recovery.

Drop-In Counseling & Centers	Rio Arriba County (n=6)
Exists, No Changes Needed	0
Exists, Changes Needed	1
Does Not Exist, Needed	2
Does Not Exist, Not Needed	0
Don't Know	3

One respondent indicated that they have drop-in counseling and centers in the community, but specified no providers or changes needed. Two respondents indicated it is needed in the community.

**Peer Support Services** encompasses a range of activities and interactions between people who have shared similar experiences of having mental illness. Peer support services are an evidence-based mental health model of care which consists of a qualified peer support provider who assists individuals with their recovery from mental illness and substance abuse disorders. Illinois provides a certification for recovery support specialists to ensure competency.<sup>58</sup>

Peer Support Services	Rio Arriba County (n=6)
Exists, No Changes Needed	2
Exists, Changes Needed	2
Does Not Exist, Needed	0
Does Not Exist, Not Needed	0
Don't Know	2

<sup>58</sup> <https://www.illinoismentalhealthcollaborative.com/consumers/crss/CRSS-Model-April-2018.pdf>

Four respondents indicated that they have peer support services in the community through probation, pretrial. ReRoute, InsideOut, RAC STOP, Darrin’s Place, and Hoy Recovery. No changes needed were specified.

**Outreach Services** deliver care and support to the population in their homes or other settings, such as public spaces or on the streets. Community outreach services often constitute mobile clinicians or teams comprising that provide counseling, medication support, prevention, etc. to marginalized populations that would not otherwise have access to them.<sup>59</sup>

Outreach Services	Rio Arriba County (n=6)
Exists, No Changes Needed	1
Exists, Changes Needed	2
Does Not Exist, Needed	1
Does Not Exist, Not Needed	0
Don’t Know	2

Three respondents indicated that they have outreach services in the community through Pathways, Compassion through Action, Darrin’s Place, and Eagle Village. More outreach events are needed. One respondent indicated it is needed in the community.

**Supportive Housing** is a highly effective strategy to reduce homelessness that combines affordable housing with intensive coordinated services to help people struggling with chronic physical and mental health issues maintain stable housing and receive appropriate health care.<sup>60</sup>

Supportive Housing	Rio Arriba County (n=6)
Exists, No Changes Needed	0
Exists, Changes Needed	2
Does Not Exist, Needed	1
Does Not Exist, Not Needed	0
Don’t Know	3

Two respondents indicated that they have supportive housing in the community, but specified no providers. More housing is needed. One respondent indicated it is needed in the community.

**Supported Employment** is an approach to vocational rehabilitation for people with serious mental illnesses that emphasizes helping them obtain competitive work in the community and providing the supports necessary to ensure their success in the workplace. The overriding philosophy of supported employment is the belief that every

<sup>59</sup> <https://apps.who.int/iris/rest/bitstreams/1350314/retrieve>

<sup>60</sup> <https://www.csh.org/supportive-housing-101/>

person with a serious mental illness is capable of working competitively in the community if the right kind of job and work environment can be found. The primary goal of supported employment is not to change consumers, but to find a natural “fit” between consumers’ strengths and experiences and jobs in the community.<sup>61</sup>

Supported Employment	Rio Arriba County (n=6)
Exists, No Changes Needed	0
Exists, Changes Needed	1
Does Not Exist, Needed	2
Does Not Exist, Not Needed	0
Don’t Know	3

One respondent indicated that they have supported employment in the community, but specified no providers or changes needed. Two respondents indicated it is needed in the community.

**Medical Services** refers to concurrent medical treatment for co-occurring chronic and acute medical needs while receiving mental health treatment. It includes things such as psychiatric care and medication monitoring, seizure management, care for medical conditions caused or exacerbated by mental health medications, fetal alcohol assessment and treatment, and treating other co-occurring medical or treatment needs as part of integrated care.<sup>62</sup>

Medical Services	Rio Arriba County (n=6)
Exists, No Changes Needed	2
Exists, Changes Needed	1
Does Not Exist, Needed	1
Does Not Exist, Not Needed	0
Don’t Know	2

Three respondents indicated that they have medical services in the community, through El Centro and PMS Hospital. No changes needed were listed. One respondent indicated it is needed in the community.

### Complementary Services

Respondents were asked about the utilization of and or need for common complementary services in their county, and what changes, if any to existing services need to be made.

<sup>61</sup> [https://store.samhsa.gov/sites/default/files/d7/priv/buildingyourprogram-se\\_0.pdf](https://store.samhsa.gov/sites/default/files/d7/priv/buildingyourprogram-se_0.pdf)

<sup>62</sup> <https://ontario.cmha.ca/documents/the-relationship-between-mental-health-mental-illness-and-chronic-physical-conditions/>

**Anger Management** treatment helps an angry person recognize the self-defeating negative thoughts that lie behind anger flare-ups. Patients work with a mental health professional to learn how to manage stressful life circumstances more successfully. Most programs utilize a cognitive behavioral approach.<sup>63</sup>

Anger Management	Rio Arriba County (n=6)
Exists, No Changes Needed	0
Exists, Changes Needed	2
Does Not Exist, Needed	1
Does Not Exist, Not Needed	0
Don't Know	3

Two respondents indicated that they have anger management services in the community, but specified no providers. Those that do provide it should increase opportunities to expand this service. One respondent indicated it is needed in the community.

**Batterer Intervention Treatment** is court mandated treatment for those convicted of domestic violence related offenses. In New Mexico, offenders are statutorily required to attend 52 weeks of group treatment through a CYFD approved partner abuse intervention provider.<sup>64</sup>

Batterer Intervention Treatment	Rio Arriba County (n=6)
Exists, No Changes Needed	0
Exists, Changes Needed	1
Does Not Exist, Needed	2
Does Not Exist, Not Needed	0
Don't Know	3

One respondent indicated that they have batterer intervention treatment in the community, but specified no providers or needed changes. Two respondents indicated it is needed in the community.

**Benefits Assistance** is generally performed by navigators. Navigators play a vital role in helping consumers prepare applications to establish eligibility and enroll in coverage through the Marketplaces and potentially qualify for an insurance affordability program. They also provide outreach and education to raise awareness about the Marketplace, and refer consumers to health insurance ombudsman and consumer assistance programs when necessary.<sup>65</sup>

<sup>63</sup> <https://www.psychguides.com/anger-management/treatment/>

<sup>64</sup> <https://www.cyfd.nm.gov/behavioral-health/new-mexico-domestic-violence-programs/offender-treatment-and-intervention-programs/>

<sup>65</sup> <https://www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Marketplaces/assistance>

Benefits Assistance	Rio Arriba County (n=6)
Exists, No Changes Needed	1
Exists, Changes Needed	3
Does Not Exist, Needed	0
Does Not Exist, Not Needed	0
Don't Know	2

Four respondents indicated that they have benefits assistance in the community through the county and most providers, but specified no providers. Changes needed include offering the service in more neutral locations, more staffing, and quicker turnaround times.

**Childcare** refers to both direct childcare at licensed providers and childcare location/cost assistance through the New Mexico Early Childhood Education & Care Department.<sup>66</sup>

Childcare	Rio Arriba County (n=6)
Exists, No Changes Needed	0
Exists, Changes Needed	4
Does Not Exist, Needed	0
Does Not Exist, Not Needed	0
Don't Know	2

Two respondents indicated that they have childcare in the community through HeadStart, The Rock, and Little Warriors. It was noted that wait times are too long for services, more options, higher quality and more affordable care are needed, and oversight of services is needed. One respondent indicated it is needed in the community.

**Cognitive Behavioral Treatment for Criminal Thinking** refers to manualized, evidence-based interventions for justice-involved individuals who score high on the criminal attitudes/orientation and criminal associates/companions domains of their risk assessment. These interventions include programs like Moral Reconciliation Therapy (MRT), Thinking for a Change (T4C), and Reasoning and Rehabilitation.

Cognitive Behavioral Treatment for Criminal Thinking	Rio Arriba County (n=6)
Exists, No Changes Needed	1
Exists, Changes Needed	1
Does Not Exist, Needed	1

<sup>66</sup> <https://www.nmececd.org/child-care-assistance/>

Cognitive Behavioral Treatment for Criminal Thinking	Rio Arriba County (n=6)
Does Not Exist, Not Needed	0
Don't Know	3

Two respondents indicated that they have CBT for criminal thinking in the community through Darrin's Place. No changes needed were specified. One respondent indicated it is needed in the community.

**DWI-Related Services** are mandated by statute for any person convicted of driving while intoxicated in New Mexico. The defendant must undergo an alcohol and drug screening, and be required to adhere to the recommendations and have driving restrictions as part of sentencing. Penalties could include attending DWI School, inpatient and outpatient treatment, required ignition interlock, jail or prison time, fines, probation, community service, and forfeiture of the vehicle.<sup>67</sup>

DWI-Related Services	Rio Arriba County (n=6)
Exists, No Changes Needed	1
Exists, Changes Needed	3
Does Not Exist, Needed	0
Does Not Exist, Not Needed	0
Don't Know	2

Two respondents indicated that they have DWI related services in the community through drug court, RAC STOP, and Krossroads. More accountability is needed to ensure clients complete the programs, and more programs are needed. One respondent indicated it is needed in the community.

**Education/GED Preparation Services** refers to assistance with diploma completion, HSE testing, GED/HiSET preparation, assistance with college application, entry, and support; and any other education related services that may be available.

Education/GED Preparation Services	Rio Arriba County (n=6)
Exists, No Changes Needed	1
Exists, Changes Needed	2
Does Not Exist, Needed	0
Does Not Exist, Not Needed	0
Don't Know	3

Three respondents indicated that they have education and GED prep services in the community through Northern New Mexico Community College, but specified no changes needed.

<sup>67</sup> <https://www.endwi.com/>

**Family Preservation Services** are short-term, family-focused services designed to assist families in crisis by improving parenting and family functioning while keeping children safe. The scope of these services vary widely, but generally include in-home services for in-tact families (those without children in substitute care).<sup>68</sup>

Family Preservation Services	Rio Arriba County (n=6)
Exists, No Changes Needed	0
Exists, Changes Needed	3
Does Not Exist, Needed	0
Does Not Exist, Not Needed	0
Don't Know	3

Three respondents indicated that they have family preservation services in the community through CYFD, and noted more counseling is needed.

**Job Skills Training** refers to any service that improves employability, from activities at the local workforce development office to trade school, to participation in Division of Vocational Rehabilitation programs.

Job Skills Training	Rio Arriba County (n=6)
Exists, No Changes Needed	1
Exists, Changes Needed	3
Does Not Exist, Needed	0
Does Not Exist, Not Needed	0
Don't Know	2

Four respondents indicated that they have job skills training in the community through Northern New Mexico Community College, Moving Arts Espanola, RAC STOP, and NLBA. More options, better funding, advertising and accessibility are needed.

**Life Skills Groups** are utilized to educate, teach and train respondents on psychological and behavioral skills that enable them to deal effectively with the demands and challenges of life. This may include problem-solving, social skills, or practical skills such as budgeting and cooking.

Life Skills Groups	Rio Arriba County (n=6)
Exists, No Changes Needed	0
Exists, Changes Needed	4
Does Not Exist, Needed	0
Does Not Exist, Not Needed	0

<sup>68</sup> <https://www.childwelfare.gov/topics/supporting/preservation/>

Life Skills Groups	Rio Arriba County (n=6)
Don't Know	2

Four respondents indicated that they have life skills groups in the community through Moving Arts Espanola, RAC STOP, Teen Court, Northern New Mexico Community College, and SUD and mental health treatment providers. More services with easier access and innovative partnerships are needed.

**Parenting Classes** are designed to help parents provide a healthy physical and emotional environment for their children.

Parenting Classes	Rio Arriba County (n=6)
Exists, No Changes Needed	0
Exists, Changes Needed	3
Does Not Exist, Needed	1
Does Not Exist, Not Needed	0
Don't Know	2

Three respondents indicated that they have parenting classes in the community through CYFD, but more providers are needed. One respondent indicated it is needed in the community.

**Sex Offender Evaluation and Treatment** generally refers to statutorily mandated assessment and intervention for offenders convicted of a sex offense. However, they may also be utilized with non-justice involved persons as well. The requirements for these evaluations and treatment are outlined in NM Correction Department Policy.<sup>69</sup>

Sex Offender Evaluation and Treatment	Rio Arriba County (n=6)
Exists, No Changes Needed	0
Exists, Changes Needed	1
Does Not Exist, Needed	1
Does Not Exist, Not Needed	0
Don't Know	4

One respondent indicated that they have sex offender services in the community, but specified no providers or changes needed. One respondent indicated it is needed in the community.

**Shoplifter, Bad Check, and Other Diversion Programs** refer to prosecution led diversion programs for specific charges. Defendants are offered a dismissal of charges upon successful completion of educational programs related to their charges.

<sup>69</sup> <https://www.cd.nm.gov/wp-content/uploads/2023/12/CD-181000.pdf>

Diversion Programs	Rio Arriba County (n=6)
Exists, No Changes Needed	0
Exists, Changes Needed	1
Does Not Exist, Needed	1
Does Not Exist, Not Needed	0
Don't Know	4

One respondent indicated that they have specific diversion programs in the community, but specified no providers or changes needed. One respondent indicated it is needed in the community.

**Temporary Housing for Those Experiencing Homelessness** includes emergency shelters, transitional shelters, rapid re-housing, permanent supportive housing, hotel vouchers, single-room occupancy, transitional living, and many other options.

Temporary Housing	Rio Arriba County (n=6)
Exists, No Changes Needed	0
Exists, Changes Needed	2
Does Not Exist, Needed	2
Does Not Exist, Not Needed	0
Don't Know	2

One respondent indicated that they have temporary housing and homelessness services in the community through Pathways and Continuum of Care of Northern New Mexico, but need more options. Two respondents indicated it is needed in the community.

**Transportation Assistance** includes entities providing free or reduced transportation for persons in need (bus passes, ride-share or taxi vouchers, van or small bus services, car ownership programs, peer assistance, etc.).

Transportation Assistance	Rio Arriba County (n=6)
Exists, No Changes Needed	0
Exists, Changes Needed	3
Does Not Exist, Needed	1
Does Not Exist, Not Needed	0
Don't Know	2

Three respondents indicated that they have transportation assistance in the community through the Regional Transit District and Medicaid Safe Ride, but more services and location stops are needed. One respondent indicated it is needed in the community.

**Trauma Specific Assessment and Treatment** requires specific, evidence-based tools and processes. Trauma screening involves determining if someone has a trauma history (e.g., ACES, CATS), while trauma assessment (e.g., TSI-2, PCL/-C, combined with clinical observation) examines the presence and severity of trauma-related symptoms. Trauma specific treatment refers to treatment to specifically address trauma symptoms present. Depending on the type and severity, treatments may include short term programs like Seeking Safety, Dialectical Behavior Therapy or Trauma Focused CBT, or more intensive or long-term treatments such as EMDR, trauma-focused cognitive processing therapy, or medications.

Trauma Specific Assessment and Treatment	Rio Arriba County (n=60)
Exists, No Changes Needed	0
Exists, Changes Needed	3
Does Not Exist, Needed	0
Does Not Exist, Not Needed	0
Don't Know	3

Three respondents indicated that they have trauma specific services in the community through private practice providers, but more providers and services are needed.

**Traumatic Brain Injury Services** are provided to individuals who have experienced a brain injury and have ongoing symptoms or complications. TBI has been linked to poor impulse control, aggressive behaviors, deficits in attention span, and higher risks for substance use disorders. Symptoms often negatively impact behavior within corrections and contribute to increased recidivism rates. The prevalence of TBI within the corrections population is very high.<sup>70</sup>

Traumatic Brain Injury Services	Rio Arriba County (n=6)
Exists, No Changes Needed	0
Exists, Changes Needed	0
Does Not Exist, Needed	1
Does Not Exist, Not Needed	0
Don't Know	5

No respondents indicated that they have TBI services available in the community. One respondent indicated it is needed in the community.

**Victim Services and Treatment** address the needs of victims of violent crime. Victimization may result in physical injury and/or psychological stress. Victim service providers may address these impacts of violence through a variety of services based on victim need.<sup>71</sup>

<sup>70</sup> <https://psychology.du.edu/tbi>

<sup>71</sup> <https://victimsrightsnm.org/victim-resources-new-mexico/>

Victim Services and Treatment	Rio Arriba County (n=6)
Exists, No Changes Needed	0
Exists, Changes Needed	3
Does Not Exist, Needed	0
Does Not Exist, Not Needed	0
Don't Know	3

Three respondents indicated that they have victim services and treatment in the community through the crime victims reparations commission, but awareness is needed.

## Intercepts 2 & 3

### Pretrial Services

Respondents were asked about the utilization of and or need for common pretrial practices in their county, and what changes, if any to existing practices need to be made.

**Motivational Interviewing and Goal Setting (MI)** is a collaborative, goal-oriented style of communication with particular attention to the language of change. It is designed to strengthen personal motivation for and commitment to a specific goal by eliciting and exploring the person's own reasons for change within an atmosphere of acceptance and compassion. As an evidence-based practice its four fundamental processes are engaging, focusing, evoking, and planning. MI is an essential skill for pretrial officers in building rapport and helping move defendants engage in supervision and move through the stages of change.<sup>72</sup>

Motivational Interviewing	Rio Arriba County (n=6)
Exists, No Changes Needed	0
Exists, Changes Needed	0
Does Not Exist, Needed	0
Does Not Exist, Not Needed	0
Don't Know	6

No respondents had knowledge of pretrial practices.

**Validated Pretrial Risk Assessment & Impartial Universal Screening** are critical functions of pretrial services agencies, as outlined in NAPSA standard 3.1(b)(ii). The pretrial services agency should complete investigations on all defendants charged with a criminal offense who are in custody at the time of their initial court appearance and eligible for bail consideration according to controlling statute. Pretrial service agencies

<sup>72</sup> <https://motivationalinterviewing.org/understanding-motivational-interviewing>

must also assess a defendant’s likelihood of future court appearance and arrest-free behavior pending adjudication. NAPSA Standards recommend that agencies make these assessments using an actuarial risk assessment, preferably validated to the agency’s local defendant population. Pretrial services agencies should adopt an “adjusted actuarial” approach to drafting bail recommendations that include mitigating and aggravating factors such as substance use disorder, mental health needs, residency requirements, and other factors that might impede future court appearances.<sup>73</sup>

Validated Pretrial Assessment and Universal Screening	Rio Arriba County (n=6)
Exists, No Changes Needed	0
Exists, Changes Needed	0
Does Not Exist, Needed	0
Does Not Exist, Not Needed	0
Don’t Know	6

No respondents had knowledge of pretrial practices.

**Verification of Interview Information and Criminal History Checks** are critical functions of pretrial services agencies, as outlined in NAPSA standard 3.1(b)(i). To help determine a defendant’s likelihood of court appearance and arrest-free behavior and to identify release conditions, if any, needed to foster these outcomes, a pretrial agency should complete a standardized investigation. A pretrial services agency’s background investigation should include, at the least a criminal records check (preferably national) that notes adjudications and pending cases, the defendant’s current status with the justice system (probation, parole, pretrial status, etc.), and previous willful failures to appear; as well as verification of information from the pretrial interview. At a minimum, information obtained from a defendant that contributes to the risk assessment calculation or final recommendation should be verified.<sup>74</sup>

Verification of Information and Criminal History	Rio Arriba County (n=6)
Exists, No Changes Needed	0
Exists, Changes Needed	0
Does Not Exist, Needed	0
Does Not Exist, Not Needed	0
Don’t Know	6

No respondents had knowledge of pretrial practices.

**Presentation of Recommendations Based Upon Risk Level** is covered under NAPSA Standard 4.5(a). The pretrial services agency should prepare for the Court, prosecution,

<sup>73</sup> <https://drive.google.com/file/d/1edS2bltwfNROieGeu1A6qKluTfzqop92/view>

<sup>74</sup> *ibid*

and defense counsel a written report that summarizes results from its background investigation, criminal history search, and validated risk assessment. The report should include a recommendation for appropriate conditions to address identified court appearance and public safety-related risk factors.<sup>75</sup>

Recommendations Based Upon Risk Level	Rio Arriba County (n=6)
Exists, No Changes Needed	0
Exists, Changes Needed	0
Does Not Exist, Needed	0
Does Not Exist, Not Needed	0
Don't Know	6

No respondents had knowledge of pretrial practices.

**Proactive Reminders of Court Dates and Deadlines.** Notification to defendants of upcoming court appearances is a proven way to improve court appearance rates.<sup>172</sup> Notification may include telephone calls, email, or text messaging. If an agency employs multiple methods for court notification, the defendant should determine the best method of contact. Regardless of the system used, court notifications should include the date and time of the next scheduled court appearance, the court address and, if available, the Judge's name and courtroom.<sup>76</sup>

Proactive Reminders	Rio Arriba County (n=6)
Exists, No Changes Needed	0
Exists, Changes Needed	0
Does Not Exist, Needed	0
Does Not Exist, Not Needed	0
Don't Know	6

No respondents had knowledge of pretrial practices.

**Accountable and Appropriate Supervision of Defendants Released.** The goal of pretrial monitoring, supervision, and support is to promote court appearance, public safety, and compliance with court-ordered conditions. Monitoring, supervision, and support should include: the least restrictive interventions needed to promote pretrial success; notification of upcoming court appearances; assignment to pretrial specific monitoring or supervision staff and communication with assigned staff to report circumstances that may affect the defendant's reporting to court as required, public safety or compliance to court-ordered conditions; monitor defendants' compliance with court-ordered conditions, including addressing initial compliance or infractions of court-

<sup>75</sup> *ibid*

<sup>76</sup> *ibid*

ordered conditions administratively; inform the court of new arrests or defendant conduct that may warrant a modification of bail; recommend lower or higher levels of supervision when appropriate; and facilitate the return to court of defendants who miss scheduled court dates. Pretrial supervision should be individualized to a defendant's assessed risk level and risk factors and based on the least restrictive conditions necessary to reasonably assure the defendant's future court appearance and arrest-free behavior.<sup>77</sup>

Supervision of Released Defendants	Rio Arriba County (n=6)
Exists, No Changes Needed	0
Exists, Changes Needed	0
Does Not Exist, Needed	0
Does Not Exist, Not Needed	0
Don't Know	6

No respondents had knowledge of pretrial practices.

**Electronic Monitoring and GPS** are often utilized as conditions of release in domestic violence and stalking cases to ensure victim safety, and have been used as an alternative to pretrial jail detention.

Electronic Monitoring and GPS	Rio Arriba County (n=6)
Exists, No Changes Needed	0
Exists, Changes Needed	0
Does Not Exist, Needed	0
Does Not Exist, Not Needed	0
Don't Know	6

No respondents had knowledge of pretrial practices.

**SCRAM, Soberlink, and Other Alcohol Monitoring** are often used as a condition of release for cases involving alcohol related charges and when alcohol use is an aggravating factor in risk to appear. Judges may order alcohol monitoring as a condition of release, but the pretrial services agency may determine type and other specifics.

Alcohol Monitoring	Rio Arriba County (n=6)
Exists, No Changes Needed	0
Exists, Changes Needed	0
Does Not Exist, Needed	0

<sup>77</sup> ibid

Alcohol Monitoring	Rio Arriba County (n=6)
Does Not Exist, Not Needed	0
Don't Know	6

No respondents had knowledge of pretrial practices.

**Drug Testing** is often utilized as a condition of release for cases involving drug charges and when substance use is an aggravating factor in risk to appear. Judges may order drug testing, but the pretrial services agency may determine frequency.

Drug Testing	Rio Arriba County (n=6)
Exists, No Changes Needed	0
Exists, Changes Needed	0
Does Not Exist, Needed	0
Does Not Exist, Not Needed	0
Don't Know	6

No respondents had knowledge of pretrial practices.

**Victim Safety Management.** Jurisdictions should establish procedures to ensure that the rights of victims are recognized at the pretrial stage. The rights afforded victims should include, but are not limited to, notification of all pretrial hearings, all bail decisions, conditions of release related to the victim's safety, the defendant's release from custody, and instructions on seeking enforcement of release conditions. Release orders should include, in writing, the prohibitions against threats, force, or intimidation of witnesses, jurors and officers of the court, obstruction of criminal investigations and retaliation against a witness, victim or informant.<sup>78</sup>

Victim Safety Management	Rio Arriba County (n=6)
Exists, No Changes Needed	0
Exists, Changes Needed	0
Does Not Exist, Needed	0
Does Not Exist, Not Needed	0
Don't Know	6

No respondents had knowledge of pretrial practices.

**Follow-Up Reviews of Defendants Unable to Meet Conditions of Release.** The prosecutor, defense or the pretrial services agency may request a hearing to consider changes to a defendant's release or detention status, including reduction of supervision

<sup>78</sup> *ibid*

for positive behavior or to address an alleged violation of conditions of release, willful failure to appear in court or an arrest on a new offense.<sup>79</sup>

Follow-Up Reviews for Those Not Released	Rio Arriba County (n=6)
Exists, No Changes Needed	0
Exists, Changes Needed	0
Does Not Exist, Needed	0
Does Not Exist, Not Needed	0
Don't Know	6

No respondents had knowledge of pretrial practices.

**Objective Assessment of Pretrial Misconduct** is covered in NAPSA Standard 3.5(d). A defendant's continued release pretrial should depend on the defendant's record of court appearance, arrest-free behavior, and compliance to court-ordered conditions. Courts may revise or revoke a defendant's release status if it finds clear and convincing evidence that the defendant violated a condition or conditions of release or willfully failed to appear for a scheduled court appearance or probable cause for a new rearrest and that no condition or combination of conditions will reasonably assure future court appearance or public safety. These findings must be made following a formal court hearing and the Court's decision made in writing.<sup>80</sup>

Objective Assessment of Misconduct	Rio Arriba County (n=6)
Exists, No Changes Needed	0
Exists, Changes Needed	0
Does Not Exist, Needed	0
Does Not Exist, Not Needed	0
Don't Know	6

No respondents had knowledge of pretrial practices.

**Performance Measures and Reporting to Stakeholders.** Jurisdictions should engage in performance measurement and feedback of pretrial system practices. Jurisdictions should establish strategic goals and objectives that reflect their mission, consistent with maximizing release rates, court appearance and public safety. Pretrial services agencies, at a minimum, should measure appearance rate, safety rate, concurrence rate, success rate and pretrial detainee length of stay. Although the pretrial services agency should take the lead in collecting, compiling and reporting of data, not all the metrics are reflective solely of the agency's performance, but rather an indication of the jurisdiction's performance in relation to its goals concerning pretrial release. All metrics

<sup>79</sup> ibid

<sup>80</sup> ibid

should be used to measure progress, track trends, and expose discrepancies between stated goals and actual practices. Performance measurements should be shared with stakeholders and used to inform decisions and drive policy.

Performance Measurement and Reporting	Rio Arriba County (n=6)
Exists, No Changes Needed	0
Exists, Changes Needed	0
Does Not Exist, Needed	0
Does Not Exist, Not Needed	0
Don't Know	6

No respondents had knowledge of pretrial practices.

## Intercepts 4 & 5

### Probation & Parole

Respondents were asked about the utilization of and or need for common probation services and best practices in their county, and what changes, if any to existing services need to be made.

**Motivational Interviewing and Goal Setting (MI)** is a collaborative, goal-oriented style of communication with particular attention to the language of change. It is designed to strengthen personal motivation for and commitment to a specific goal by eliciting and exploring the person's own reasons for change within an atmosphere of acceptance and compassion. As an evidence-based practice its four fundamental processes are engaging, focusing, evoking, and planning. MI is an essential skill for probation officers in building rapport and helping move defendants engage in supervision and move through the stages of change.<sup>81</sup>

Motivational Interviewing	Rio Arriba County (n=6)
Exists, No Changes Needed	0
Exists, Changes Needed	0
Does Not Exist, Needed	0
Does Not Exist, Not Needed	0
Don't Know	6

No respondents had knowledge of probation practices.

**Validated Risk Assessment.** Risk/Need assessments should be actuarial measures that have been tested and retested proving valid and reliable for a variety of probationer populations. They should reliably predict a probationer's likelihood of reoffending and

<sup>81</sup> <https://motivationalinterviewing.org/understanding-motivational-interviewing>

should distinguish what level of care a probationer will need. Assessment tools are most reliable when probation officers are formally trained to administer the tools. In Illinois, all probationers must be assessed with the Adult Risk Assessment (ARA) upon intake and then re-assessed every six months or when major changes occur.

Validated Risk Assessment	Rio Arriba County (n=6)
Exists, No Changes Needed	0
Exists, Changes Needed	0
Does Not Exist, Needed	0
Does Not Exist, Not Needed	0
Don't Know	6

No respondents had knowledge of probation practices.

**Case Planning Based on Risk Assessment with Integrated Treatment and Service Goals.** Case planning is a cornerstone of community supervision. Effective case planning is based on the validated assessment of probationer's risk of reoffending and criminogenic needs. The case plan should also incorporate the probationer's strengths to ensure that an intervention does not disrupt or interfere with protective factors (i.e., the factors that are correlated with positive behavior, such as employment and family relationships). Case plan goals should also incorporate and support goals from treatment and service plans from providers. Compliance with the case plan increases when the probationer is involved in developing their own plans, and the case plan should be adjusted regularly to reflect changes in circumstances and achieved goals.

Case Planning and Integrated Treatment and Service Goals	Rio Arriba County (n=6)
Exists, No Changes Needed	0
Exists, Changes Needed	0
Does Not Exist, Needed	0
Does Not Exist, Not Needed	0
Don't Know	6

No respondents had knowledge of probation practices.

**Prioritized Supervision for Higher Risk Probationers.** Most risk assessments break out probationer scores into high-, moderate- and low-risk categories (although some have intermediate categories such as high-moderate) so the assessor is provided information on the degree of supervision and intervention the probationer will need to have the best chance at rehabilitation. This is important, as the level of supervision and service should be proportional to the level of risk and need. Low-risk probationers have traditionally received the bulk of services and attention, as they are often the most cooperative with intervention. Yet delivering intensive supervision and programming to low-risk probationers can disrupt already established prosocial behaviors, activities or

relationships. Focusing resources on those with the greatest needs and likelihood to reoffend has been shown to have the highest cost-benefit ratio.

Prioritized Supervision of High Risk	Rio Arriba County (n=6)
Exists, No Changes Needed	0
Exists, Changes Needed	0
Does Not Exist, Needed	0
Does Not Exist, Not Needed	0
Don't Know	6

No respondents had knowledge of probation practices.

**Interventions Targeted to Criminogenic Needs Per Risk Assessment.** Interventions should target factors that predict a justice-involved person's likelihood to commit crime and can be changed. There are eight central criminogenic factors that are widely accepted as the most important contributors to recidivism: criminal history, antisocial personality patterns, pro-criminal attitudes, antisocial associates, unstable family relationships, unstable employment or education, a lack of prosocial recreational activities, and substance abuse. Most risk assessments score each of these factors, also called domains, to help guide the assessor in determining which areas are in greatest need of intervention and tailoring interventions to the individual and their abilities/needs. Readiness to change, reasons for change, developmental level, learning style, language and culture are all important factors to consider.

Targeted Interventions	Rio Arriba County (n=6)
Exists, No Changes Needed	0
Exists, Changes Needed	0
Does Not Exist, Needed	0
Does Not Exist, Not Needed	0
Don't Know	6

No respondents had knowledge of probation practices.

**Positive Reinforcement.** Behavior modification has been well-researched and consensus shows that reinforcement works better than punishment. Higher successful probation completion rates are achieved when incentives—or rewards—are used in proportionally higher numbers than sanctions. Research suggests that a ratio of four rewards to every sanction produces the best results.

Positive Reinforcement	Rio Arriba County (n=6)
Exists, No Changes Needed	0
Exists, Changes Needed	0
Does Not Exist, Needed	0

Positive Reinforcement	Rio Arriba County (n=6)
Does Not Exist, Not Needed	0
Don't Know	6

No respondents had knowledge of probation practices.

**Appropriate Sanctions.** Using sanctions to respond to non-compliance with supervision requirements is an effective strategy to modify and reinforce behavior. Supervision strategies that use both sanctions and rewards are most effective at modifying behavior. Non-compliant behavior is most likely to be reduced when sanctions are clearly articulated, and consequences are swift, certain, consistent and used sparingly. To best ensure that sanctions and rewards are used in a consistent and swift manner, many probation agencies use a matrix or grid to inform their responses to behavior. Structured grids provide officers with guidance on the appropriate, proportionate, and graduated reinforcement of a behavior.

Appropriate Sanctions	Rio Arriba County (n=6)
Exists, No Changes Needed	0
Exists, Changes Needed	0
Does Not Exist, Needed	0
Does Not Exist, Not Needed	0
Don't Know	6

No respondents had knowledge of probation practices.

**Electronic Monitoring and GPS** includes home confinement and cellular bracelet devices that track movement. They are often utilized in domestic violence and stalking cases to ensure victim safety, for frequent absconders, as a curfew monitor, and have been used as an alternative to jail sanctions.

Electronic Monitoring and GPS	Rio Arriba County (n=6)
Exists, No Changes Needed	0
Exists, Changes Needed	0
Does Not Exist, Needed	0
Does Not Exist, Not Needed	0
Don't Know	6

©No respondents had knowledge of probation practices.

**SCRAM, Soberlink, and Other Alcohol Monitoring** devices are often used for cases involving alcohol related charges and when alcohol use is a major risk factor for probationer success. Judges may order alcohol monitoring as a condition of probation, or it may be added later as a sanction or monitoring tool.

Alcohol Monitoring	Rio Arriba County (n=6)
Exists, No Changes Needed	0
Exists, Changes Needed	0
Does Not Exist, Needed	0
Does Not Exist, Not Needed	0
Don't Know	6

No respondents had knowledge of probation practices.

**Drug Testing.** Drug and alcohol testing is an effective monitoring strategy for probationers with a history of illicit drug use or a substance abuse disorder and is used by the most effective and cost-efficient programs. Evidence-based testing helps identify those probationers who need more intensive interventions and holds probationers accountable. Testing should only be conducted on those individuals who are assessed as having a substance abuse issue. If the probationer is not diagnosed as a substance abuser, monitoring or treating the probationer for substance abuse may be counterproductive. It is critical that a probation agency's drug and alcohol testing process follow evidentiary standards and best practices and produce accurate results in an expeditious timeframe that allows probation officers to address continued drug or alcohol use.

Drug Testing	Rio Arriba County (n=6)
Exists, No Changes Needed	0
Exists, Changes Needed	0
Does Not Exist, Needed	0
Does Not Exist, Not Needed	0
Don't Know	6

No respondents had knowledge of probation practices.

**Victim Safety Management.** Victim-centered policies, protocols and training are essential to proactively engaging crime victims and survivors and identifying and meeting their most important needs. APPA recommends probation partner with victim assistance to identify and address victim safety needs through collaborative safety planning prior to an offender's release to the community, provide effective victim safety and protection strategies, and utilize technologies that strengthen offender supervision and increase victim safety.<sup>82</sup>

Victim Safety Management	Rio Arriba County (n=6)
Exists, No Changes Needed	0

<sup>82</sup> <http://www.appa-net.org/eweb/docs/appa/pubs/PHVIPRR.pdf>

<b>Victim Safety Management</b>	<b>Rio Arriba County (n=6)</b>
<b>Exists, Changes Needed</b>	0
<b>Does Not Exist, Needed</b>	0
<b>Does Not Exist, Not Needed</b>	0
<b>Don't Know</b>	6

No respondents had knowledge of probation practices.

**Performance Measures and Reporting to Stakeholders.** This process involves collecting data, analyzing it for patterns and facts, making inferences, and utilizing those inferences to guide decision-making. Performance assessment should be used to examine overall effectiveness of specific interventions or activities, probation programs, entire departments, or at the system level to examine collaborations between agencies, evaluate multi-agency initiatives, or do system mapping to address service gaps. Transparency regarding performance through regular sharing of result with stakeholders and the community helps build trust and confidence.

<b>Performance Measurement and Reporting</b>	<b>Rio Arriba County (n=6)</b>
<b>Exists, No Changes Needed</b>	0
<b>Exists, Changes Needed</b>	0
<b>Does Not Exist, Needed</b>	0
<b>Does Not Exist, Not Needed</b>	0
<b>Don't Know</b>	6

No respondents had knowledge of probation practices.