Rock the Intercepts

RAC ReRoute, New Mexico Initiatives, and National Models

The Sequential Intercept Model and Evidence Based Practices
For
Jail Diversion, Court Diversion, Alternative Sentencing, Jail-Based and Jail Transition Programs

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Acknowledgments

This report was developed working with the Rio Arriba Health and Human Service Department (RACHHS) and the Rio Arriba Community Health Council (RACHC). The RACHC serves as an important umbrella for many different initiatives related to improving community health, and includes about two hundred different agencies and individuals. RACHHS was the first county Health and Human Services Department, and has developed a wide range of initiatives addressing community health, in partnership with many different agencies in the county and the region. One of those initiatives which has an important relationships with jail diversion is the Behavioral Health Investment Zone (BHIZ) initiative, called Our Enterprise. This BHIZ is a partnership of about twenty agencies working together to create a more well-integrated network of behavioral health services. Those includes services to those who are involved with law enforcement and criminal justice systems. The RAC ReRoute initiative is the law enforcement assisted diversion (LEAD), judicial diversion, jail-based and community services program which works in concert with the BHIZ.

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Special thanks go to Michelle Peixinho and the many people she has gathered together to work collectively on the RAC ReRoute Initiative. It is an excellent example of community collaboration. We thank the many people working to address the issue of overincarceration of people, including those building local programs, as well as those working at the state level. We appreciate those people who were able to meet together in August to discuss their work, these issues, and priorities for the future. Those people who attended that meeting and a brief description of their agency work are listed in the report's final section.

Our thanks go out to Presbyterian Healthcare Services for providing funding for this research and project work. We hope that this report and our Rock the Intercepts meeting discussion will serve as helpful resources to PHS in its work related to this target population group.

The report and an August meeting with local and state programs are both called "Rock the Intercepts." This phrase came to mind because the author has seen many community, regional, and state leaders doing excellent work, and making a difference. There are numerous leaders who are passionately concerned about the issues and committed to making lasting change. They collectively are "rocking it," to use an old favorite phrase. Working together, I trust that New Mexicans can rock the intercepts.

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Jail Diversion: Understanding and Addressing the Problem

There are many different types of jail diversion, court diversion and alternative sentencing programs in the U.S. They initially developed locally as responses to the growing numbers of people in detention centers, jails, and prisons who professionals realized needed behavioral health services. As the incarcerated population increased, with growing unmet mental health needs, a body of research began to grow to develop models to for addressing the challenge. The Sequential Intercept Model was developed in the early 2000s as a way to understand the critical points at which community systems could intervene with offenders. The intercept points include: community, law enforcement, courts, transition from jail, and community corrections and community based services for support. By using this model, different programs can reduce the amount of time that offenders spend with law enforcement, the courts and jails.

As the federal Substance Abuse and Mental Health Services Administration (SAMHSA) and the Department of Justice (DOJ) began working to address and fund initiatives across the U.S., there were two main types of initiatives that developed: the Law Enforcement Assisted Diversion Program (LEAD), and Stepping Up. They both work with the intercepts, and share much in common at the community level. LEAD tends to focus on the early intercepts, related to law enforcement. Stepping Up focuses on all of the intercepts, and requires that counties sign a resolution for supporting the work. Both use similar intercept-based planning models that focus on broad-based stakeholder engagement.

The Center for Health and Justice at TSAC has found that across the United States, criminal justice systems are managing record numbers of people with high rates of behavioral health needs. In recent years, the combination of overcrowding, incarceration costs, and unmet behavioral health needs has fueled a mix of broad-based improvements to criminal justice policy and practice to address these issues. There are a wide range of programs across the U.S. that were studied by the Center for Health and Justice at TSAC, to understand the commonalities and differences among the strategies for jail diversion, court diversion, alternative sentencing, work in jails and prisons, and transition programs. Their study included 12 programs in 12 states, representing a small sample of the programs growing in number, as states and counties struggle with the increasing proportion of people with behavioral health challenges in jails, when they need to be in treatment. Researchers found that these different programs share the following common elements:

1. A focus on people with mental health and substance abuse (behavioral health) issues;
2. Diversion focused on low-level offenses and, often, first time offenders;
3. Counties and courts are often exploring diversion programs out of necessity.

The research found that there are still no standard definitions and language with respect to program definitions, types of interventions, and specific types of diversions. They also discovered that there are no common benchmarks for interventions; few standardized outcomes related to the intercepts; and no common performance and data collection measures. The researchers recommend that there be data-driven resource allocation to programs that show the best outcomes, related to reductions in criminogenic factors and recidivism; improvement in functioning of offenders; and cost savings for both the sub-system and the county. Programs should expand to include more than first time offenders and those with low-level offenses, to those with felonies. A common set of definitions, benchmarks and outcomes needs to be developed (related to both the intercept points and cost savings). One of the

most important recommendations in the report is the need to more carefully define diversion vs. adjudication, and they suggest that diversion include pre-adjudication activities, primarily by law enforcement officers in pre-booking and post-booking diversion that does not result in court involvement. Judicial diversion, on the other hand, involves situations where people have a charge, and judicial involvement either pre-adjudication or action that includes an adjudicated offense that includes an alternative sentence.[1]

The National Association for the Advancement of Colored People (NAACP), has succinctly captured the essence of the problem that communities are facing with overpopulation of our jails and detention centers. They state that "processing low-level drug offenders through the criminal justice system is a costly and generally ineffective way to change problematic behavior and impact public safety. As current economic realities force regional criminal justice stakeholders to re-examine spending, pre-booking diversion programs offer a viable, cost effective alternative to the status quo that can positively impact troubled individuals and neighborhoods." [2]

The Center for Prison Reform has found that, for non-violent offenders, especially in crimes relating to drugs, alcohol, and mental health, jail diversion programs and other forms of alternative sentencing are an effective substitute for jail: They allow offenders to keep their jobs and retain family income. They avoid the high costs of care in prison, and divert people to behavioral health resources, which are more effective in addressing the underlying causes of the risk behaviors. Jail diversion programs allow offenders to avoid the stigma and potential job losses created by having a criminal record. Finally, they can significantly reduce the overall problems with overcrowding and the county cost burden. Local jails have, on average, the following demographic breakdown:

	Condition	Percent
	Mental Health Problem	64%
	Serious Mental Illness	17%
	Substance Use Disorder	68%

Many people in local municipal and county jails have dual diagnoses, and are often poly-addicted. [3] These conditions are complex, and worsen when left untreated, as is often the case in jails and detention centers.

Research has shown a close connection between illicit drug use and crime. The economic burden nationally to the justice system in 2006 stood at $8.6 billion For every dollar invested in substance abuse treatment, society saves $4 in health care costs and $7 in criminal justice costs. Growing levels of incarceration of low-level, nonviolent drug offenders has negative and rippling effects on families and communities. When incarcerated, families have, on average, a 64% decrease in household assets, which impacts up to 2.6 million children nationwide, who have a parent in prison or jail. Over the last decade,

[1] *No Entry: A National Survey of Criminal Justice Diversion Programs and Initiatives* by the Center for Health and Justice at TASC, December 2013.

[2] *Law Enforcement Assisted Diversion (LEAD): a Pre-Booking Diversion Model for Low-Level Offenses*, The Defender Association Racial Disparity Project.

[3] *Diversion Programs in America's Criminal Justice System: A Report by the Center for Prison Reform*, by Edwina Rogers, CEO. Center for Prison Reform. 2015.

policymakers, researchers, and leaders in the fields of behavioral health, law enforcement, and criminal justice have been working collectively to address this growing concern. We have made significant strides developing evidence-based practices at each of the intercept points, to facilitate multiple pathways to substance abuse treatment for criminal justice-involved individuals. [4]

[4] *Innovative Programs for Criminal Justice-Involved Individuals with Opioid Use Disorder: Sequential Intercept Model* by The Prescription Drug Monitoring Program Training and Technical Assistance Center at the Heller School for Social Policy and Management, Brandeis University, February 2019.

The Two Primary Models

Stepping Up Model

The Stepping up model is co-sponsored by the SAMHSA Gains Center, the National Association of Counties, the Council of State Governments Justice Center, and the American Psychiatric Association Foundation. It is rooted in the SIM model, committed to reducing the number of people with mental illnesses in jail. The Stepping Up initiative reports that "the number of people with mental illness in U.S. jails has reached crisis levels. In counties across the nation, jails now have more people with mental illnesses than in their psychiatric hospitals." Research by the Stepping Up initiative shows that there are 2 million incarcerations, on average, in the U.S. each year. Approximately three-quarters of these adults have substance abuse or mental health difficulties. People with behavioral health problems tend to stay longer in jail than others; and their rates of recidivism are higher. These large number of incarcerations are often with little or no treatment, creating a staggering human and financial cost to families, communities, and counties. The Stepping Up program reports:

> *Although counties have made tremendous efforts to address this problem, they are often thwarted by significant obstacles, including operating with minimal resources and needing better coordination between criminal justice, mental health, substance use treatment, and other agencies. Without change, large numbers of people with mental illnesses will continue to cycle through the criminal justice system, often resulting in tragic outcomes for these individuals and their families, missed opportunities for connections to treatment, inefficient use of funding, and a failure to improve public safety.* [5]

The LEAD Model

Law Enforcement Assisted Diversion (LEAD) is a community-based diversion initiative with the goals of improving public safety and public order. LEAD helps community teams to reduce unnecessary justice system involvement with people who participate in the program. In a LEAD® program, police officers exercise discretionary authority at point of contact to divert individuals to community-based behavioral health services, for harm-reduction intervention for law violations driven by unmet behavioral health needs. Instead of booking, detention, prosecution, conviction, or incarceration, people are referred into a trauma-informed intensive case-management program where they receive a mix of behavioral health and supportive services. These often include intensive case management; skill building and job development services; shelter and/or permanent housing and/or drug treatment. Police officers and prosecutors closely with case managers on cross-agency teams, to coordinate care. [6]

The LEAD National Support Bureau indicates that one unintended positive outcome of programs nationwide is an improvement in police-community relationships. They indicate that LEAD holds considerable promise as a way for law enforcement and prosecutors to help communities respond to public order issues stemming from unaddressed public health and human services needs -- addiction, untreated mental illness, homelessness, and extreme poverty -- through a public health framework that reduces reliance on the formal criminal justice system.

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[5] Stepping Up: The Problem, from the Stepping Up Initiative (https://stepuptogether.org/).

[6] LEAD National Support Bureau website description (https://www.leadbureau.org/about-lead).

The Power of Jail Diversion

County Jail Costs Reduce County Capacity. Many counties in New Mexico spend between a third and a half of the county budget on jail and detention center costs. A number of counties spend between 40% and 60% of their budgets on these costs. This is unsustainable, and limits what counties can do to build their local economies and care for people. This high cost of care was created by cost shifting.

Cost shifting means the structural policy and funding changes that drive a significant shift in community services. In New Mexico, 2012-2013 policies that cut and restructured behavioral healthcare resulted in (1) closure of many facilities and cuts in services; and (2) overutilization of hospitals, detention centers and jails.

Diversion is a Powerful Answer. Law Enforcement Assisted Diversion (LEAD) provides an excellent model for addressing the cost shifting to jails. This initiative allows law enforcement and the courts to divert some people with behavioral health issues at key "intercept points" to intensive treatment rather than place them in jail. For those in jail, it provides treatment to facilitate a better re-entry into the community. Many programs provide ongoing community supports, so that people continue to receive the help they need. LEAD and similar programs enable counties to provide more effective services, rebuild lives, and save significant revenues. There are diversion, treatment, recovery, Medication Assisted Treatment, intensive case management, and skill-building programs throughout the state. In Congressman Lujan's district, there are at least five initiatives: Re-Route in Rio Arriba, BHIZ in Rio Arriba, LEAD in Santa Fe, Gallup Jail Treatment Program, and a Detention Reintegration Pilot in Mora.

Diversion Impacts the Triple Bottom Line by: (1) enabling those that qualify to avoid jail (and its negative impact), recover, and build healthy lives; (2) creating positive clinical, law enforcement and jail outcomes which creates a collective impact for the community; and (3) saving costs for counties.

Trends. Cost shifting has been fueled by a number of large national and state trends, which began six to eight years ago, which were described in the previous section

Diversion in New Mexico. In many counties, behavioral health providers, county governments, law enforcement, the courts, and jails are working on LEAD type diversion programs, mental health courts, intensive in-jail behavioral health services, or some combination of these. There is a growing community awareness that diversion works. Leaders increasingly realize that many of the people in prison have behavioral health issues which are more effectively addressed through treatment. Community discussions among these different groups have enabled them to build programs and services that meet these needs. LEAD and other jail diversion programs focus on helping divert people from arrest or sentencing to intensive treatment that leads to recovery and reduces recidivism (return to jail). Intensive case management for people incarcerated helps them to address behavioral health issues so that they re-enter the community stronger, and more able to recover and avoid re-entering the penal system. Community supports provide people who have been diverted and people re-entering community from detention, jail, and prison the opportunity to get the help they need, and avoid recidivism. The outcomes from this sort of work are significant and include recovery and reduced behavioral risks for clients; better integrated services and treatment outcomes for providers; and cost savings for counties.

The challenges that many communities face is understanding how they can begin to implement jail diversion, provide intensive case management in jails, and offer enough community behavioral health services to address the many behavioral health risks that we face. Once a cross-sector group of people in counties is engaged in discussions and preliminary planning, they face the funding hurdle. Regional and statewide discussions can help those counties interested to see how they can replicate what is

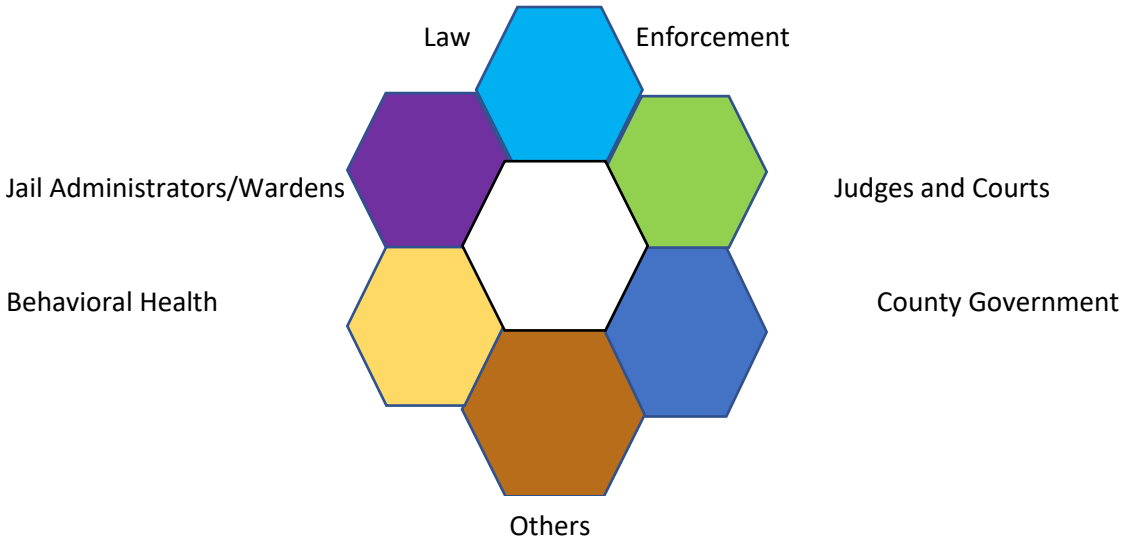
working in other communities. Having more funding for start-up and ongoing system development can enable counties to continue to build and sustain programs. Additional funding is also needed to support system development, behavioral health services that aren't fully funded through Medicaid, and rural initiatives that may involve work-arounds that fit population and cultural needs. After a few years, some of the cost savings can fund much of the work, as long as funds can be re-invested from the cost savings into behavioral health services.

At a recent NM Counties Conference, a NM Public Health Association Conference, and a ReRoute Rock the Intercepts Summit, a diverse group of diversion, court and intensive jail-based programs gathered from around the state. They reported on their work, and include:

- **McKinley County Adult Detention Jail Treatment Program**
- **San Miguel County Detention Reintegration**
- **RAC BHIZ Intensive Case Management in the County Jail**
- **RAC Re-Route LEAD Initiative**
- **Pojoaque Pueblo's LEAD Program**
- **Santa Fe County LEAD**
- **Middle Rio Grande Economic Development Association's HealthCare Committee**
- **Sierra County's Law Enforcement Consortium Intervention Demonstration Project (IDP)**
- **Dona Ana County's Community Wrap-Around Services**
- **Grant County Stepping Up Program**

There are also other LEAD, Stepping Up, jail-based and jail-to-community transition programs around the state, including Bernalillo County and Los Alamos County. There are an increasing number of discussions among behavioral health providers, law enforcement, judges, jail administrators, county managers, county HHS departments, health councils, and others. Counties that have developed LEAD and Stepping Up programs are finding they are able to divert offenders and/or provide alternative sentencing with behavioral health services, for positive results. This helps people reduce high risk behaviors, recover and reintegrate into the community. Some counties plan to reinvest a portion of cost savings into non-Medicaid funded behavioral health services which are evidence-based practices.

Local initiatives can start with seed funding. They quickly need additional, more long-term funding, as well as local policies, and mill levies to systemically address the issue at the community level. Work with law enforcement officials, judges, behavioral health providers, jail administrators, and county leadership can create jail diversion programs through intercept points and alternative sentencing. The key is collaborative community planning among key agencies:



These initiatives are complex, require a lot of support to develop, and often achieve significant outcomes in many communities. Seattle pioneered one of the early LEAD initiatives in 2011. Data collected from different programs shows the potential clinical outcomes, risks and rewards, and cost savings for different strategies at key intercept points. These behavioral health services are proven to reduce a county's jail-related costs in a way that helps people at risk reach needed community-based behavioral health resources, and supports the building of the local behavioral health system. Strategies employed by counties include jail diversion by law enforcement, mental health courts and alternative sentencing by the courts, treatment in jail, and support after release. Each responds to specific needs and population groups with specific strategies, and they can be linked. Jail diversion provides police officers with the opportunity to take people to a behavioral health facility rather than a jail. Judicial authorities work closely with police and behavioral health providers to screen those people who represent the best possible fit for jail diversion, into rehab, intensive outpatient, outpatient, MAT, other treatment, and/or community service. Judges often work with a behavioral health agency and may adjudicate the person to the agency, which has responsibility for that person's behavior and care. Alternative sentencing represents one core strategy that is similar to diversion in that people end up not in jail but sentenced to some type of treatment, sometimes combined with community service. These intercept strategies can help people address their behavioral health issues and focus on recovery, reduce the inmate load and fiscal costs in the county jail, and involve people in community service to build personal and community assets.

Counties in New Mexico are to be commended for addressing the problem of using jails and prisons as a dumping ground for people with behavioral health problems, and building more effective behavioral health systems "from the ground up." It requires innovative thinking, intensive community collaboration, and practical strategies for community-based alternatives that work. It involves a multi-year commitment to re-shape the community infrastructure to better meet the needs of multiple stakeholders: people, families, agencies, county government and communities. The potential is to promote recovery, greater family stability, better treatment outcomes, system improvement, and significant cost savings for county governments.

Costs of Incarceration, Cost Shifting, and Cost Savings

As policymakers in the U.S. became concerned about the taxpayer costs of the prison system, the initial research focused primarily on the costs of state and federal prisons. However, over 12 million people cycled through local and county jails during 2013. This means that jails have some of the highest public safety costs of any system, with high recidivism rates related to behavioral health needs. According to the Vera Institute of Justice, the annual cost per incarcerated individual in jails in 35 jurisdictions studies was over $45,000 per person. Between 1983 and 2011, the cost of jails, nationwide, has grown 400% from $5.7 billion to $22.2 billion. Payroll expenses comprise almost 75% of the total cost of jails.

Cost shifting means the structural policy and funding changes that create a significant shift in community services, based upon federal and state policy and financing. In New Mexico, an increasing number of county officials, behavioral health providers, Community Health Council leaders and others are discussing deep concerns about the weaknesses in our behavioral health system, and the problems created by cost-shifting to jails.

Trends. The cost shifting has been fueled by a number of large national and state trends, which began 6-8 years ago. These include:

1. Affordable Care Act "Obamacare," and expanded coverage;
2. New Mexico's Medicaid Expansion;
3. NM Restructuring of the Behavioral Health System;
4. Medicaid Managed Care, Capitation, and Cost Shifting;
5. Jail-Related Intercept-Based Initiatives.

National Policy & Funding Changes. The passing of the (1) Affordable Care Act with expanded coverage, and (2) Medicaid Expansion for NM both took effect in 2014, although laws were passed in earlier years. The impact for NM was enormous in terms of outreach and enrollment, building provider capacity, and handling the fiscal impact. Although the state realized it would need to pay an increasingly large proportionate share for Medicaid in later years, it oversaw a massive expansion, primarily because of high poverty rates, significant health problems, high rates of substance abuse, and very high levels of unmet need. This decision has had a dramatic and growing fiscal impact.

Restructuring of the NM BH System. Prior to these large policy and funding shifts, former NM HSD Secretary, Squire led a massive (3) restructuring of the behavioral health system. This took place in 2012-2013, when HSD Secretary ceased payments to the 15 largest statewide behavioral health providers, indicating possible "credible allegations of fraud" which were unproven then, and remained unproven after a thorough investigation by the state AG's office. With these cuts, most behavioral health providers had to cease operations.

This represented a sea change in behavioral healthcare: (1) continuity of care was severely hampered; (2) the community-based provider infrastructure was dismantled at the community level; (3) restructuring of care created a privatization of behavioral health services, provided in large part by for-profit, proprietary providers; and (4) only one of the 15 major players was left standing. Unlike nonprofit and government providers that have a long history of working in communities, these companies are not motivated by a double-bottom line: (1) to serve people using the best practices and models available; and (2) to do so using good fiscal and business practices.

The system is now thinner, less diversified, and more poorly funded than the previous network, especially in rural communities. One benefit reported by a state behavioral health leader is that many

Federally Qualified Health Centers (FQHCs) have expanded behavioral health services, for an integrated, one-stop model.

Overall, during the past decade, Medicaid Managed Care costs, other state budget challenges, and capitation have created cost shifting from the state to communities, and from the behavioral health system to jails. The funding available for behavioral health services is now heavily squeezed by (1) a state budget that must provide an increasingly large Medicaid match to the federal government; (2) other state budget cuts; (3) privatization of services, now increasingly provided by for-profit companies with headquarters not based in the state; (4) limited federal funding for NM's behavioral health, that will continue to diminish as the feds shift funding to the top 10 Opioid Use Disorder (OUD) states. New Mexico ranks 17th in OUD nationally. There are also cuts in many other types of federal funding, which is squeezing multi-purpose health systems and county governments.

Medicaid Managed Care, Capitation, and Cost Shifting. The concept of managed health care began in the late 1980s, and has gained traction ever since, primarily as a fiscal control, but also as a way to attempt to better integrate health care, identify and replicate the most effective practices. The benefits of managed care are significant, and relate to creating services within a fixed budget, with an emphasis upon funding those services deemed to be most important and effective. However, managed care is extremely proscriptive, driven by the MCO system, and not able to fully fund needed services, especially in rural communities. When a system is not adequately funded, or policies are not in alignment with all effective practices, the funding mechanisms of managed care may actually impede effective services. Capitation is one of the most frequently used fiscal tools to manage costs, and is used by NM HSD in its Centennial Care Contracts with Managed Care Organizations (MCOs), for the provision of Medicaid Services. The state provides a fixed fee to the Managed Care Organizations; MCOs conduct multi-factoral ratio analysis to determine how risks are spread throughout their group of covered lives, capitate services on a per member/per month basis, and ration care based upon risks and needs, best practices and standards, and costs. MCOs conduct risk assessments to determine members most at risk, using specific screening tools; QI is also addressed through MCO care coordination, utilization management (UM), and other QI tools. MCOs balance and manage allocation of services by placing priorities on larger populated areas; serving rural communities at a distance through various hub-and-spoke models; identifying and prioritizing funding for some Evidence Based Practices (EBPs); and rationing care by level of severity, intensity and type of service, and waiting lists.

When costs to the system are burdensome, as they are for many states under Medicaid Managed Care, there has been documented cost shifting from state behavioral health budgets to county jails. Research demonstrates that the majority of cost shifting occurred after the advent of Medicaid expansion. This cost shifting occurs when care is so severely rationed for types of services, or rural communities, that people in need of behavioral health services act out and are taken to jail. There are a range of studies on this issue that show that cost shifting to jails is one of the major consequences of Medicaid Expansion, and Medicaid Managed Care. This unintended consequence does reduce state budget shortfalls; however, it dramatically increases overall system costs, and is a shifting of costs from the state to local county governments. Some counties are involved with jail diversion; intensive behavioral health services; and partnerships between behavioral health providers, police, judges, and jails, to reduce high utilization of jails and detention centers. Some counties plan to reinvest a portion of cost savings into behavioral health services like case management, an evidence based practice not Medicaid funded.

Jail-Related Intercept-Based Initiatives. Diversion, alternative sentencing, jail-based and jail-to-community initiatives can all reduce the cost burden for jails and detention centers. It also represents cost shifting from municipalities to behavioral health providers. Many of these initiative begin with grant

and contract funding to cover the added behavioral healthcare costs. However, in order for them to be sustainable, the cost savings gained by municipalities and counties needs to be shared. fund or partially fund the added burden of behavioral health care, along with Medicaid billing for Medicaid-approved services. There need to be analysis conducted on this new area of cost shifting, and strategies for addressing this at policy, behavioral health system, and funding levels. As initiatives continue to develop at the community level, we need to ensure that there isn't a new type of cost shifting from county jail budgets to local behavioral health providers like FQHCs, and behavioral health networks.

Summary. The cost shifting from the behavioral health system to jails and prisons is a large, complex, and long-term strategy that includes core federal policies (deinstitutionalization and Medicaid), as well as NM state policies and funding. Issues need to be addressed collectively, through state and federal public policy avenues. Groups that may share concerns about the issue include NM Association of Counties (NMAC), the NM Municipal League (NMML), the NM Association of Community Health Councils (NMACHC), NM Alliance for the Mentally Ill (NAMI), the NM Center for Law and Poverty, Health Action New Mexico and others.

It is important to make local changes that can reduce the county's jail-related costs in a way that helps people at risk reach needed community-based behavioral health resources and supports the building of the local BH system. Strategies employed by other counties include jail diversion, court diversion, and alternative sentencing. Each responds to specific needs and population groups with specific strategies, and they can be linked. Jail diversion provides police officers with the opportunity to take people to a behavioral health facility rather than a jail; the judicial authorities work closely with police and behavioral health hub or mini-hub providers to screen those people who represent the best possible fit for jail diversion, into rehab, intensive outpatient, outpatient, MAT, or other treatment. They are usually working with a case manager in an agency to whom the judge adjudicates the person, who has responsibility for that person's behavior and care. My understanding is that Rio Arriba, Santa Fe, Bernalillo, and other counties have worked to develop these diversion and other programs to reduce county costs. Alternative sentencing represents one core strategy that is similar to diversion in that people end up not in jail but sentenced to some type of community service. This can reduce the inmate load and fiscal costs in the county jail, involving people in community service work which helps build personal and community assets.

Cost Savings have been tracked for a number of intercept-based community initiatives. The National Institute of Corrections finds that the average annual costs for LEAD run about 25% of the cost for incarceration, based upon the experience of the Seattle LEAD initiative.

Costs for Care: NM Jails and Prisons vs LEAD

National Average Cost per Year per Inmate	**$31,162**
New Mexico's Cost per Year per Inmate	**$35,540**
LEAD Average Costs Annualized	**$8,000 to $9,000**

(Data from National Institute of Corrections & Seattle LEAD Program)

A study of the costs of incarceration vs. diversion and alternative sentencing in New York State found that those involved in some type of diversion program that included behavioral health services/case management, saved the system $13,284 per offender, or a cost:benefit ratio of 1:2 for a period of five years. At 10 years, the cost benefit ratio rises to 1:4. The analysis covers cost savings in net criminal justice system resources only, and does not factor in the savings that occur for family earnings, or other factors. The state prison system saw the greatest cost savings, followed by county jails, district

attorneys, and defense attorneys. Law enforcement and probation systems saw few cost savings. Researchers calculated that the net aggregate cost savings to New York taxpayers per year was over $18 million. Cost savings are highly dependent upon judicial diversion case volume and the specifics of judicial diversion and alternative sentencing decrees. [7]

Analysis by Advocates for Jail Diversion: Co-Responder Model in Massachusetts reports outcomes since 2003 across all four types of jail diversion programs. The following include some of their most powerful cost savings for the period from 2003 to 2009. The cost savings are created by providing intensive case management similar to LEAD and Stepping Up models to people who are diverted by law enforcement. [8]

Intervention	Cost Savings
2,445 individuals diverted from arrest	$4,890,000

Community-based treatment services in Texas cost, on average, $12 a day, whereas jail costs $137 per day, and an emergency department visit averages $986. CIT training results in officers screening for behavioral health issues more frequently; transporting people to community treatment facilities; and reducing the use of unnecessary force. [9]

Forensic Assertive Community Treatment (FACT) represents a healthcare-justice partnership that results in few jail bookings, more outpatient behavioral health sessions for treatment, and fewer hospital stays. Project Link in Rochester, NY and Thresholds in Chicago, IL created a cost savings of between $18,873 and $39,518 per person. Intensive outpatient services may be more expensive at the outset, however, the cost savings over time, are significant, and need to be shared across agencies within the system of care. [10]

A program run by Optum in Salt Lake County, UT, is saving the county approximately $650,000 per year, using a framework of a receiving center for law enforcement diversion, which provides crisis stabilization and intensive case management.

A study by the Rand Corporation, Center for Court Innovation, Association of Prosecuting Attorneys, and the Police Foundation with 15 programs in Illinois, Vermont, California, and Wisconsin found that court diversion programs create significant cost savings. The greatest cost savings reported include reductions in: (1) convictions; (2) recidivism; and (3) administrative and staffing costs in jails with reductions in numbers of inmates. Four of the programs had investment and return costs analyzed, and demonstrated significant cost savings.

[7] *Testing the Cost Savings of Judicial Diversion*, submitted to the NY State Unified Court System by NPC Research, March 2013.
[8] *Advocates Jail Diversion Program: A Co-Responder Model*, Advocates, based in Framingham MA.
[9] *Treatment Alternatives to Incarceration for People with Mental Health Needs in the Criminal Justice System: The Cost Savings Implications*, by David Cloud and Chelsea Davis, Vera Institute, February 2013.
[10] *Criminal Justice Involvement, Behavioral Health Service Use, and Costs of Forensic Assertive Community Treatment: A Randomized Trial*, by K.J. Cusack, Community Mental Health Journal, 2010.

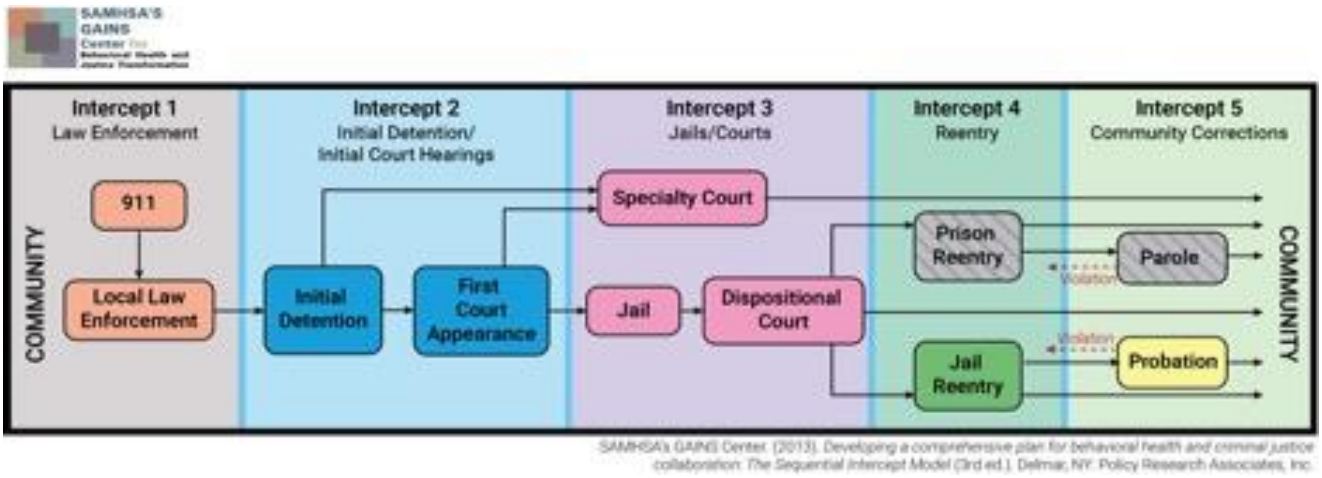
The Sequential Intercept Model

The Sequential Intercept Model (SIM) was developed over several years in the early 2000s by Mark Munetz, MD and Patricia A. Griffin, PhD, along with Henry J. Steadman, PhD, of Policy Research Associates, Inc. It was adopted as a framework by the federal Substance Abuse Mental Health Services Administration (SAMHSA), and is used by the SAMHSA Gains Center. It is also the basis for LEAD initiatives and other similar programs. It serves as a common conceptual framework for most programs, and has been expanded and modified over the years.

The SIM was developed as a conceptual model to inform community-based responses to addressing the increased involvement of people with behavioral health challenges with the criminal justice system. After years of refinement and testing, several versions of the model emerged. These include a "linear" depiction of the model, first conceptualized by Dr. Steadman of PRA in 2002, as well as a "filter" and "revolving door" versions, developed later (2004-2006). *The Sequential Intercept Model and Criminal Justice: Promoting Community Alternatives for Individuals with Serious Mental Illness* provides a history of the model's development, with funding and support from the National Institute of Mental Health, the Substance Abuse and Mental Health Services Administration, and others.

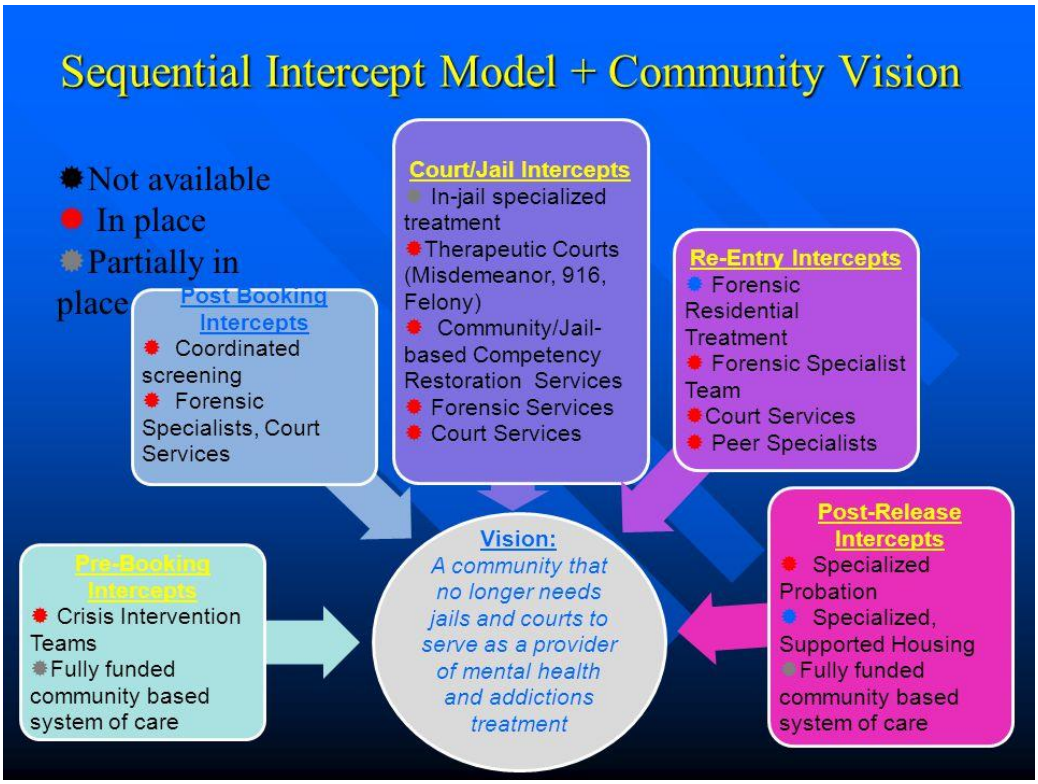
Since that time, work at the community level has focused upon addressing the issue through early law enforcement diversion; court involved alternative sentencing and diversion; jail-based programs; and jail to community transition initiatives. At the national and federal levels, there are multiple federal bureaus and national foundations and associations involved in this work.

The Sequential Intercept Model (SIM) serves as an excellent planning tool for communities as they begin the work. Communities begin by mapping the community services, resources and gaps; involving a large stakeholder group of those involved in law enforcement, corrections, the courts, behavioral health, local and county governments, and community services. During the mapping process, the community stakeholders are introduced to evidence-based practices and emerging best practices from around the country. The culmination of the mapping process is the creation of a local strategic plan based on the gaps, resources, and priorities identified by community stakeholders.[11] The Sequential Intercept Model, as first envisioned by Policy Resource Associates, is shown below:



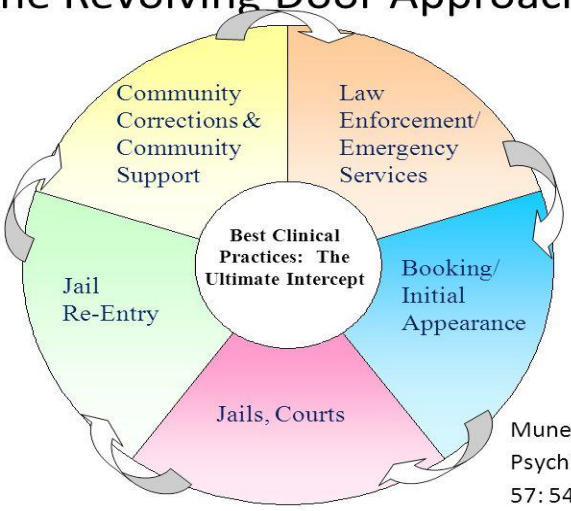
[11] "Sequential Intercept Model as a Strategic Planning Tool," by Policy Resource Associates.

Another way that intercepts have been envisioned is as they respond to a community-rooted vision, with a focus on specific interventions that are most needed, appropriate and effective at each intercept point. The following is one example, and can serve as a helpful community mapping and assessment tool to use to track the level of community engagement of different partners (law enforcement, judicial, behavioral health, probation and parole, etc.)



When considering how each of the intercepts interacts with or builds upon the other, when examining an inmate's journey, the "revolving door" picture of the intercepts is helpful. This enables us to see how inmates continue to cycle back through the system again and again, unless there are multiple coordinated interventions which have a collective impact of helping people in trouble with the law address and change the situations that are contributing to the problem. Those tend to include both behavioral risk factors, criminogenic factors, and Social Determinants of Health.

Sequential Intercept Model: The Revolving Door Approach



Munetz & Griffin: Psychiatric Services 57: 544–549, 2006

RAC ReRoute's Sequential Intercept Model

Rio Arriba County's Health & Human Services Department, and the Rio Arriba Community Health Council (RACHC) have been focused on the need to divert people with behavioral health issues away from jail for many years. For at least five years, the RACHHS Director has focused on the triple challenges of the overincarceration of people with mental health and substance abuse problems. They include the following:

1. People with mental health and substance use disorder issues don't receive adequate treatment;
2. While jailed, the inmates and their families suffer additional personal, behavioral, and economic challenges;
3. Costs to the county and community for incarceration continue to rise, and at the current level of 50%, are unsustainable.

About five years ago, RACHHS began to identify target populations of people with behavioral health issues who might be diverted into intensive care. These initially included people who were overutilizing the hospital emergency department, and pregnant women with substance use disorder (SUD) facing incarceration. Small pilot programs were developed, which achieved excellent clinical outcomes and significant cost savings.

During the same time period, RACHC and RACHHS worked to provide CIT training to law enforcement. RACHHS began a program of periodic CIT training for city and county law enforcement officers. Leaders in law enforcement began participating in the RACHC, and in other cross-agency teams.

In 2014, the NM Behavioral Health Services Division (BHSD) decided to invest in counties with significant SUD and OUD. The Behavioral Health Investment Zone funding was targeted at reducing the impact of drugs on individuals and families, the community service delivery systems, and the economy. The RACHC BHIZ was developed as a partnership among over 20 different agencies committed to working together to provide more integrated care for people with SUD and OUD. This included focusing on those engaged with law enforcement and the courts (at Intercepts #1 and #2). Although the BHIZ was not formally focused on the SIM per se, it did integrate intercept-related strategies from its early work.

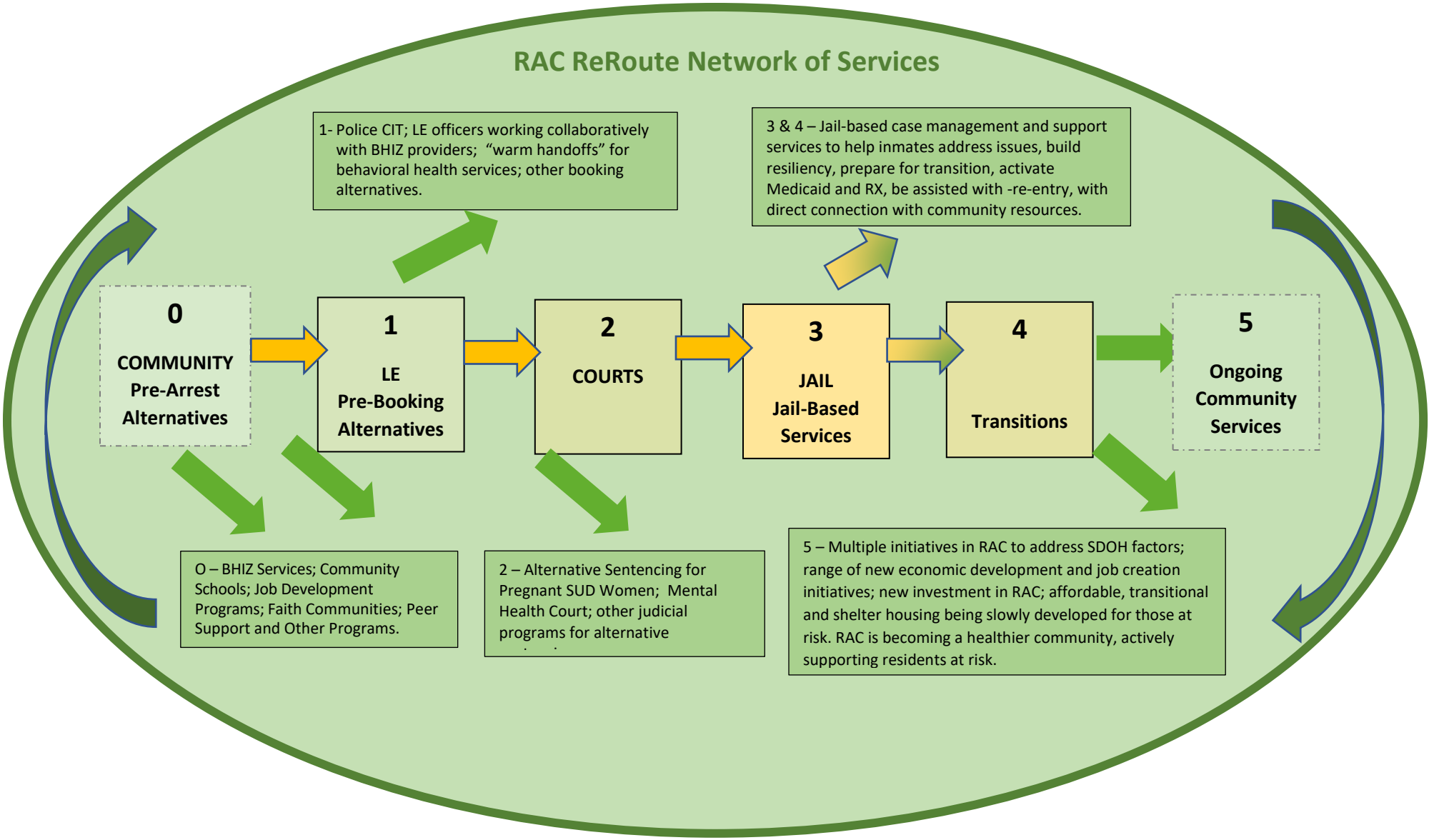
By 2018, the BHIZ had been operating and beginning to demonstrate client and system outcomes. The costs for overincarceration had become increasingly apparent, and represented a growing concern. RACHHS applied for and received DOJ funding to develop a LEAD initiative in RAC, which is called ReRoute. The name, ReRoute, is a metaphor for its mission, which is to facilitate those in crisis to reroute their lives. The initiative includes both recovery and harm reduction models. It encourages clients to become involved in shaping their lives in ways that allow them to meet their goals, and avoid ongoing contacts with law enforcement and the courts.

RAC ReRoute's System Development Accomplishments

The RAC ReRoute Initiative is building services as key intercept points, using a SIM model that is primarily based upon the original, linear model, with adaptations that show the cyclical nature of someone's experience moving into and through the law enforcement, judicial and behavioral health systems. It is a stakeholder-driven cross-agency model that includes local law enforcement leadership and officers; representatives from all four court systems; jail administrators and jail-based case managers; probation and parole; and community behavioral health providers. This representation is

comprehensive, and includes providers involved in work at all of the intercept points. This cross-agency team is called the Justice League, and meets monthly. RAC ReRoute also has clinical teams that meet to discuss each client in the system, and jointly case manage clients across the intercepts and across the agencies. The focus is to coordinate the care to facilitate clients achieving their goals, and addressing barriers, so that they can avoid additional involvement with law enforcement and the courts.

This graphic shows the Sequential Intercept Model (SIM), and the many opportunities the intercepts provide for moving back into community through carefully constructed wrap-around services pegged to the client's needs, severity of the offense, therapeutic and skill-building services, and system capacity to provide resources focused upon helping clients achieve goals and reduce risk behaviors and criminogenic factors. Green arrows show the community and jail-based services developing in Rio Arriba County that are part of the broad-based ReRoute Initiative. Intercept-point related services are detailed on the following pages.


RAC ReRoute Network of Services
1- Police CIT; LE officers working collaboratively with BHIZ providers; "warm handoffs" for behavioral health services; other booking alternatives.
3 & 4 – Jail-based case management and support services to help inmates address issues, build resiliency, prepare for transition, activate Medicaid and RX, be assisted with -re-entry, with direct connection with community resources.
0
COMMUNITY
Pre-Arrest
Alternatives
1
LE
Pre-Booking
Alternatives
2
COURTS
3
JAIL
Jail-Based
Services
4
Transitions
5
Ongoing
Community
Services
O – BHIZ Services; Community Schools; Job Development Programs; Faith Communities; Peer Support and Other Programs.
2 – Alternative Sentencing for Pregnant SUD Women; Mental Health Court; other judicial programs for alternative
5 – Multiple initiatives in RAC to address SDOH factors; range of new economic development and job creation initiatives; new investment in RAC; affordable, transitional and shelter housing being slowly developed for those at risk. RAC is becoming a healthier community, actively supporting residents at risk.

0 **COMMUNITY** **Pre-Arrest Alternatives**	Behavioral Health Services from the Behavioral Health Investment Zone (BHIZ) Services, with a range of behavioral health services from RACHHS, PMS, Hoy, Santa Fe Recovery Center, Santa Fe Mountain Center, and others that provide case management, counseling and therapy, navigation, and information and referral to help clients access basic needs, education, and job development resources. Other community groups include Las Cumbres, Northern New Mexico College, schools; GED and vocational programs; job development and skill building programs; faith communities; basic needs providers, and other services. This network provides an integrated approach to addressing behavioral health risks, reducing their risk behavior and criminogenic factors.
1 **LE** **Pre-Booking Alternatives**	Law enforcement officers and personnel have been trained multiple times with CIT training, and CIT teams are working collaboratively with the RAC ReRoute LEAD program, and with the Justice League, which coordinates work. LE officers are working collaboratively with BHIZ providers, and provider referrals and "warm handoffs" for clients in pre-booking activity, to engage them with needed behavioral health and harm reduction services. Other pre-booking activities also include work with Naloxone distribution, and rapid response. The new AmeriCorps program is funding an RACHHS Recovery Corps, which will provide peer support staffing to the system. The pre-booking alternatives are developed by law enforcement, EMS, firefighters and other front-line responders, at their discretion.
2 **COURTS**	Court diversion includes pre-trial diversion, and alternative sentencing. Courts involved with RAC ReRoute's include: (a) First Judicial District Court; (b) Magistrate Court; (c) Municipal Court; and (d) Tribal Courts. All four types of courts and their staff are part of the ReRoute Initiative, and involved in the coordinating team, the Justice League. Judicial strategies used include defense continuance, pre-prosecution diversion, agreements between the prosecutor and public defender, and post-trial alternative sentencing to a community treatment program. One example of alternative sentencing that has been highly successful in terms of treatment outcomes and cost savings is the alternative sentencing of pregnant substance using women to the RAC BHIZ and Las Cumbres. Other work by the judicial system includes analysis of conditions of release and parole, and how those may be modified to both support recovery and reduce the high level of reincarceration related to violations of these conditions.
3 - 4 **JAIL** **Jail-Based & Transition to Community**	Jail-based case management and support services are provided in the TA Jail to help inmates address criminogenic factors, behavioral health issues, and substance abuse disorder (SUD). The case management involves a range of therapeutic interventions that help inmates address their issues, develop life goals, and build resiliency. Each inmate has a Care Plan tailored to his/her specific issues and needs. Case managers provide motivational interviewing, navigation, information and referral, advocacy, and support services. As inmates prepare for transition, the case managers guide them in developing plans to address their challenges and meet goals. This includes activating Medicaid; obtaining prescriptions and having them filled and available to inmates upon release; plans for re-entry with warm handoffs to community behavioral health providers. It also includes work with inmates to create plans for their SUD and crime-related recovery; GED and/or vocational programs; assistance with building job skills; and other transitional planning related to each inmate's specific situation.
5 **Community Services**	There are a mix of community corrections services, probation and parole and other supportive services needed to provide support for inmates after they have transitioned from jail back to the community. Many of these are listed above. Some services are in place in RAC, however there are three areas where more needs to be developed. There need to be (1) more affordable, sober and safe housing options available in NNM; (2) more active engagement of the local Workforce Centers with the business community to create job opportunities; and (3) effective management of conditions of release or probation and parole.

RAC ReRoute Outcomes

RAC ReRoute has accomplished a great deal during its initial year of planning and system development. Because RACHHS has been involved in this work for years, and has already developed the BHIZ, this provided fertile ground for effective system development. Halfway through its first planning year, RAC ReRoute has achieved the following system development and client outcomes:

1. Developed a workplan and hired case management staff.
2. Established the Justice League, which meets monthly, with leadership from agencies working at each of the sequential intercept points.
3. Created a case staffing group which meets monthly for cross-agency team case coordination work, with the ReRoute case manager working collaboratively with other agencies on a regular basis.
4. Developed a ReRoute-specific SIM preliminary map, identifying work needed and being done at each of the sequential intercepts.
5. Worked in partnership with the State of NM and NM Drug Policy Alliance to leverage other related state funding for ReRoute.
6. Diverted over 25 clients (a) from being booked (Intercept #1), into intensive case management and support services; and (b) pre-trial and post-trial diversion and alternative sentencing (Intercept #2). Diversion activities usually mean no sentencing is placed on the person's permanent record; alternative sentencing from the courts usually means the person does have a record (which may or may not be removed at a later date).

RAC ReRoute will continue to gather data from the case manager, the case staffing group, and the Justice League to track progress with clients, address and track outcomes through key identified benchmarks. Because of its fast-tracking work with implementation of services during its planning year, ReRoute has been identified as a model by the LEAD National Support Bureau, and is part of a national leadership learning cohort.

Systemic Challenges for NM SIM-Based Models

There are a number of systemic challenges that do exist with ReRoute and many other similar programs, which were briefly discussed during the Rock the Intercepts meeting on August 22nd. These include major differences in sentencing practices among the judges in different courts; significant variations among courts in the conditions of release, probation or parole; and the actions of probation and parole officers and ways they work with their clients upon adjudication to them.

Sentencing. ReRoute works with four different court systems, which creates a complex set of relationships to be managed. The judges have different levels of understanding about and commitment to the SIM model; with vastly different sentencing practices. Some judges work actively with the Justice League, and in close collaboration with the ReRoute case manager, to focus on sentencing strategies that promote greater goal achievement and reduced recidivism. However, others work more in their own silos, and focus on more punitive sentencing practices. The head of the NM Supreme Court, Judge Judith K. Nakamura, is leading a statewide initiative to reform sentencing throughout the system, to focus more on rehabilitation and less on punitive sentencing. She is working closely with the leadership of NM BHSD, the Governor's Health Policy Advisor, and the Behavioral Health Collaborative. This should allow the judicial system to adopt evidence-based practices for sentencing and conditions of release, probation, and parole.

Conditions of Release, Probation and Parole. The judicial system provides conditions of release for inmates upon release from county jail. Some judges focus on a limited number of practical and achievable conditions. Others provide a long list of requirements which are hard for former inmates to address once released, especially if they have challenges with housing, transportation and employment. A long laundry list of conditions of release leads to increased re-offending and higher rates of recidivism. Conditions of probation and parole apply more to state prisons than to county jails. However, they are all similar, and have comparable challenges. Working at a local level with judges and jail administrators, as well as at the state level, should help build a base of evidence-based practices related to conditions of release, which will enable more people to make progress in their first three to six months back in the community.

In addition to the structural, or systemic challenges that ReRoute and most other programs face within the SIM system, there are broader SDOH-related challenges. In interviews with RACHHS leaders and program managers, BHIZ system leaders, jail administrators, and case managers, the consultant found that the following five issues were mentioned as major barriers to successful reintegration for many inmates in Rio Arriba County. They are also cited as barriers in many other communities in the state. These include: (1) potential for drug overdose within the first few days of release; (2) lack of sober, safe and affordable housing; (3) lack of appropriate gainful employment; (4) basic needs; and (5) social and familial connection challenges.

1. **Potential for drug overdose within the first few days of release**. Inmates face their greatest risks of drug overdose, and overdose related deaths, within the first few days of release. This is being addressed in a proactive and systematic way by the BHIZ, with the RACHHS case management staff in the jail, Santa Fe Mountain Center (SFMC) harm reduction staff work in the jail, and joint RACHHS and SFMC Narcan Kit distribution and training for all inmates. Some inmates are released very soon after incarceration, and jail administrators and staff have been also trained to distribute

Narcan Kits and provide brief training in their use to inmates. This work will continue to be strengthened, by involving inmates in discussions about how they can be most effectively reached in jail, and after release. Many community providers across different sectors are actively involved in Naloxone/Narcan distribution and training. The New Normal Campaign has reached many community members with its messages about Narcan, recovery, and harm reduction.

2. **Lack of sober, safe and affordable housing**. The housing stock in much of the county is very limited. Many inmates end up either returning to a spouse who has a home, or is living with relatives. Or, if they don't have housing waiting for them, the cast about to find something. That something is often staying with friends or relatives who are actively using alcohol and drugs, which pose immediate challenges and risks. There are Oxford House sober living options in Albuquerque which often have spaces available, however people need to be willing to spend time in those facilities, away from friends, family and community. More supportive shelter, transitional housing, and permanent residences need to be made available. RACHHS is working on a number of community initiatives to address this housing need. Another issue which complicates the housing challenge is the need for many inmates to enter a residential treatment program upon release, to help them address SUD and OUD. However, the number of beds available at RTCs is extremely limited. People often need to either go far from home to an RTC; wait for an opening living with family or friends; or enter intensive outpatient treatment (with or without medication assisted treatment). This means that they may be in an interim status for many months following release from jail, and need even more intensive supports during this time.

3. **Lack of appropriate gainful employment**. Legitimate, or legal, employment opportunities in RAC are limited. Those people with a criminal record have very few employment options. The Northern Area Workforce Development Board and the local Workforce Centers have this target population as a priority population. Ongoing collaboration with the Workforce Centers for workforce training and assistance with placement can help recently released inmates. In addition, RACHHS has received AmeriCorps funding to develop a Recovery Corps, which will include people in recovery, which could also include former inmates in active recovery. In addition, the NM BHSD Office of Peer Recovery and Education (OPRE) has a new category for peer support worker employment and training, focused on former inmates working as case managers in jails. A great deal of work needs to be done both around this specific issue, as well as in general economic development. RAC has received multiple legislative apportionments to support health-care related job development and the creation of a new secure treatment facility in RAC. All of these initiatives can, collectively, impact this important barrier to reducing recidivism. This is important to address because, when people can't find enough legitimate employment to meet their basic needs, the lure of drug-related income is often too strong for most people, especially when we look at the need to feed our families.

4. **Basic needs.** All of us need to meet our basic needs for food, shelter, clothing, and other basics in life. Newly released inmates face multiple life stressors. Most are dealing with behavioral health challenges and SUD, which represent chronic and difficult-to-manage health conditions. Collectively, they often create insurmountable stress, which results in crises, missed appointments with probation and parole, and re-incarceration. The RACHHS BHIZ is focused on providing

intensive case management through multiple agencies to those that are at high risk. Whether case management is provided through RACHHS, PMS, SFMC, Inside Out, or another agency, intensive support is needed that is shaped by the client's own goals for recovery or harm reduction; their life and work goals; and their basic needs and other challenges.

5. **Social and familial connection challenges**. Most of us return to known and familiar people and settings. This applies to almost all people who are involved in SIM programs, whether through diversion, alternative sentencing, or return to the community from jail. These people and places have an influence upon us. For many, those include people and places that have a deep connection with SUD, OUD, and criminal behavior. They were historically called "bad influences." However, when they include one's loved family members and friends, they represent a mix of good and bad. That is the reality of life for many people, and must be addressed.

Outcomes and Effective Practices Across the Intercepts

The Human Services Research Institute has found that jail diversion programs take two to four years to develop. Therefore, multi-year funding is essential. They also found that interventions alone may reduce jail time, however additional positive outcomes including reductions in recidivism, depend upon access to effective behavioral health treatment in the community. It will be important for future research to analyze different categories of adjudicated misdemeanor and felony crimes to compare cost savings across not only time in jail or prison, but average time served for similar crimes and cost savings, especially for the more serious felony charges that require longer-term and costlier sentences. [12] Research focused on jail diversion programs like LEAD have found the following program outcomes and effective practices, based upon studies of programs in Seattle, Philadelphia, Santa Fe, Rio Arriba, and other areas.

A presentation by the NM Legislature analyzes the SIM, what is needed at each intercept, and provides recommendations based upon the experience of the MDC in Albuquerque. Intercept-related recommendations include: (1) mobile crisis services; (2) crisis stabilization center with a treatment team; and (3) halfway houses and supported housing.[13]

58% to 60% of Seattle LEAD participants are less likely to be re-arrested than others handled through the normal system of justice. When analyzing short-term, six-month arrest outcomes, there is a significant "LEAD effect," reflected in a 60% reduction in re-arrests for LEAD participants, with significant levels of re-arrest for the non-LEAD population. When looking longer term, the LEAD effect is a 58% reduction in rearrests over multiple years. For those participants that remain active with the program over time, the improvement in outcomes is even greater. [14](*Seattle, WA*)

Compared to controls, LEAD participants had 60% lower odds of arrest during the six months subsequent to evaluation entry; and both a 58% lower odds of arrest and 39% lower odds of being charged with a felony over the longer term. These statistically significant differences in arrests and felony charges for LEAD versus control participants indicated positive effects of the LEAD program on recidivism.

Analysis conducted on LEAD intercept-related interventions compared to traditional law enforcement interventions shows that pre-booking intercepts, diversion, alternative sentencing and intensive in-jail case management and treatment are interventions with better outcomes than traditional law enforcement practices and programs. *("Seattle's Law Enforcement Assisted Diversion (LEAD): Program Effects on Recidivism Outcomes," by Collins, Lonczak, Clifasefi; Evaluation and Program Planning Journal; Harm Reduction Research and Treatment Center, Dept. of Psychiatry and Behavioral Sciences, University of WA.)*

LEAD program participants in King County, WA have significantly better outcomes for housing, employment, income and benefits, when they actively participate in LEAD intensive case management services instead of incarceration. Furthermore, the stability afforded by improved housing, employment, and earnings resulted in between 17% and 33% fewer arrests. *("Seattle's Law Enforcement Assisted Diversion (LEAD) Program: Within-Subjects Changes on Housing, Employment, and Income/ Benefits Outcomes and Associations With Recidivism" by Clifasefi, Lonczak, and Collins; Crime and Delinquency, SAGE Publications, 2017.)*

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[12] *Beta Test in Travis County Texas*, Human Services Research Institute

[13] Power Point Slide Deck, with no information about the presenting organization, sources, or dates. (https://www.nmlegis.gov/handouts/CJRS%20111214%20Item%201%20Sequential%20Intercept%20Model.pdf)

[14] Reported by the LEAD National Support Bureau, based upon research conducted on the Seattle LEAD program: *Seattle's Law Enforcement Assisted Diversion (LEAD): Program Effects on Recidivism Outcomes* by S. Collins, H. Lonczak and S. Clifaserfi, Sage Publications.

There are a number of SDOH-related factors which create major challenges and barriers to recovery for those involved with the legal system. Continued lack of employment, housing, transportation, and a dearth of other support systems create stressful life challenges that (together with behavioral and criminogenic risk factors) exacerbate the recidivism rate. Conversely, when intensive behavioral health support services help people address these issues as part of their life goals, then recidivism decreases, as a study of the Seattle LEAD program demonstrates:

	Pre-LEAD Referral Rate (%)	Post-LEAD Referral Rate ((%)
Have shelter	48.30%	65.83%
Have housing	17.61%	28.49%
Have employment	7.43%	9.03%
Involved in training, job search (on the continuum)	8.57%	11.83%
Have legitimate (vs. illegal) income and/or benefits	51.76%	57.45%

Simply having a case manager was associated with a 2% higher probability of being sheltered or housed each month, with an annualized total of almost 25% increase in potential for housing. Another type of data analysis with the Seattle program showed that those remaining in the program and working closely with a case manager had an 89% higher success rate for finding shelter or permanent housing than did those not working with the program. This alone provides a strong argument for intensive case management.

There was a 46% improvement for people in the LEAD program to become engaged "on the employment continuum," i.e. with skill building, job development, and job search activity. Although there was some improvement with employment outcomes with those working in LEAD, the difference was not appreciable. The evaluators reported that the case management did not have a significant impact with clients to improve their prospects for employment. Since having a stable source of recurring, legitimate income is such a core issue for ongoing recovery, it will be important for intercept-based programs to analyze the structural and policy barriers to employment. In some of the Workforce Development initiatives in New Mexico, the Workforce Centers find that one of their biggest challenges comes with partnerships with the local employers; getting them engaged and involved; helping them to access their tax and other benefits from participating with Workforce Centers; and getting them to employ those they consider to be high risks for them. Getting them to hire offenders is challenging even when they are engaged. A great deal of systems work, stakeholder engagement, policy development and adding to incentives needs to happen to address this issue. People involved in the LEAD program were 33% more likely to have legitimate sources of revenue than others. Another excellent outcome in the Seattle program is that the longer participants were engaged in the employment continuum, the lower their likelihood became for being re-arrested. Similarly, for every month people had housing, they were also less likely to be re-arrested.[15]

The JDP diversion program in Pinellas County, FL worked with a total of 2,357 individuals between 2004 and 2008. There was an overall reduction in arrests for 91% of those individuals. The program links community providers in a network of care, with intensive case management. Medication and other services, including supportive housing. [16]

[15] *Seattle's Law Enforcement Assisted Diversion (LEAD) Program: Within-Subjects Changes on Housing, Employment, and Income/Benefits Outcomes and Associations with Recidivism*, by S. Clifasefi, H. Lonczak, and S. Collins, Sage Publications, 2017.

[16] *Pinellas County Jail Diversion Program Offers Hope*, Florida Partners in Crisis, February 9, 2010.

A program run by Optum in Salt Lake County, UT, includes intensive community treatment using a Receiving Center, which provides screening, assessment, crisis intervention and stabilization, and treatment using a "living room" model, together with a mobile crisis van. Optum served 691 individuals between 7/1/2013 and 6/30/2014. Outcomes include de-escalating a crisis, reducing the numbers of people incarcerated, and improving risk factors and recovery goals for those involved.

Berks County PA's Stepping Up program had excellent outcomes, including people who were diverted and became active with treatment, and low recidivism rates.[17]

	Intervention	Data
	Number of Referrals for Possible Program Participants	741
	Total Involved	359
	Total Re-Arrested	25 (7%)
	Total Re-Arrested During Diversion	13 (4%)

SAMHSA has an excellent resource for implementing evidence-based practices and programs related to the intercepts: A Checklist for Implementing Evidence-Based Practices for Justice-Involved Adults *(https://csgjusticecenter.org/mental-health/publications/a-checklist-for-implementing-evidence-based-practices-and-programs-for-justice-involved-adults-with-behavioral-health-disorders-2/*).

Staffing the Services

When staffed with a mix of provider types and levels, people receive a stronger, better integrated mix of services, supports and resources at a lower overall cost. Return on investment (ROI) for Community Health Workers (CHWs) (and peer support workers) in different programs is found at a rate of over 3:1 for every dollar invested. *(MHP Salud)*

Outcomes and Cost Savings for Seattle's LEAD and Rio Arriba's ReRoute LEAD Initiative

- The cost of the LEAD program averaged an annualized cost of about $700 a month.
- Across nearly all outcomes, there were statistically significant reductions in average criminal justice system engagement for the LEAD group compared to the control group.
- Compared to the control group, LEAD program participants had 1.4 fewer jail bookings on average per year subsequent to their evaluation entry.
- The LEAD group spent 39 fewer days in jail per year following their entry into the program.
- The LEAD group had 87% lower odds of jail/prison re-entry.
- RAC ReRoute has almost 20 clients involved in diversion and intensive case management (3 months).
- The RAC ReRoute team includes a wide range of providers, including representatives from law enforcement, the judicial system, behavioral health and other community providers, meeting regularly for case management and system development.
- RAC's ReRoute is quickly becoming a model for the collaborative service network, and effective workflows leading to intensive case management for those who qualify for ReRoute.

("LEAD Program Evaluation: Criminal Justice and Legal System Utilization and Associated Costs," by Collins, Lonczak, and Clifasefi; Harm Reduction Research and Treatment Lab University of WA; RAC ReRoute LEAD program information.)

[17] *Berks County Stepping Up Initiative: A Comprehensive County Approach*, December, 2017.

The ARK is a research center and library for outcomes related to risk factors and motivation, based at the National Drug Court Institute. The have found that the best outcomes for people engaged with the criminal justice system (usually at Intercepts #2 and #3) come from an effective pairing of an individual's need and risk profile matched to the most clinically effective and cost-effective strategies related to that persons profile. The ARK uses an online tool to help clinicians stage a person based upon needs and risk factors, so that the referrals are better linked to evidence-based practices that best match other people with similar profiles.

The Urban Institute, one of the best research and policy institutes in the U.S., has conducted case study research on using the sequential intercept model to guide local reform. The Urban Institute's case study looked at how the McArthur Foundation's Safety and Justice Challenge effectively used the SIM model to safely reduce the jail population with a combination of policy reform and evidence-based programs.[18]

SAMHSA has collected what they consider to be essential measures related to each of the intercepts. *Data Collection Across the Sequential Intercept Model: Essential Measures* is one of the most comprehensive compilations of specific types of outcomes, benchmarks and data measures to use at each of the intercepts. Especially useful are its analysis of the critical intercept points of contact, methods for screening and treating those with behavioral health issues, rather than booking or adjudicating them. Their analysis begins with Intercept 0, with an emphasis on crisis response and mobile crisis units. Their emphasis at Intercept 1 is on law enforcement dispatch protocols, rapid response, and strategies to avoid booking. Their emphasis at Intercept 2 is on strategies for court diversion and alternative sentencing. Their descriptions about services in jail do not include as much information about working to help inmates manage transitions, re-establishing Medicaid, creating "warm handoffs," and other protocols which have found to be evidence-based practices by other researchers. Their descriptions of important benchmarks and data measures for transition back to community and in community includes important and helpful suggestions. They could be strengthened by addressing the challenges that many inmates face with conditions of release, probation and parole, and the SDOH-related barriers that make re-entry difficult (such as lack of housing, employment, transportation, etc.) This manual provides enough excellent detail on benchmarks that it can serve as a jumping-off point for many programs.

A more in-depth look at Intercept-Based benchmarks and evidence-based practices is provided in the following section.

[18] "Using the Sequential Intercept Model to Guide Local Reform," by Janeen B. Willison, Evelyn F. McCoy, Carla Vasquez-Noriega, and Travis Reginal with Travis Parker from Policy Research Associates, Urban Institute, October 2018.

Intercept-Based Strategies, Models and Evidence-Based Practices (EBPs)

Intercept 0

Effective strategies and EBPs Mobile crisis outreach teams and co-responders. Behavioral health practitioners who can respond to people experiencing a behavioral health crisis or co-respond to a police encounter. Emergency Department diversion. Emergency Department (ED) diversion can consist of a triage service, embedded mobile crisis, or a peer specialist who provides support to people in crisis. Police-friendly crisis services. Police officers can bring people in crisis to locations other than jail or the ED, such as stabilization units, walk-in services, or respite.

Intercept 1

EMTs, police and firefighters can learn to identify behavioral health crisis situations. With Crisis Intervention Training (CIT), these first responders are well positioned to handle the initial stages of triage, and provide a "warm handoff" to Crisis Intervention Team officers or behavioral health team partners to work with the individual who represents low-level offenses and potential substance use disorder best addressed through treatment. Having effective and validated screening and risk assessment tools enables the CIT/behavioral health staff determine the level of behavioral risk, acuity, and motivation level for harm reduction or recovery. Many times, those with families and children are more highly motivated to engage in jail-diversion and recovery in order to remain with their families. Through CIT training and cross-sector partnerships, police officers can learn how to interact with individuals experiencing a behavioral health crisis, and involve the appropriate team in addressing[19] the situation. High utilizers can be identified, and provided with intensive wrap-around services to reduce their recidivism rates, and help them to find ongoing support through a medical home with specialized care tailored to their behavioral health needs.

Models: Pima County AZ Temporary Pre-Trial Screening Facility, will provide 400-500 pre-trial screenings per month by the facility staff for low-level offenders with behavioral health risks. It will serve as a "hub," where staff from other agencies will co-locate, in order to provide intake, information and referral for behavioral health, basic needs, housing, and employment services. It should save Pima County between $1.5 million and $1.9 million annually, by screening those with misdemeanors away from booking to treatment. [20]

Intercept 2

Although diversion programs are viewed as a function of the prosecutor's office, 59% of diversion programs give judicial courts a role as well. Diversion can begin at any point in the criminal justice system. This includes: (1) pre-booking, which refers offenders out of the system before they are charged, usually for behavioral health services; (2) post-booking, the most common, occur after an offender has been charged, and requiring diversion staff who work in the court to negotiate with prosecutors, typically for behavioral health treatment in exchange for waiving of charges, and can include a caveat requiring the offender to comply with the treatment program; and (3) post-plea

[19] *Six Evidence-Based Practices Proven to Lower Recidivism*, by Doug Hooley, CorrectionsOne, March 29, 2010.

[20] "Temporary Screening Facility is a Big Step Forward in Pima County's Effort to Reduce Jail Population," by Caitlin Schmidt, Arizona Daily Star, May 31, 2019.

diversion or alternative sentencing, after an offender has entered into a plea deal that includes an admission of guilt. [21]

Screening for mental and substance use disorders. Brief screens can be administered universally by non-clinical staff at jail booking, police holding cells, court lock ups, and prior to the first court appearance. Data matching initiatives between the jail and community-based behavioral health providers. Pretrial supervision and diversion services to reduce episodes of incarceration. Risk-based pre-trial services can reduce incarceration of defendants with low risk of criminal behavior or failure to appear in court.

Intercept 3

Treatment courts for high-risk/high-need individuals. Treatment courts or specialized dockets can be developed, examples of which include adult drug courts, mental health courts, and veterans treatment courts. Jail-based programming and health care services. Jail health care providers are constitutionally required to provide behavioral health and medical services to detainees needing treatment. Collaboration with the Veterans Justice Outreach specialist from the Veterans Health Administration.

Intercept 4

Transition planning by the jail or in-reach providers. Transition planning improves reentry outcomes by organizing services around an individual's needs in advance of release. Medication and prescription access upon release from jail or prison. Inmates should be provided with a minimum of 30 days medication at release and have prescriptions in hand upon release. Warm hand-offs from corrections to providers increases engagement in services. Case managers that pick an individual up and transport them directly to services will increase positive outcomes.

Intercept 5

Specialized community supervision caseloads of people with mental disorders. Medication-assisted treatment for substance use disorders. Medication assisted treatment (MAT) approaches can reduce relapse episodes and overdoses among individuals returning from detention. Access to recovery supports, benefits, housing, and competitive employment. Housing and employment are as important to justice-involved individuals as access to behavioral health services. Removing criminal justice-specific barriers to access is critical.

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

Access to treatment for mental and substance use disorders. Justice involved people with mental 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.

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

[21] *Diversion Programs in America's Criminal Justice System: A Report by the Center for Prison Reform*, by Edwina Rogers, CEO. Center for Prison Reform. 2015.p

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 providers. Information sharing practices can assist communities in identifying high utilizers, provide an understanding of the population and its specific needs, and identify gaps in the system. [22]

There is a growing body of outcome-based research, primarily gathered by the SAMHSA Gains Center for Stepping Up, and the LEAD National Support Bureau for LEAD. Some of the data is related to reductions in re-offending by time and severity; other data relates to specific types of interventions at key intercept points. There isn't a well-established sequential intercept-based evaluation framework that had been adopted and promulgated by these two main resource centers, or widely utilized. However, that work is developing, and a logic model or benchmark-based type of evaluation framework will become the norm in the coming years. The following represent some of the most critical intercept-based interventions and types of outcomes found in the research, and supported by the experience of programs in New Mexico.

The following represents one suggested framework for linking: (1) assessment to identify needs and risk factors; with (2) goal areas; with (3) intervention activities used to address needs and goals; and (4) outcomes related to assessment, goals, and interventions also linked with intercept points.

[22] Many of these EBPs and model strategies have been catalogued by Policy Resource Associates, which developed the SIM, and developed the SAMHSA Gains Center for Stepping Up.

Intercept-Based Outcome Evaluation Framework

	Intercept 0	Intercept 1	Intercept 2	Intercept 3	Intercept 4	Intercept 5
Assessment BH Risk Factors SDOHs (Poverty, Lack of Housing, Employment, Education) Criminogenic Factors Motivation for Recovery vs. Harm Reduction Instruments Used						
Goal Areas Recovery (BH Risks) Basic Needs (SDOHs) Housing (SDOHs) Work (SDOHs, BH Risks, Criminogenic Factors) Family Reduction in Offenses (Criminogenic Factors)						

	Intercept 0	Intercept 1	Intercept 2	Intercept 3	Intercept 4	Intercept 5
Intervention Activities Intensive Case Management MAT Peer Support Recovery Groups Skill-Building Training Behavior Modification Referrals Other						
Outcomes Goal Attainment Recovery Housing Employment Family Other Conditions of Release/Parole Reduction in Offenses Time in Community without Re-offending Other						

New Mexico Resources: Rock the Intercepts

RACHHS, RAC ReRoute, and Presbyterian Healthcare Services sponsored a statewide meeting where people working with the Sequential Intercept Model (SIM) gathered to share information about their models, accomplishments, challenges, and questions. These included leaders of local LEAD and Stepping Up initiatives, along with state leaders. They included the following people and groups:

Julia	Bergen	ED, Communities in Schools
Eric	Chavez	Congressman Ben Ray Lujan's Office
Chris	DeBolt	Consultant and Program Manager, Grant County Stepping Up
Anne Hays	Egan	Principal and Consultant, New Ventures Consulting
Sharon	Finarelli	CEO AppleTree Network, Chair MRGEDA HealthCare Committee
Emily	Kaltenbach	ED, NM Drug Policy Alliance
Hugo	Lopez	ROAD LEAD Initiative in Pojoaque
Brenda	Martinez	Program Manager, HSD
Shelly	Moeller	Santa Fe LEAD Program Development Specialist NM Drug Policy Alliance Consultant
Anita	Morales	BHSD Justice Liaison
Michelle	Peixinho	ReRoute Program Manager, RAC LEAD Initiative
Elizabeth	Peterson	Manager, SFC Accountable Health Community
Bryce	Pettinger	Director, CYFD Behavioral Health Division
Lauren	Reichelt	Director of RACHHS
Meredith	Root Bowman	Director, Community Health, Presbyterian Healthcare Services
Randy	Sanches	Major, Rio Arriba Law Enforcement, ReRoute Team Member
Mona	Serna	RAC ReRoute Case Manager
Danny	Pacheco	Law Enforcement Official, City of Española, ReRoute Team Member

Additional people who indicated a high level of interest who were not able to attend included: Leigh Caswell, Vice President, Community Health, Presbyterian Healthcare System; Wayne Lindstrom, Recovery Innovations International; Annmarie McLaughlin, Santa Fe Community Foundation (incubator for Santa Fe LEAD); Jane Wishner, the Governor's HHS Executive Policy Advisor; Senator Tom Udall's office; and others.

The agenda included a welcome and update from Congressman Ben Ray Lujan's office; presentations from the local programs; presentations from state leaders; and a discussion about policy issues and collaborative work moving forward. There was a rich discussion throughout the afternoon, which is briefly summarized in this section.

A. **Overview of LEAD, Stepping Up, Jail-Based and other Models as Summarized in the "Rock the Intercepts" Research Report**. Discussion about their similarities and differences, and how they are working at the community level. This represented the first part of the program, and served as the cornerstone for the program presentations and policy discussion. Presentations were then made by legislative leaders; initiatives that represent national models; consultants; and other state leaders involved in this work.

B. **Presentation of Different Community Programs and Initiatives. Discussion About Workflows, Community Partnerships, Sequential Intercept-Based Work, and What's Needed for Success**. The presentations were made by: (1) RAC ReRoute and (2) RAC Youth LEAD with Communities in Schools; (3) Santa Fe County LEAD; (5) ROAD Tribal LEAD; (6) Sierra County Law Enforcement Consortium and the LE BHSD Intervention Demonstration Project (IDP); (7) Grant County Stepping Up; and others. These presentations were made during the middle part of the meeting, and included presentations and facilitated discussion.

C. **Discussion of Policy and Funding Issues Related to Community Initiatives**. Addressing policy and funding issues is a critical building block for the success of community initiatives. There were a number of representatives of state bureaus and state associations present, as well as some policymakers who attended. They shared what they are doing in partnership with communities to: (1) coordinate and support work; (2) build policies that are in alignment with needs and services; and (3) address sustainable funding needs for community initiatives that leverage multiple sources of funding and encourage long-term viability for initiatives focused upon the intercepts.

RACHHS Director Lauren Reichelt welcomed the group, and provided an overview of the work of RACHHS, the RACHC, and the ReRoute initiative.

Eric Chavez provided a welcome from the Congressman Ben Ray Lujan, where he outlined the many initiatives that his office has been addressing, his policy partnerships with national colleagues of both parties, and accomplishments. The Congressman has been deeply involved in policies to address jail diversion, SUD and OUD, and workforce development. His office provides constituent services; partners with many local agencies and groups; and offers grants research for agencies in the region.

The consultant offered a brief overview of jail diversion, the Stepping Up and LEAD models, research highlights, and intercept-related outcomes. A handout was provided that summarized these key issues.

RAC ReRoute presented a summary of its work by Program Manager Michelle Peixinho, with additional presentations by law enforcement officials and the ReRoute case manager. It represented a comprehensive overview of the ReRoute program, from the ground up, with law enforcement leaders providing important context, and a summary of the practical issues and challenges involved. They described the challenges that people they work with face on a regular basis, and the benefits of intensive case management for first time offenders and low level offenses. The case manager described the intensive case management she provides, and the importance of creating a trusting relationship with people, and being someone that people can trust to help them navigate life's challenges. The ReRoute LEAD initiative represents the only active LEAD program currently operating in New Mexico. Other initiatives are in the planning stages, or are in transition. The ReRoute manager also shared that ReRoute is partnering with Communities in Schools, to create a Youth LEAD initiative. It will be the second program in the nation to provide Youth LEAD, following Houston, Texas.

The Santa Fe County LEAD initiative was the second law enforcement assisted diversion program in the country, following Seattle. The Santa Fe Community Foundation provided the initial support and incubated the project, after which time it moved to Santa Fe County. The LEAD initiative was extremely active for a number of years, with strong partnerships among key providers, representing all of the intercept points. It achieved some excellent outcomes with intensive case management, reducing the rates of repeat offenses and recidivism. In a three year period ending in 2017, the program served 179 clients. It saw the following:

Issue	Area	Change
Clients using heroin	Behavioral Health	54% reduction
Savings to criminal justice and medical systems	Cost Savings to Systems	52% reduction
Alcohol or drug related causes for ER hospital visit	Behavioral Health Hospital Cost Savings	50% reduction
Number of EMS calls related to alcohol	Behavioral Health and EMS Cost Savings	48% reduction
Average number of new arrests in first 6 months post diversion	Recidivism Public Safety	20% reduction
Overall cost savings to the community	Cost Savings	17% cost savings

The program is shifting from the county to the city's fire department and its MIHO program, and is currently in transition.[23]

Grant County provided an overview of the Stepping Up model, and how it has been developing over the past year or so in Grant County. The county become part of the Stepping Up network, through a resolution by the County Commission. The County Manager and consultant then spent over a year in mapping, planning, and stakeholder engagement, building a broad-based commitment to the initiative by stakeholders at each of the intercept points.

The Pojoaque ROAD program was described by one of its leaders, including the deep commitment of tribal government to this initiative and other recovery-focused work in the pueblo. The LEAD initiative in Pojoaque has strong stakeholder support from tribal government, law enforcement, agencies, people in recovery, and other community members. They also represent an excellent peer organization to help other programs understand how to work best with Native American groups and tribal governments.

The Sierra County leadership provided an update about both the Middle Rio Grande Economic Development Association's HealthCare Committee, and the work of the Sierra County Law Enforcement Consortium. Sierra County is one of the Stepping Up Counties in New Mexico. The Law Enforcement Consortium was one of five rural communities funded by BHSD for their rural Intervention Demonstration Project (IDP), which provided funding for jail-based and jail-to-community transition services, focused upon intercepts #3, #4 and #5.

The CYFD Behavioral Health Director provided an overview of the work that CYFD has been doing to (1) reduce rates of adjudication and incarceration for children and youth; (2) reduce behavioral risk and criminogenic factors that lead to truancy, suspensions and adjudications; (3) provide intensive behavioral health care and supports to children and families at risk; (4) support cross-sector collaboration at local, regional and state levels; and (5) address and align policy and funding with

[23] Additional reports and data can be found at www.lead-santafe.org/impact.

community-based needs and services. They work on CYFD and agency-based programs and services; system development; policy; and funding.

The NM Community in Schools (CIS) Executive Director provided an overview of the work of the national Communities in Schools network; new state funding for community schools through PED; and the NM CIS partnership with Espanola Schools and RAC ReRoute Youth LEAD, to develop a community school model in Espanola at the Carlos Vigil Middle School. The CIS model provides school-based staff who work as case managers/social workers/navigators for children in needs and at risk, helping them and their families to address these risks, access services, and obtain resources. They also provide resources and support to both help teachers build skill and expertise in working with children with behavioral risks and high levels of need, and provide important resources to enable teachers to focus less on addressing crisis-driven behavior, and more on teaching. The program has been operating in Santa Fe for about a decade, and has demonstrated excellent outcomes for children, families, teachers and schools.

The Santa Fe County Community Services Department has built the second Accountable Health Community (AHC) in the state. The SFC AHC is not funded by the Centers for Medicare and Medicaid, which is the case for the UNM-PHS partnership. The SFC AHC is funded by the county, and is now in its second year of operation. SFC's AHC, called Santa Fe Connect, is built upon addressing the social determinants of health (SDOHs) with intensive navigation and case management. There are about twenty partner agencies in the collaborative, using a shared database from Unite Us, a leading edge software provider, which also works with Kaiser Permanente. The SFC AHC also has Health Care Assistance Funds available for navigators to use in a Flex Fund, which offers assistance for people to address SDOH-related barriers, such as a car breakdown, potential utility shut-off, etc. They are now partnering with the city for a larger network of providers engaged together, using the same IT system and dashboard. For FY 2019, Santa Fe Connect worked with 639 people, with 30 navigators using the same screening tool to identify and address 1583 unmet needs.

Presbyterian Healthcare Services (PHS) is working in multiple communities statewide with its healthcare facilities. It works in close partnership with local Community Health Councils (CHCs) to develop county plans to address issues that are priorities for the community and PHS. This represents a model partnership that deeply engages communities in shared planning which benefits Community Health Councils, counties, local providers, and PHS. PHS system-wide goals are related to the social determinants of health (SDOH) and reversing health risks with healthy behaviors.

The NM Drug Policy Alliance has been working closely with LEAD initiatives around the state for a number of years. They have been instrumental in developing policy reform regarding: decriminalizing drug use and possession; legalizing marijuana; protecting medical marijuana programs; forfeiture reform; expansion of access to drug treatment for incarcerated people; and promulgating strategies to prevent overdose fatalities. They are deeply involved in promoting LEAD statewide. The NM Drug Policy Alliance has received and is distributing some state funding among the LEAD initiatives. They have been focused on addressing major issues, supporting and coordinating local work. They plan to host a statewide meeting sometime in early 2020.

The NM BHSD Justice Liaison provided a summary of that department's work identifying Stepping Up as one of two primary models for law enforcement and jail diversion and alternative sentencing, in-jail work, transition, and community corrections. They have chosen the Stepping Up model because it incorporates all of the six sequential intercepts, is a broad umbrella, and involves counties in an integral way so that county governments are on board with supporting the work, which they consider to be an

essential ingredient to success. The group briefly discussed how LEAD relates to Stepping Up, with the understanding that these initiatives are not mutually exclusive but closely related. They are both focused on the intercepts. LEAD initiatives may also become involved in Stepping Up, and Stepping Up initiatives may decide to become involved with LEAD as well. The Justice Liaison provided a brief overview of the Intervention Demonstration Project (IDP), where BHSD is allocating the legislative funding for rural behavioral healthcare to selected rural counties.

Summary

Group discussion included a focus on the importance of LEAD; Stepping Up; in-jail initiatives; transition to community; conditions of release, probation and parole; and adequate levels of integrated community-based services. The group discussed the importance of linking community, regional and state initiatives that can address the overincarceration of adults and youth. People articulated the need for more targeted treatment options linked to the intercepts, with cross-sector collaboration. Discussion included the important connections between federal policy; state policy, funding and programs; and local policy and local programs. People mentioned the importance of these sorts of cross-sector meetings that foster information, resource sharing and collaboration.