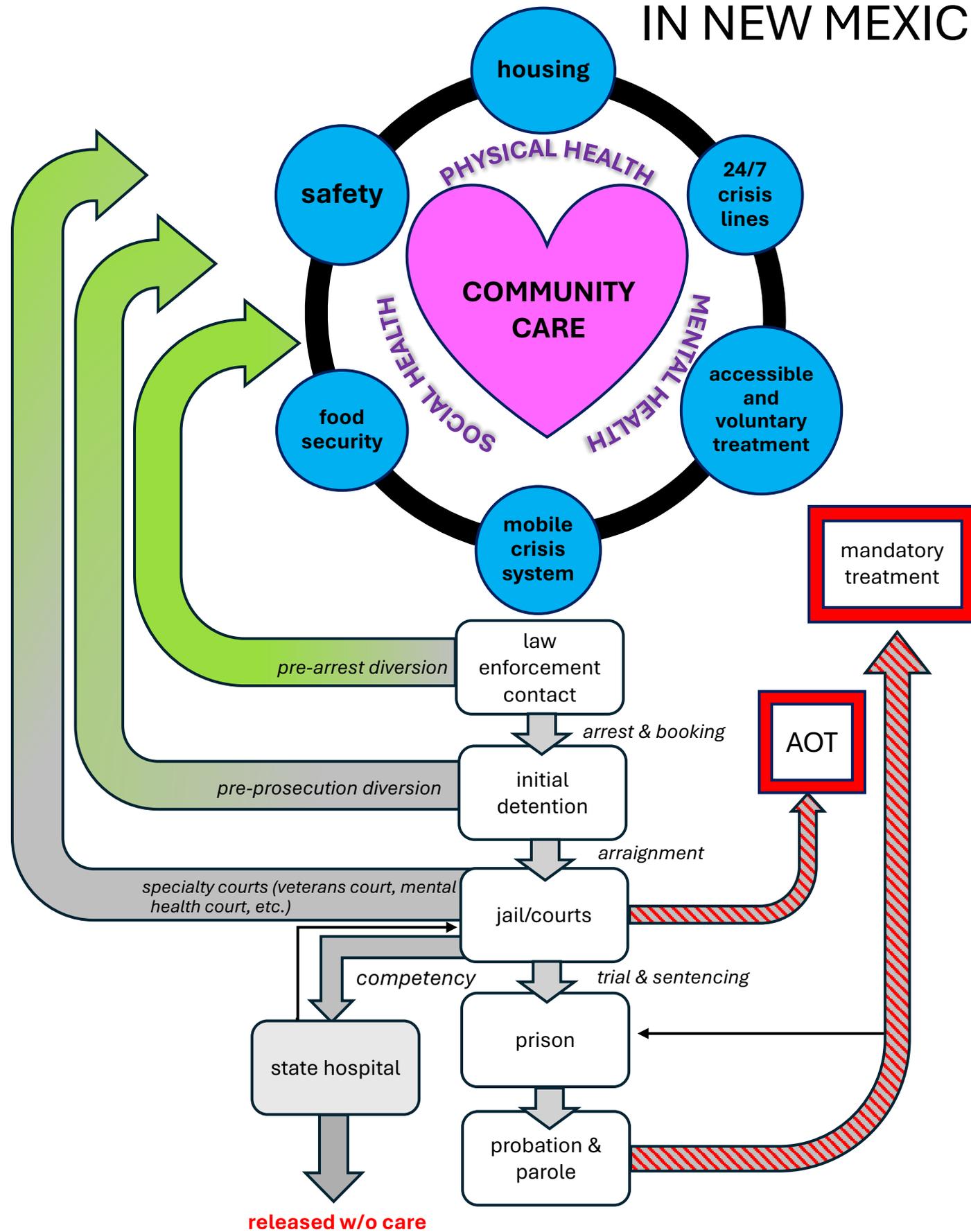


BEHAVIORAL HEALTH AND CRIMINAL LEGAL SYSTEM OVERLAP IN NEW MEXICO

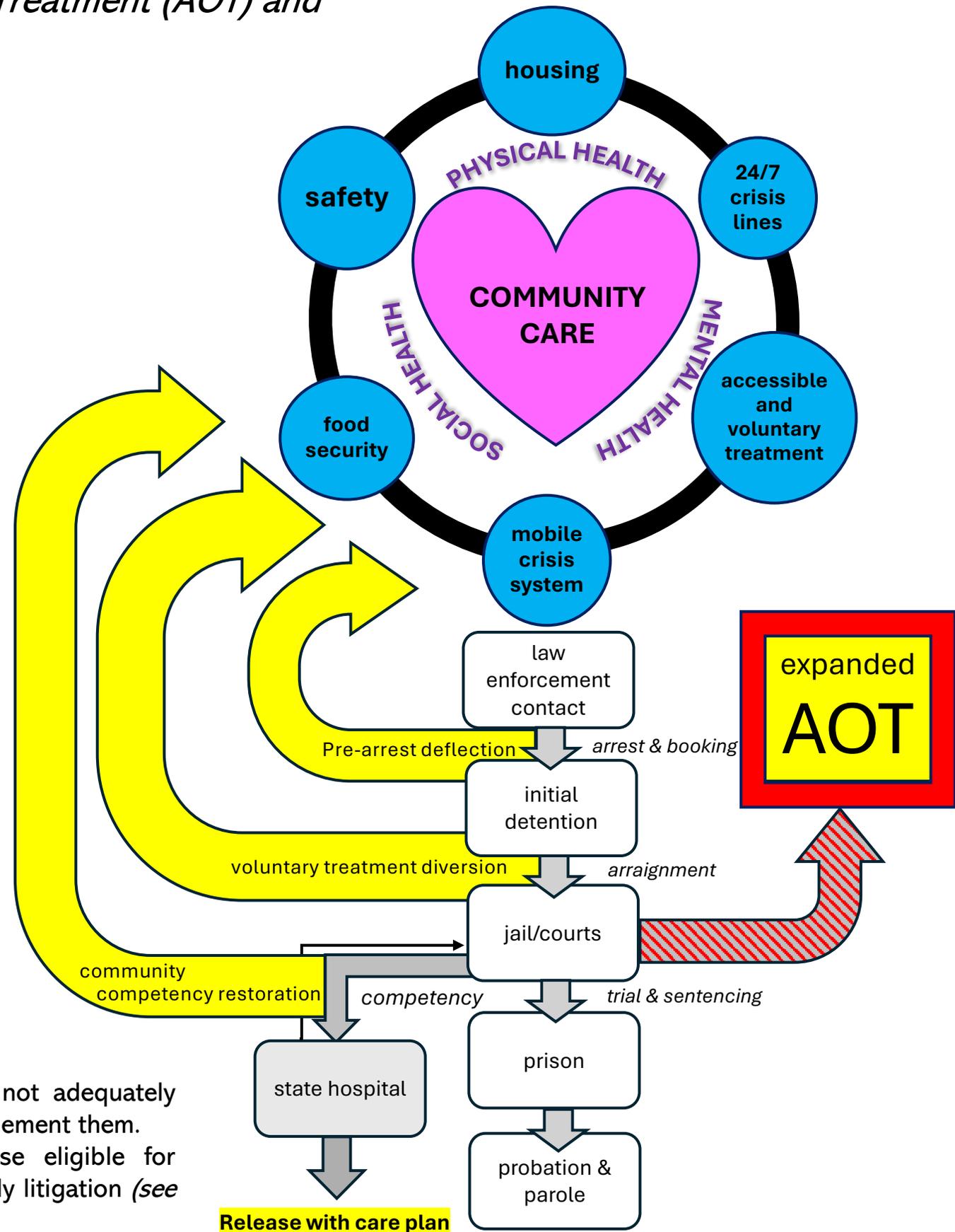
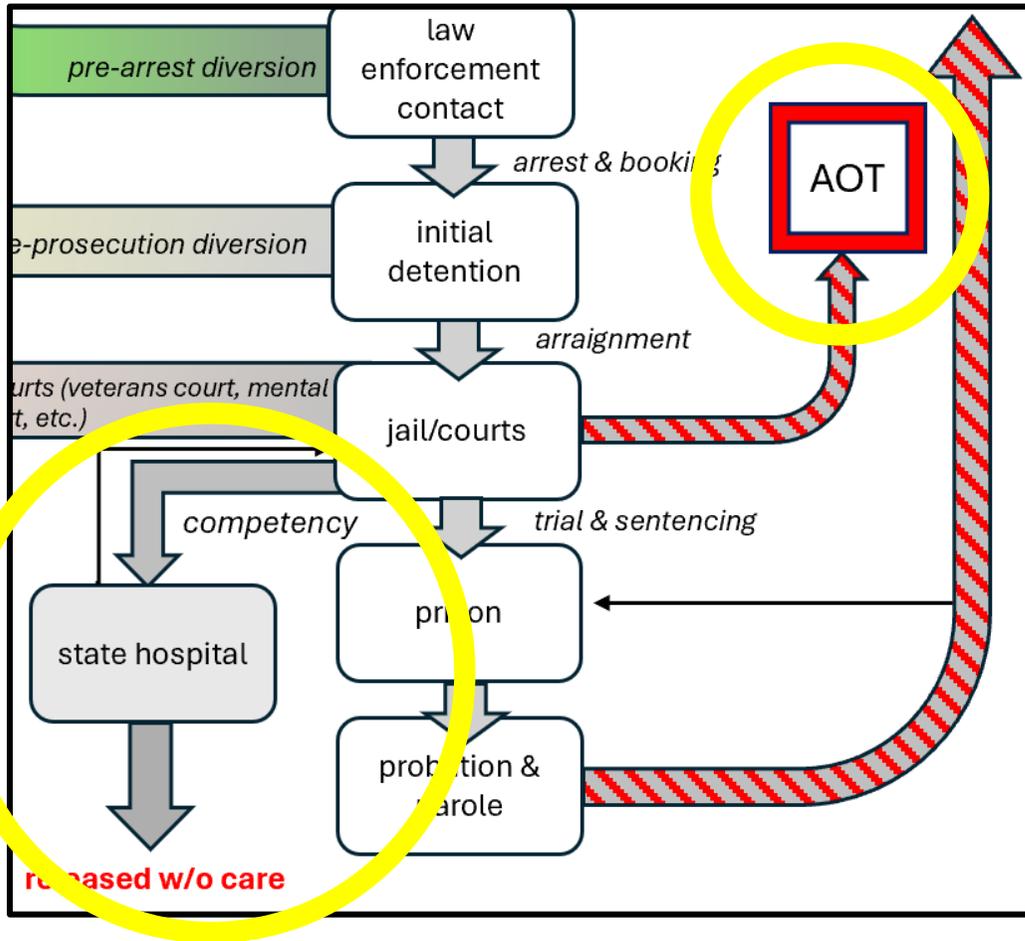


The criminal justice system is inherently ill-equipped to address an individual's behavioral health needs. Involvement in the criminal justice system removes individuals from their community, disrupting their access to care and increasing dysregulation. This separation undermines the principles of safety and trust crucial for effective behavioral health treatment.

The most effective interventions and diversions must happen before any law enforcement contact or as close in time after as possible. As individuals progress further into the criminal justice system—from initial contact with law enforcement to prison—the path to community reintegration and to positive behavioral health outcomes becomes longer and more complex. Some criminal justice interventions like AOT attempt to address behavioral health needs but do so under coercive or involuntary frameworks. These methods are contrary to best practices in behavioral health, which emphasize self-determination and agency. Other points of the system, such as state hospitals and prisons systems regularly release individuals without any care plan, exacerbating their behavioral health needs.

As this flowchart illustrates, the current design of the criminal justice system is fundamentally at odds with the needs of individuals experiencing mental illness. Significant investment in community-based care and complete diversion from the criminal justice system (through LEAD, pre-arrest, and pre-prosecution diversion) are necessary to achieve meaningful and lasting positive outcomes.

Proposed amendments would address two downstream components of behavioral health within the criminal legal system: Assisted Out-Patient Treatment (AOT) and the state's competency provisions.



Proposed changes do not prioritize or invest meaningfully in community care, and results will be limited by the late interventions they represent. While community-first models will always be more effective, some proposals still deserve support:

- 1) Pre-arrest referral to crisis stabilization
- 2) Voluntary pre-competency behavioral health diversion
- 3) Care continuum after release from state hospitals
- 4) Community competency restoration system

While these proposals are laudable, special session proposals do not adequately address the infrastructure needs required to safely and effectively implement them. Furthermore, proposals that would expand the universe of those eligible for commitment through AOT are not evidence-based and will invite costly litigation (*see hand out on AOT expansion*)