

# New Mexico's Public Safety Challenge

New Mexico communities suffer from insufficient mental health and addiction services that divert law enforcement resources away from resolving more serious public safety threats.

Over the past decade, New Mexico's correctional population has largely followed national trends with declines in prison, jail, and community supervision populations. New Mexico has also followed national trends with respect to increasing rates of substance use disorders (SUDs), ranking 3rd in the nation for the percentage of individuals with an SUD.

However, only 6% of those with SUDs in New Mexico receive treatment. Consequently, the criminal justice system has become the de facto treatment provider in the state, and law enforcement has assumed a primary role in responding to behavioral health crises. This public safety response to the state's public health challenges has resulted in more individuals entering the criminal justice system with a behavioral health need—an estimated 65% in 2024—who are not receiving necessary treatment interventions.

This situation has contributed to poorer public safety outcomes. In fact, New Mexico had the highest violent crime rate in the country in 2022. Responding to crises and low-level crimes driven by substance use strains law enforcement resources and limits their capacity to focus on more serious threats to public safety.

In response to these challenges and to improve public safety and public health outcomes, state leaders sought technical assistance through the Justice Reinvestment Initiative grant, funded by the Bureau of Justice Assistance—a component of the Department of Justice's Office of Justice Programs—and established the Justice Reinvestment Working Group (JRWG). This group investigated key data trends, best practices in the field, and identified opportunities to improve public safety in New Mexico.

## The Working Group's Key Findings

- Law enforcement and the criminal justice system are the primary responders and treatment providers for public health challenges in the state.
- Fourth-degree felonies, the state's lowest felony class, have been the primary driver of arrests, court case filings, prison admissions, and revocations to prison for a decade, and possession of a controlled substance is the most common fourth-degree felony across all criminal justice decision points.
- Behavioral health challenges drive recidivism in the state, readmissions to prison are more likely for drug offenses, and the proportion of parole admissions is increasing.

**3rd** in the country for individuals with SUD

**8th** in overdose deaths

**65%** of individuals incarcerated in NM are dealing with SUD

**1/3rd** of 4th degree felonies among cases filed, new admissions, and parole violation admissions were possession of a controlled substance

**80%** of individuals with a community supervision violation had at least one violation pertaining to a substance-related condition of supervision

# Policy Recommendations to Improve Public Safety and Reduce Recidivism

## Strengthen and Prioritize Public Safety and Public Health Responses

- Establish a statewide system for crisis response that is available 24/7 and can reach rural areas of the state virtually or by a mobile dispatch team
- Expand collaboration between law enforcement and behavioral health providers to ensure calls involving behavior driven by unmet behavioral health needs are diverted to appropriate treatment and establish standards for appropriate law enforcement engagement when a public safety risk is evident
- Establish intensive case management model for law enforcement to deflect individuals from justice involvement and case managers to provide wraparound services and a continuum of care
- Expand access and eligibility to pre-prosecution diversion programs based on the needs of the individual, with guidance on limitations and provisions set to prevent overuse
- Create statewide capacity to utilize crime mapping to inform problem analysis sampling and deploy targeted violence intervention strategies in rural areas
- Require statewide crime data reporting and establish a public crime data dashboard

*Ensure privacy of victims and survivors of crime*

## Focus Prison Resources on Serious, Violent Offenders

- Address wide range of conduct included in lowest felony class by separating serious and violent conduct from nonviolent, nonperson conduct
- Expand diversion options for individuals with behavioral health needs
- Create more accountability for individuals charged with possession by creating a tiered offense structure

## Prioritize Resources for High-Cost, High-Need Individuals

- Require conditions of probation be tailored to individual risk and needs
- Establish standardized and timely responses to hold individuals accountable for supervision violations
- Request the Sentencing Commission work with its members to develop reentry standards for county and state facilities
- Expand the Reach, Intervene, Support, and Engage (RISE) Program to support successful reentry for individuals releasing from jails
- Require jails and prisons to provide access to medication-assisted treatment, when clinically indicated, and expand continuum of care as individuals return to the community

## Reinvest Savings and Ensure Sustainability of Interventions

- Select a single electronic medical records system to use in all jails and prisons and develop an implementation plan
- Develop a state certification for detention officers, under state authority and with state funding, and utilize existing Corrections Department trainings when feasible and appropriate
- Improve employee recruitment and enhance compensation among criminal justice and behavioral health partners by leveraging state funding to establish incentive programs
- Increase funding for the Department of Public Safety Forensic Laboratory to reduce delays and increase efficiency
- Develop behavioral health training standards for judges and court personnel under the Administrative Office of the Courts and require continuing education on SUDs, mental health conditions, and co-occurring disorders

*This project was supported by Grant No. 15PBJA-21-GK-04350-JRIX awarded by the Bureau of Justice Assistance. The Bureau of Justice Assistance is a component of the Department of Justice's Office of Justice Programs, which also includes the Bureau of Justice Statistics, the National Institute of Justice, the Office of Juvenile Justice and Delinquency Prevention, the Office for Victims of Crime, and the SMART Office. Points of view or opinions in this presentation are those of the author and do not necessarily represent the official position or policies of the U.S. Department of Justice.*