

First District Youth Diversion Practices

A University of New Mexico (UNM) Research Project

The Sequential Intercept Model (SIM), pictured below describes how individuals with substance use (SU) and/or mental health challenges encounter the Criminal Legal System (CLS) and helps identify strategic points to redirect them from the CLS into treatment and the resources and gaps within the community (Munetz and Griffin 2006). Deflection is redirection before arrest and often involves community services (e.g., crisis intervention teams, emergency medical personnel) and the police (Ross and Taylor 2022). Front-end diversion is redirection after arrest but before conviction and often involves prosecutors and public defenders. Evidence suggests that both deflection and front-end diversion from the CLS can effectively reduce recidivism and harmful SU, mitigate deleterious consequences of CLS involvement, reduce racial, ethnic, and socioeconomic inequities in access to treatment, and decrease costs (Wilson, Brennan, and Olaghere 2018).

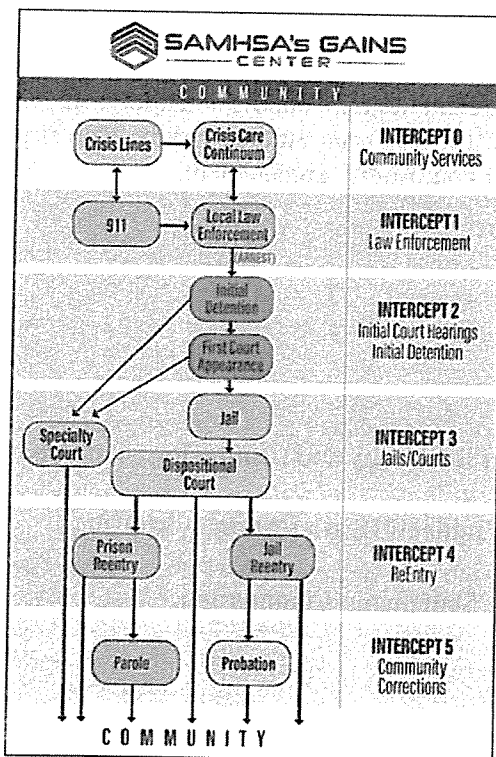


Figure 1. (SAMSHA, 2023)

The New Mexico Sentencing Commission and other UNM Researchers are working with the First Judicial District Attorney's office (FJDA), governmental and criminal legal/delinquent system (CL/DS) officials, behavioral health providers, local organizations, and community members to develop practices in the First Judicial District (FJD) of New Mexico that redirect youth and young adults (ages 18-24) from the CL/DS in ways that increase fairness in access to services and opportunities for healthy development. The FJD spans three counties—Santa Fe, Rio Arriba, and Los Alamos—that vary in socioeconomic status, rurality, racial/ethnic composition, politics, and support for deflection and diversion. **We are improving and developing intercepts for redirection across the SIM for each county.** We have developed partnerships with local organizations, held preliminary partnership meetings and discussions, and conducted interviews with over 25 CL/DS and behavioral health officials, government leaders, and community members.

The initial phase of our research identified three key findings. First, although several promising deflection and front-end diversion practices exist in the FJD, prominent barriers still decrease access to treatment and heighten socioeconomic, racial, and ethnic inequities. Key is insufficient communication and coordination among deflection and diversion programs and practices along the SIM and with local communities. Others include limited services and resources, workforce shortages, and a lack of education on and buy-in for deflection and front-end diversion. The intensity and shape of these barriers vary across counties. **Second,** several shortcomings in the design of the SIM may limit its effectiveness: it is often not geared to the specific needs of youth, is more reactive than proactive, it may be detached from local contexts and communities, and it faces communication issues. **Third,** existing resources can be engaged to address barriers and shortcomings.

These include existing deflection and diversion programs, universities and opportunities associated with them, local non-profit organizations, local knowledge and cultural competencies, and collaboration with the FJDA. Collaboration with the FJDA is key as they can make decisions and develop policies and practices that have been proven effective at promoting or maintaining public safety and reducing inequalities.

Our research is identifying specific challenges related to the SIM in the First District and using interagency collaborations to address them. We are working to establish new pathways for redirecting individuals with substance use challenges to best practices in treatment, establishing pathways to provide youth needed services instead of CLS contact, and working to address other service gaps.

Our primary source of support is the William T. Grant Foundation. We have also received substantial in-kind funding from the New Mexico Sentencing Commission and grants from the UNM Center for Regional Studies and the Con Alma Foundation to support community engagement.



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