

Collaborating for Youth and Public Safety in New Mexico

Key Findings and Recommendations
Presentation to LHHS & CCJ Interim Committees

November 6, 2025



Justice Center

THE COUNCIL OF STATE GOVERNMENTS

About the CSG Justice Center

A national, nonprofit, nonpartisan organization that combines the power of a membership association, representing all three branches of state government, with policy and research expertise to develop strategies to increase public safety and strengthen communities





Collaborating for Youth and Public Safety Initiative

States participating in CYPPI have committed to working across youth/family service systems to work towards accomplishing the following objectives:

Objective 1: Develop a coordinated, cross-systems, community-based early intervention structure that helps youth and families get the help they need without system involvement.

Objective 2: Adopt and implement a research-based violence prevention and recidivism reduction strategy for higher risk youth.

Objective 3: Address gaps in public agency and service provider capacity and expand and transform the workforce engaging with young people.

We spent over a year researching youth service and system reform best practices, learning from national experts and state leaders, and have designed a strategic planning framework to guide states in this work.

Collaborating for Youth and Public Safety Initiative in New Mexico

Year-long technical assistance to help New Mexico strengthen efforts to improve public safety and outcomes for youth statewide



Our assessment focused on early intervention structures and community-based services for youth across systems as well as the juvenile justice system.

Key Areas of Exploration

- How youth and families find out about and access services for adolescents in need (e.g., MRSS, CYFD early intervention/Family Resource Center, CCBHCs, SBHCs, etc.)
- Range and type of community-based services offered through CYFD, DOH, schools, Medicaid-funded services, etc.
- Juvenile justice assessment, diversion, and detention/dispositional decision-making
- Juvenile probation policies, practices, and services targeted to this population
- Cross-systems collaboration, communication, and decision-making



Key findings and recommendations are informed by analysis of aggregate data, statutes, administrative policies, and extensive listening sessions with diverse stakeholders.

CYFD (JJS, PS, BH,
Education, Family
Services)

AOC, Supreme Court,
Legislators, Governor's
Office

JJAC, Continuum
Boards, JCC

Service Providers
(Behavioral Health and
Violence Intervention
Programs)

DOH (SBHCs), HCA,
CCBHC's

Advocates

Juvenile Court
Stakeholders

PED

Key Finding 1

New Mexico has made significant progress to reduce the juvenile justice population and to address the behavioral health needs of their adolescent population.



New Mexico Strengths

- ✓ Prioritization of youth behavioral health services and family supports: SB3, 1115 waiver approval, launching of 5 CCBHC's, network of SBMHCs, and CYFD's new Family Resource Centers.
- ✓ Reduction in overall arrests, referrals, detentions and commitments over the last decade.
- ✓ Established 12 as the minimum age of detention.
- ✓ Elimination of fines and fees and requiring schools to address truancy issues without court involvement.
- ✓ Community-based violence intervention efforts are growing across the state.
- ✓ Foundation for a statewide evidence-based resource center to support providers through NMSU Center of Innovation.

Key Finding 2

New Mexico does not have a statewide, research-based, coordinated approach to early intervention/behavioral health services and diversion.



Justice system involvement negatively affects the entire course of young people's lives.

Youth formally processed by the juvenile justice system experience far worse outcomes in the 5 years after arrest as compared to similar youth who were diverted:

X More likely to be rearrested and incarcerated

X More engaged in violence

X More peers involved in delinquency

X Lower school attainment and graduation rates

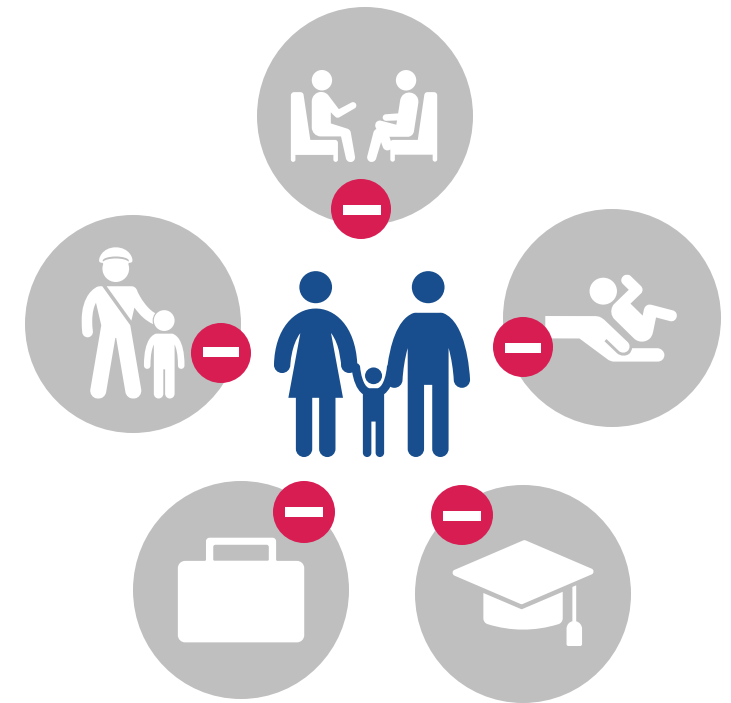
X Fewer skills to manage their emotions

X Lower perception of opportunity



Youth and families have multiple doors for early intervention/behavioral health services. *Yet:*

- Youth and families are often unsure about where to go to access services and limited information is communicated about what services are available. Providers and system stakeholders are also not fully aware of the state's service array and their roles.
- Limited coordination across youth and family service systems to ensure youth that are not a public safety risk can access services without court or system involvement.
- Statewide behavioral health initiatives, agencies, and providers are not aligned or coordinated and struggle to address kids' and families' more intensive needs. *(SBMHCs, CCBHCs, CYFD Behavioral Health contracted providers, SB3, CYFD Family Resource Centers, JCCs, Continuum Boards, etc.)*



There are significant gaps in the provision of early intervention and behavioral health services for adolescents statewide.

- Limited use of evidence-based services for higher risk youth like MST & FFT statewide, insufficient substance use treatment options, limited programming for girls, and no statewide crisis intervention and stabilization services for young people.
- Greater challenges exist across all types of services in more rural jurisdictions (particularly in-home services), and services are scattered and not available statewide.
- Current funding sources are not meeting the demand (limited investments, statutory barriers, underutilization of Medicaid) and are not being used most effectively to provide intensive behavioral health and evidence-based early intervention services to adolescents more upstream.

Workforce and provider shortages exacerbate service accessibility and availability challenges.



State Medicaid reimbursement rates are insufficient to incentivize, recruit, and retain qualified staff to work with the most challenging youth.



Challenge providing competitive wages compared to the surrounding “Four Corners” states of Utah, Arizona, and Colorado.



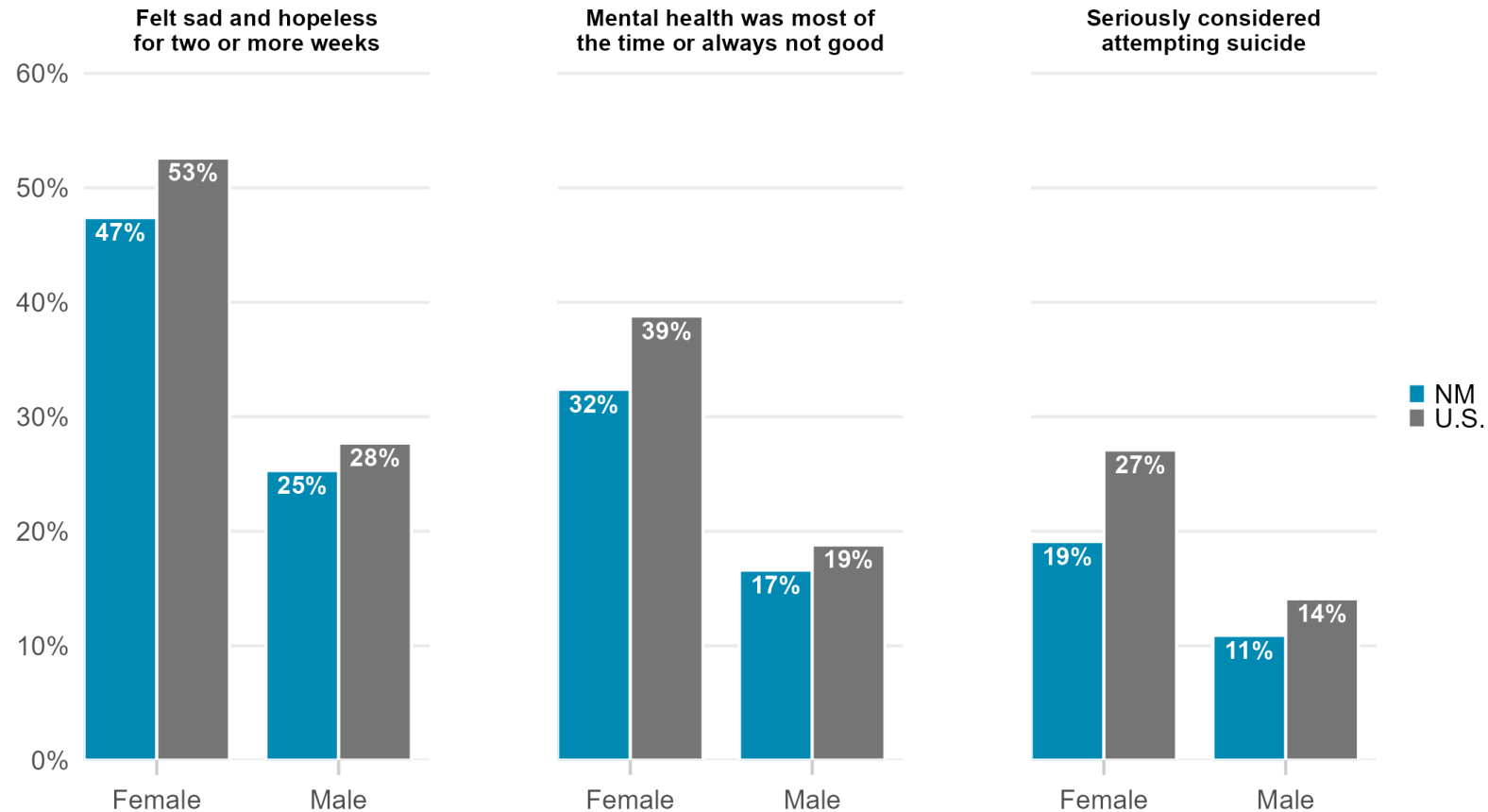
Licensing barriers for clinicians, including interstate compact issues, restrictions on using telehealth, and a lack of uniform credentialing.



Limited statewide data around provider accessibility, workforce, service utilization, and barriers to accessing services, such as wait times.

Behavioral health needs are a significant driver of juvenile justice involvement and have been increasing nationally and in New Mexico.

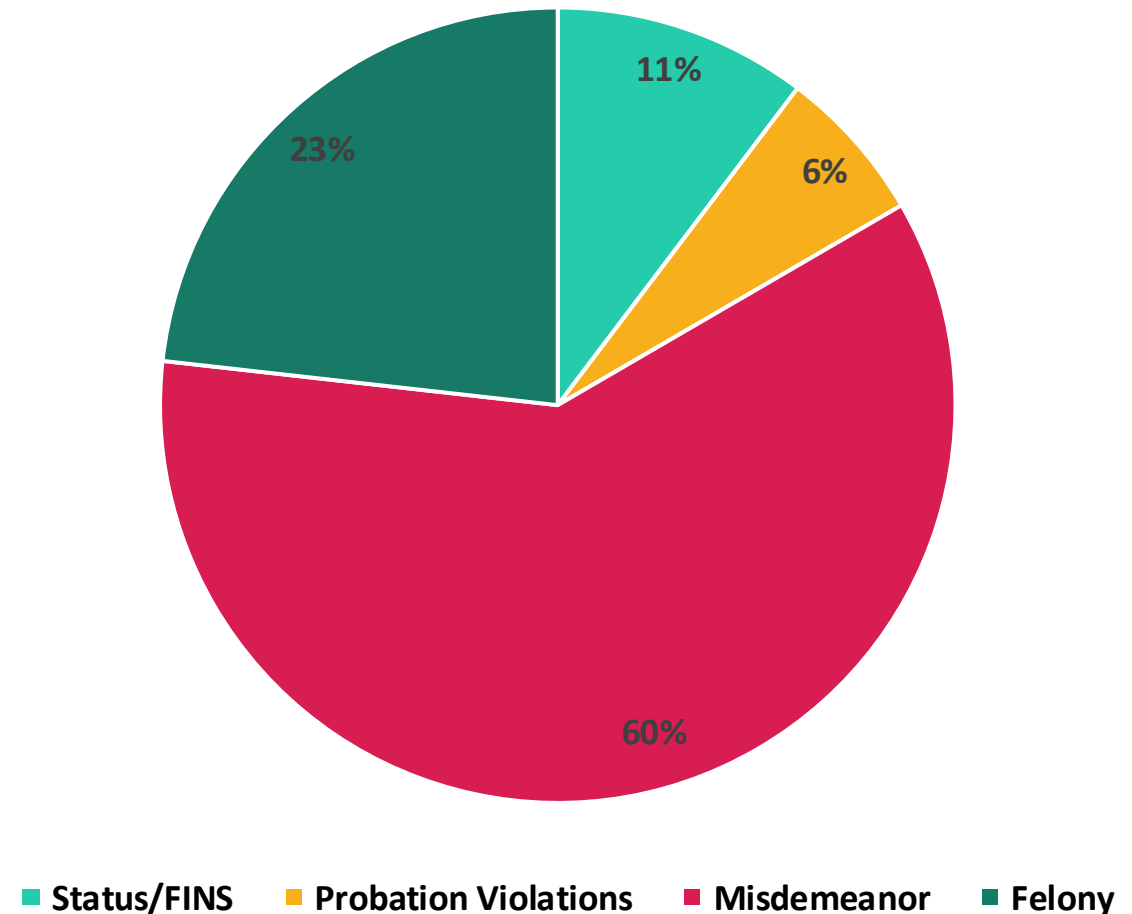
Proportion of high school students who reported mental health challenges, 2023



Most youth referred to CYFD are involved in low-level offenses.

- More than 75% of charges referred to CYFD were for status, misdemeanors, or probation violations.
- 50% of youth referred have committed a first-time offense. Of those, approximately 18% were referred for “non-delinquent” offenses.
- Large range across counties in percentage of cases referred for low-level offenses/probation violations.
- Neighboring states show the way:
 - UT: Established 12 as the minimum age with exceptions for serious offenses.
 - CO: Established 10 as the minimum age for youth with exceptions for homicide and statewide diversion grant program.
 - KS: Mandates the use of Immediate Intervention Programs for youth accused of first-time misdemeanors.

Charges Referred to CYFD, FY2025

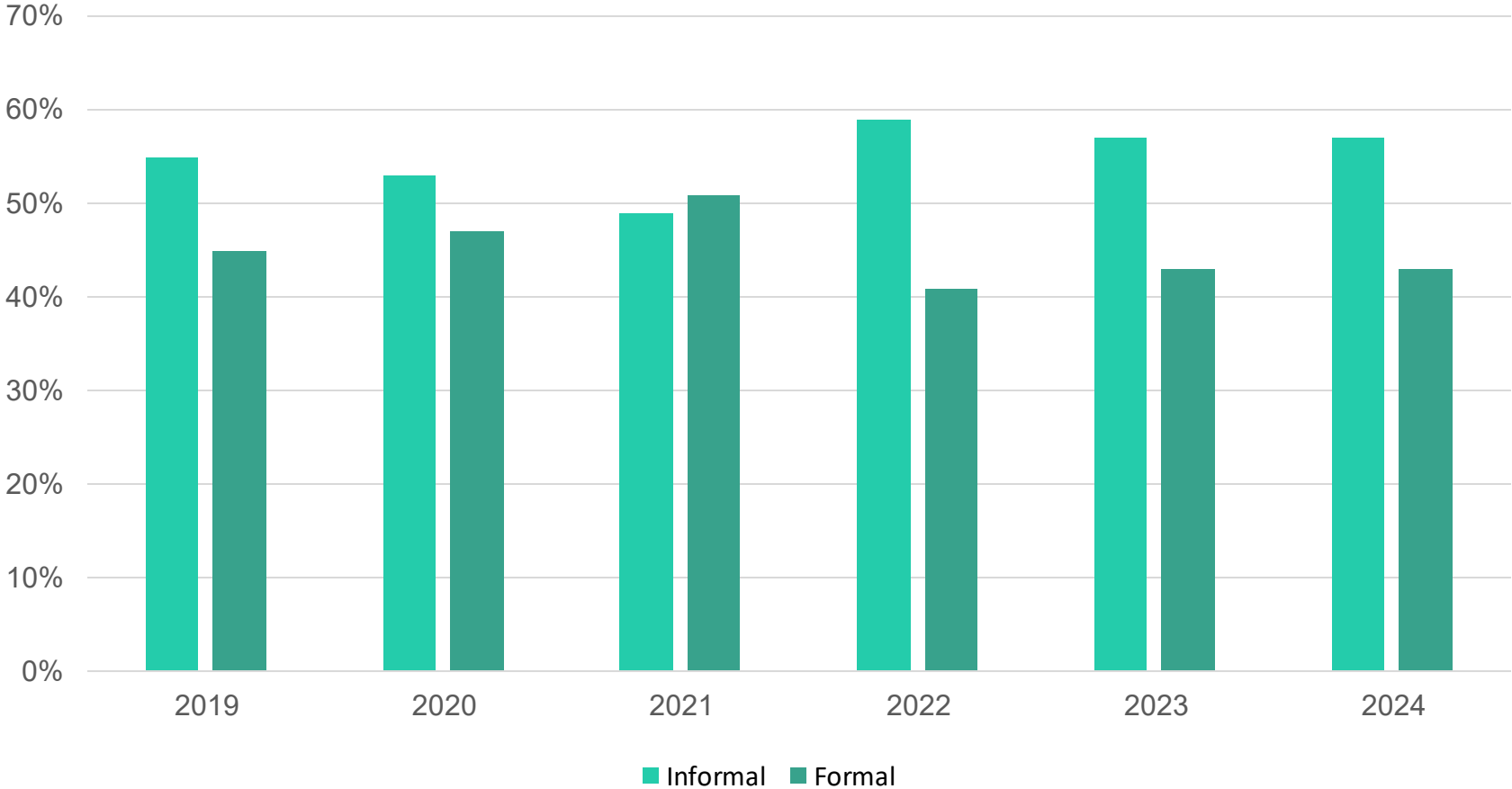


CYFD Data Prepared for NM LFC 2025

Most low-level offenses are handled informally by CYFD, but these youth are still interacting with the juvenile justice system.

➤ Approximately 2/3 of misdemeanors in 2024 were handled informally.

Formal vs Informal Handling FY2019 – FY2024



CYFD Data Prepared for NM LFC 2025

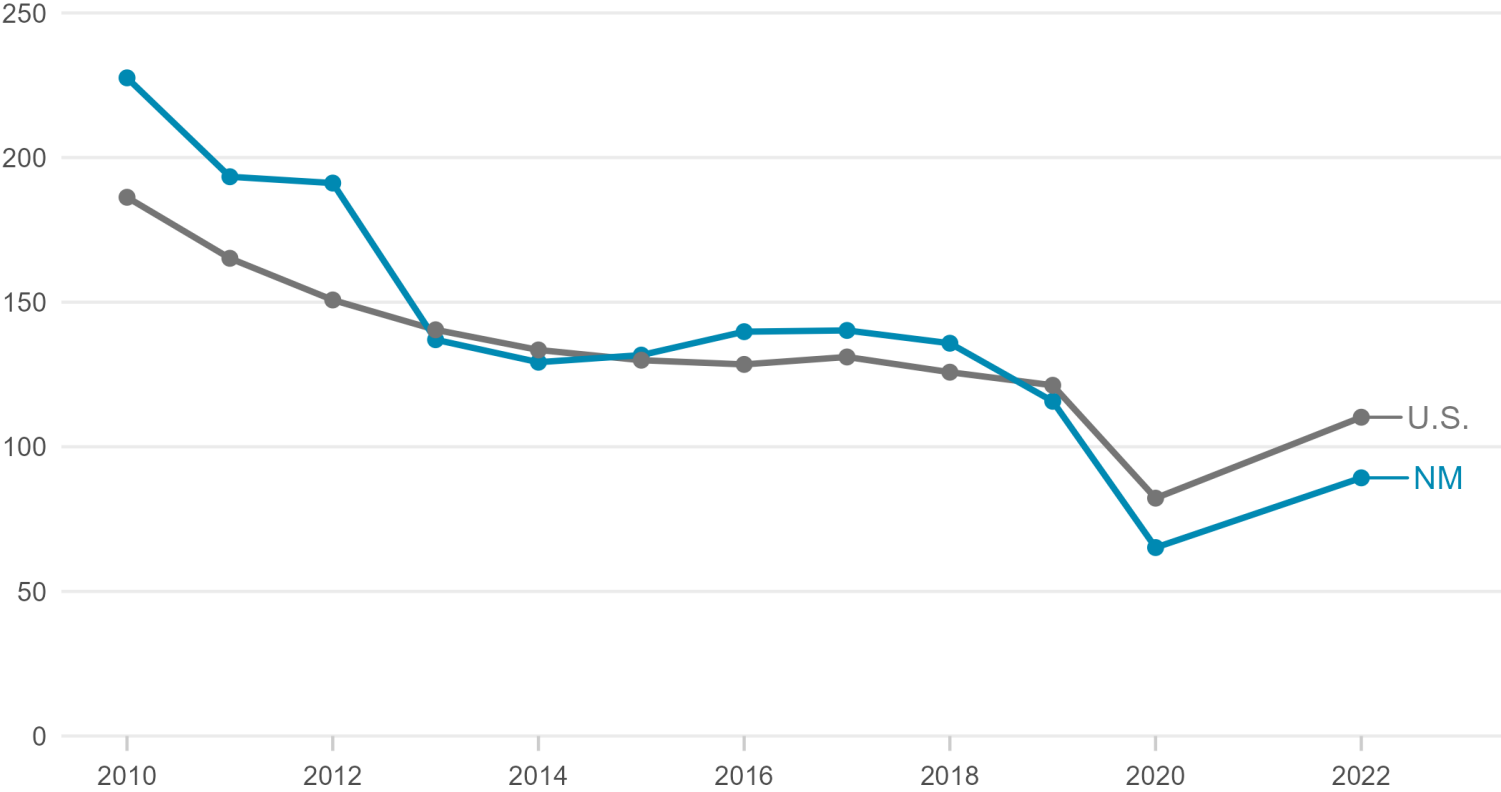
Key Finding 3

New Mexico lacks a statewide vision, strategy, or infrastructure to address youth violence issues and limited evidence-based youth violence prevention/intervention services exist across the state.



The youth arrest rate for violent crimes in New Mexico in 2022 was 61 percent lower than in 2010.

Youth arrests for violent index crimes per 100k residents



In 2022 in New Mexico, 200 youth were arrested for violent index crimes, a rate of 89 per 100,000 youth.

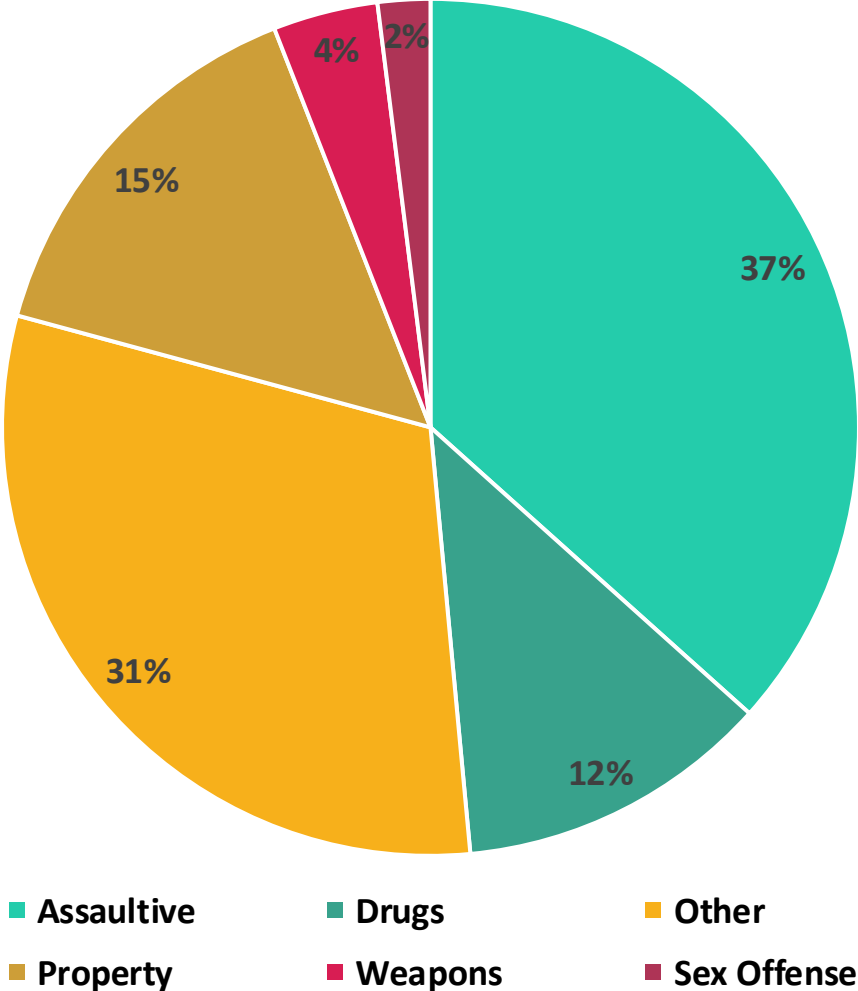
The New Mexico violent index arrest rate was 19 percent lower than the national average of 110 arrests per 100,000.

FBI Uniform Crime Reporting Program Summary Reporting System; Arrests by Age, Sex, and Race data set. Aggregated to the state-level from Jacob Kaplan's Concatenated Files; <https://doi.org/10.3886/E102263V15> FBI National Incident Based Reporting System Estimation Files. Indicator Table 5a

Weapons offenses were the most serious charge for 4% of referrals in FY2025.

- “Weapons” includes any alleged threat to use any weapon to injure another.
- “Other” includes status, probation violations, non-delinquent traffic violations, and any other delinquent acts not included in other categories.

Most Serious Charge Referred, FY2025



CYFD Data Prepared for NM LFC 2025

While youth violence is a significant concern for policymakers and the public, New Mexico has limited dedicated resources or interventions to address these challenges.

- Lack of alignment across stakeholders around how to address youth violence challenges and no statewide vision or approach.
- Few, if any, targeted resources allocated for violence prevention/intervention services for young people, and use of evidence-based services such as credible messengers, peer supports, restorative justice, violence interrupters are extremely limited.
- Current state funding sources for youth at-risk of, or involved in the juvenile justice system, are not targeted towards high-risk youth and violence interventions.
- While a couple of promising programs have been established (ABQ Community Safety Division, Second Judicial District Young Adult Court), they are limited in geography and scope.
- Data collection and tracking around youth violence/gun offenses is limited and could be strengthened to better understand the scope and scale of these challenges.

Key Finding 4

New Mexico's juvenile justice system is not fully aligned with research-based practices proven to improve youth outcomes and public safety.



Research shows that states can most effectively reduce recidivism through the principles of risk, need, responsivity.

Risk Principle

Identify and focus services on youth most likely to reoffend and ensure youth receive a sufficient dosage of services.

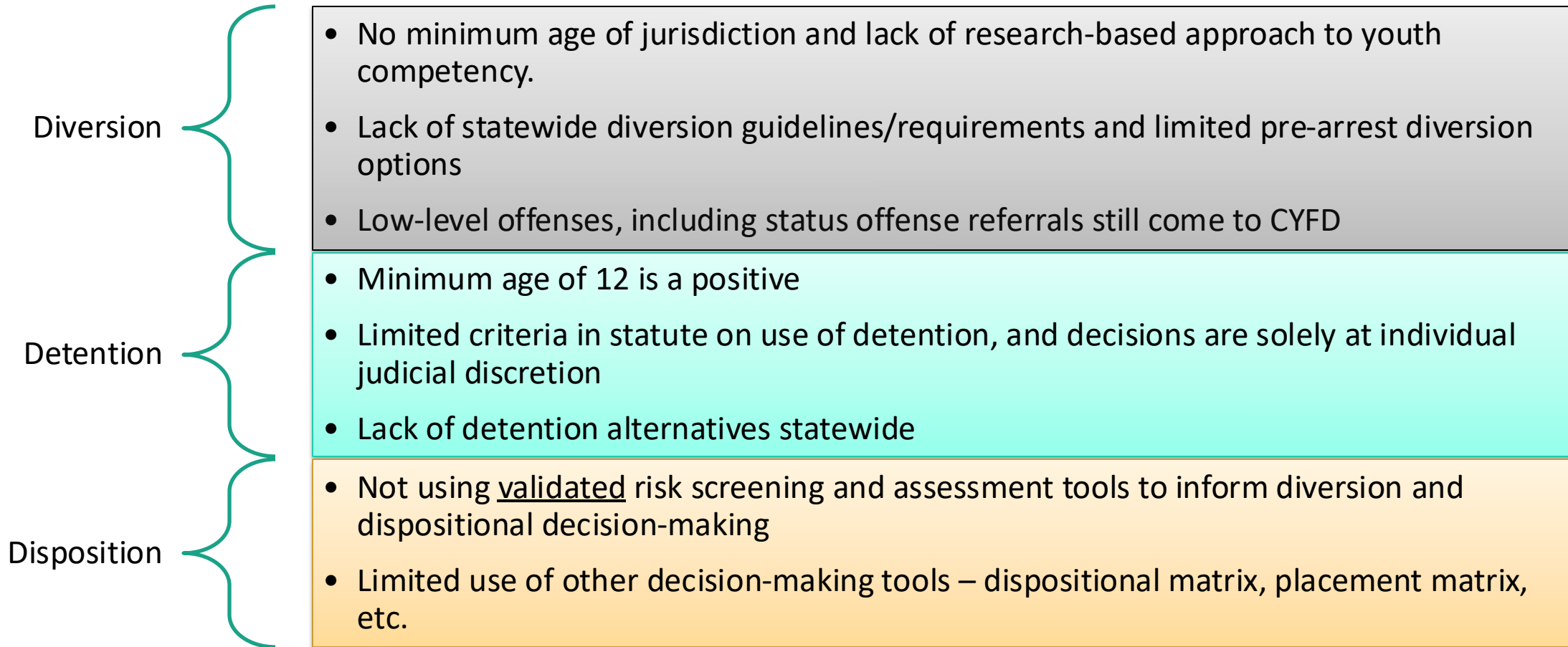
Need Principle

Identify and address the critical, individualized risk factors that drive youth's delinquent behaviors (especially attitudes/personality).

Responsivity Principle

Match youth to services based on how they respond to treatment and address behavioral health needs, trauma, and other barriers to risk reduction.

Key decisions across the juvenile justice continuum could be better guided by research and data on youth's risk of reoffending and needs.



Stronger statewide practices can broaden diversion for low-risk youth.

Diversion Best Practice	New Mexico Opportunities
Minimum age of juvenile court jurisdiction and for detention/incarceration.	Establish a minimum age for court involvement and competency standards to ensure developmentally appropriate responses.
Separate legal category and no court involvement for status offenses.	Treat status offenses differently from delinquency and connect youth to community-based supports instead of court.
State policies requiring diversion such as for first-time misdemeanor offenses/civil citation program.	Establish statewide requirements for diversion eligibility beyond law enforcement discretion, ensuring consistent practice across New Mexico.
Statewide diversion programs and funding such as school-based diversion, restorative practices, and behavioral health diversion.	Dedicate funding and build out consistent statewide diversion programs.
Risk and needs screenings used to guide non-offense-based diversion decisions/services.	Apply validated risk and needs tools earlier in the process to guide diversion decisions and service matching.
Statutory limitations on diversion length/requirements.	Establish clear parameters and expectations for diversion to ensure consistency and fairness statewide.

While New Mexico has made efforts to adopt research-based strategies, key gaps remain to strengthen reentry and the use of out-of-home placements.

- New Mexico lacks diverse placement options and a robust continuum of more cost-effective, community-based alternatives, especially for higher risk youth and girls.
- The state lacks research-based criteria for placement and release decisions and limited reentry planning and transition supports and services to reintegrate youth back into the community.
- Opportunities exist to revisit eligibility criteria and the role of reintegration centers and there are limited transitional placements for many youth when they exit the reintegration center.
- Many out of home placements either won't take higher risk youth or don't have the capacity to serve certain populations, resulting in youth being sent out of state.

The operation of juvenile delinquency courts across the state varies resulting in inconsistent practices.

- There is inconsistency across the state in the operation of juvenile courts, including:
 - what types of cases are handled formally (e.g. truancy, low-level misdemeanors, etc.);
 - whether attorneys and judge are specialized in juvenile justice;
 - policies around competency to stand trial and access to forensic evaluators;
 - standards and policies for early release; and
 - case processing times, delays in which can result in youth waiting in detention for long periods of time.

Recommendations for Improving Public Safety and Youth Outcomes



Priority Recommendations for Improving Public Safety and Youth Outcomes

1. **Establish a statewide youth violence prevention and intervention strategy with a public health approach.**
 - a. Convene a statewide youth violence summit, that includes policymakers, law enforcement, community-based organizations, and others, to learn about research and best practice approaches to youth violence prevention/intervention and begin a strategic planning process for a statewide vision.
 - b. Create a state office of gun violence prevention/intervention with the following core functions:
 - Act as a statewide convener and coordinator across state and local agencies.
 - Assess and map current violence prevention/intervention efforts.
 - Distribute funds for research-based violence prevention/intervention programs, develop best practice guidance, and provide technical assistance to local community-based organizations who can do this work.
 - Support/incorporate local efforts.
 - Collect, track, and disseminate data on youth gun violence to improve policy and practice.
 - Lead narrative and public awareness/communications strategies including on gun safety.
 - Develop policy, conduct evaluations, pilot new strategies, educate lawmakers and the public on a public health approach.

Priority Recommendations for Improving Public Safety and Youth Outcomes (cont.)

1. Establish a statewide youth violence prevention and intervention strategy with a public health approach. (cont.)

- c. Establish and fund community-based youth violence intervention efforts in select local jurisdictions.
 - Convene local violence reduction council/task forces comprised of local leaders to analyze local data and develop strategies around community interventions, group interventions, hospital-based interventions, victims services, etc.
 - Pilot a community outreach evidence-based violence intervention program that centers the use of credible messengers to interrupt cycle of violence.
 - Replicate the Second Judicial District’s court-based violence intervention program in additional communities.
 - Approve the use of Medicaid to support gun violence prevention/intervention services.

Priority Recommendations for Improving Public Safety and Youth Outcomes (cont.)

2. Strengthen the behavioral health and youth-serving workforce and expand the network of providers working with adolescents at-risk of/involved in, the juvenile justice system.

- Address licensing/policy barriers to expanding behavioral health workforce –barriers around telehealth and interstate compacts, malpractice issues and increasing costs, lack of uniform credentialing.
- Expand the use of peer educators and strengthen training for CYFD workers around research-based approaches to violence intervention, consider training CYFD workers to provide FFT.
- Increase student loan repayment options and incentivizing employment pathways in specialized tracks.
- Incentivize providers to be certified by supplementing Medicaid with state funding for certain services (FFT/MST).
- Identify potential funding sources to allocate for non-Medicaid reimbursable costs such as equipment, onboarding time for clinicians, recruitment bonuses, etc.
- Ensure evidence-based practices like MST and FFT are included and prioritized in both the Medicaid State Plan and the state’s Family First Prevention Plan and develop strategies for overcoming barriers to implementation in rural areas.

Priority Recommendations for Improving Public Safety and Youth Outcomes (cont.)

3. Establish a statewide youth behavioral health infrastructure that strengthens coordination and alignment across agencies and providers and expands the use of evidence-based services statewide.

- Expand the role of the NMSU Center of Innovation (COI) to facilitate the expansion of evidence-based practices statewide. Support their ability to build and sustain a standardized assessment process for adolescent behavioral health services, evaluate service quality, expand service and care coordination, and provide TTA to providers.
- Conduct fiscal mapping across agencies/providers to better understand eligibility criteria for services, funding streams paying for services, etc. and use this information to better align services and leverage cross system resources.
- Position the Continuum Boards, Family Resource Centers, or another entity to serve as the primary point of access for adolescent early intervention and diversion assessments, service referrals, and care coordination. Explore the option of a youth assessment center.
- Create and sustain a cross-agency leadership team for regular information sharing and collaboration focused on adolescent behavioral health services that includes CYFD BH, JJ, and CPS, PED, DOH, HCA, and others as needed.
- Consider developing “youth services boundary spanner” positions within HCA/CCBHCs/CYFD that help provide training, share information, develop resources and cross-system protocols across the various adolescent behavioral health service entities.

Priority Recommendations for Improving Public Safety and Youth Outcomes (cont.)

4. Create a more uniform approach to diversion and expand diversion opportunities to additional low-risk youth across the state.

- Require the use of a risk screening tool and a mental health screening tool to inform diversion decisions.
- Establish and fund a pre-arrest diversion option such as a civil citation program whereby law enforcement diverts eligible misdemeanor offenses for screening/assessment and needed supports in lieu of a formal arrest.
- Enact statutory requirements on diversion including:
 - Serving youth who commit status offenses outside the court system (including no arrest/law enforcement involvement).
 - Establishing a minimum age of court jurisdiction.
 - Appropriate new and/or direct existing funding specifically for diversion services (including school-based diversion) statewide – expanding funding for the Continuum Boards.
 - Revise diversionary options/pathways to include diversion that does not require CYFD involvement (informal) and create an alternative pathway to services.
- Revise New Mexico’s approach to juvenile competency.

Priority Recommendations for Improving Public Safety and Youth Outcomes (cont.)

5. Better align CYFD juvenile justice policies and practices with the research to improve outcomes for youth.

- Develop targeted strategies for CYFD probation to more effectively supervise and support youth engaged in violence and youth with more intensive behavioral health needs.
- Adopt and use a validated risk and needs assessment (or validate the Structured Decision-Making Tool) to guide supervision decisions. Require the use of risk and needs assessment for all youth post-petition and pre-adjudication and a validated mental health screening for all youth pre-disposition and provide the court/parties with results.
- Incentivize contracted providers to use evidence-based risk reduction services for moderate and higher risk youth.
- Position the Continuum Boards, Family Resource Centers, or another entity to serve as the primary point of access for adolescent early intervention and diversion assessments, service referrals, and care coordination or as a youth assessment center.
- Establish research-based criteria for placement and release decisions and strengthen reentry planning and transition supports and services to better reintegrate youth back into the community.