

# **New Mexico Association of Counties**

Advancing Counties through Service, Education, Advocacy and Leadership



## **Courts, Corrections and Justice Committee**

### **New Mexico's County Jails**

#### **An Overview**

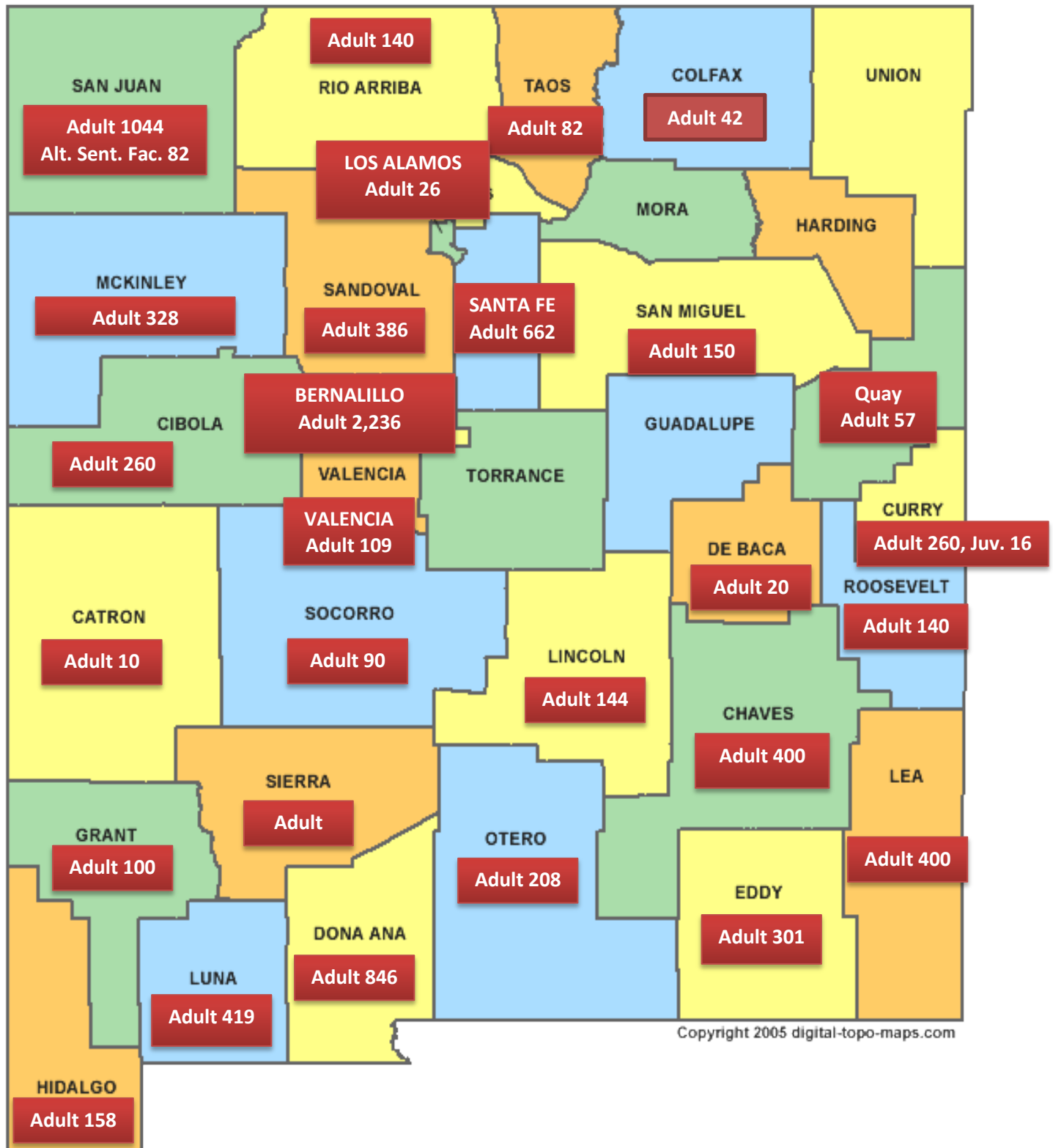
**Presented by Grace Philips, General Counsel**

**May 27, 2016**

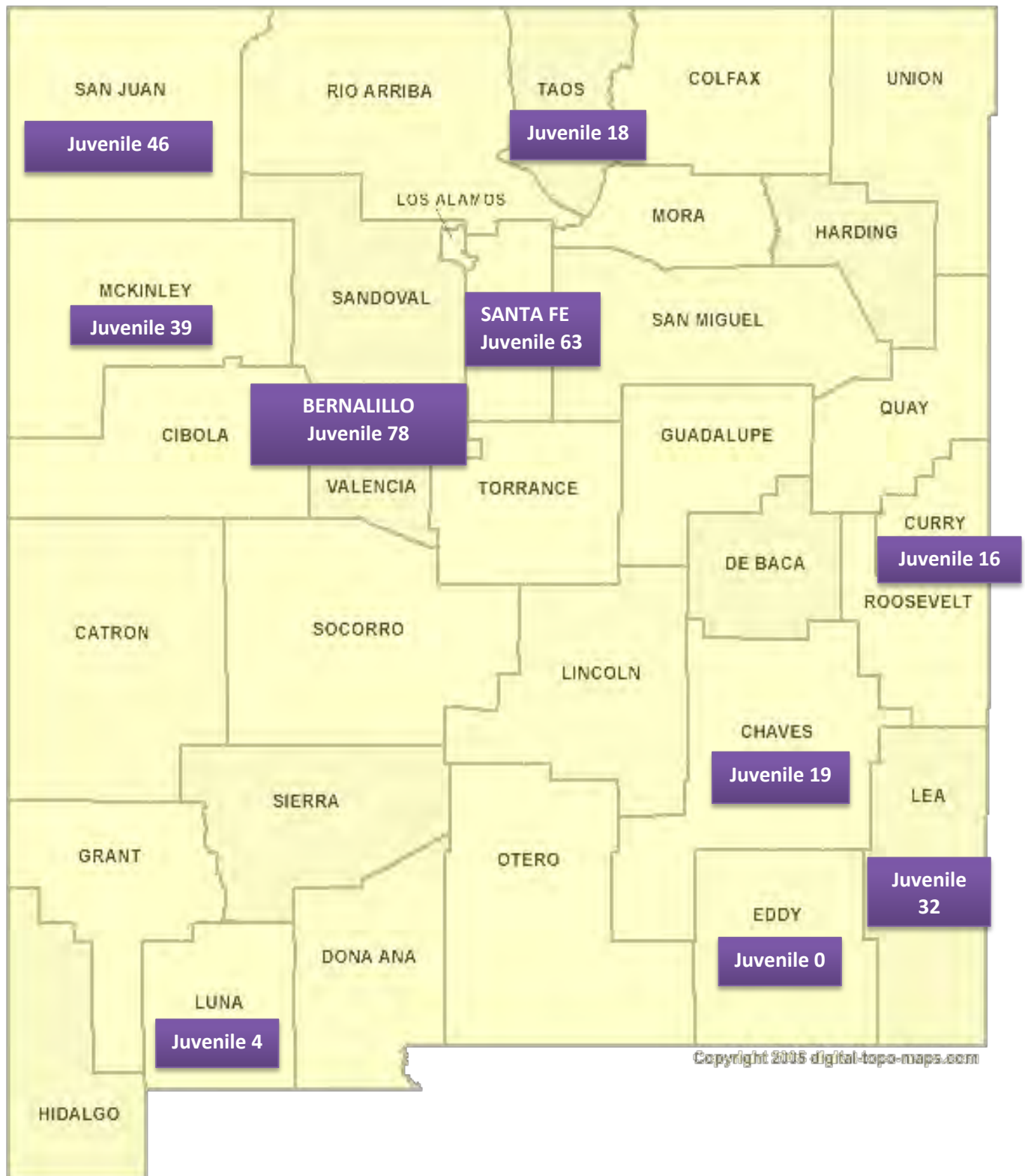
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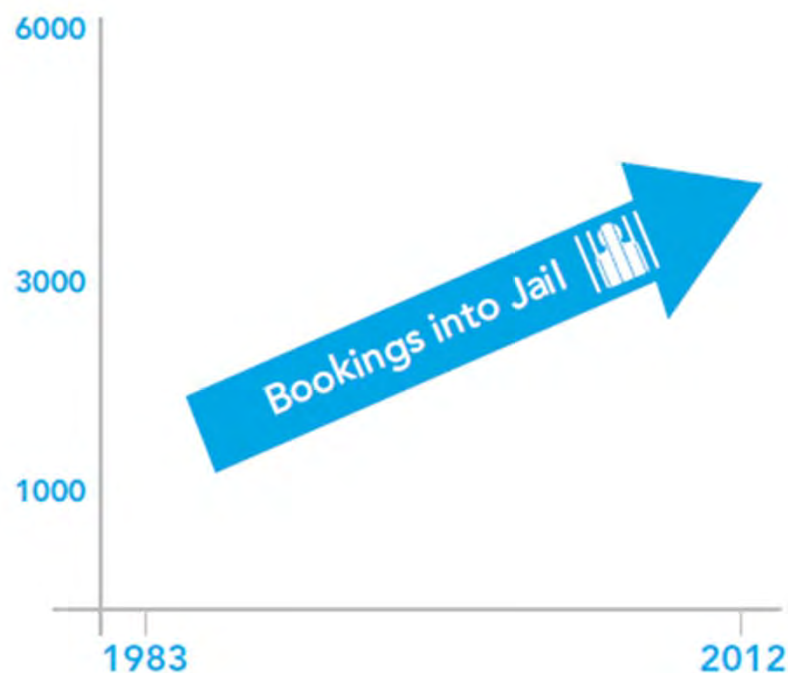
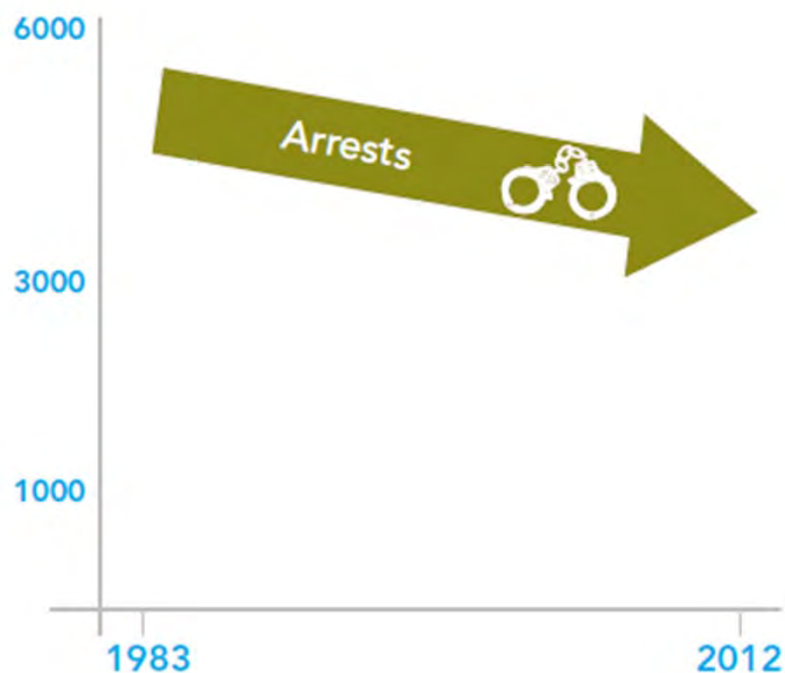
## NM Adult Detention Facilities & Design Bed Capacity



## NM Juvenile Facilities & Design Bed Capacity

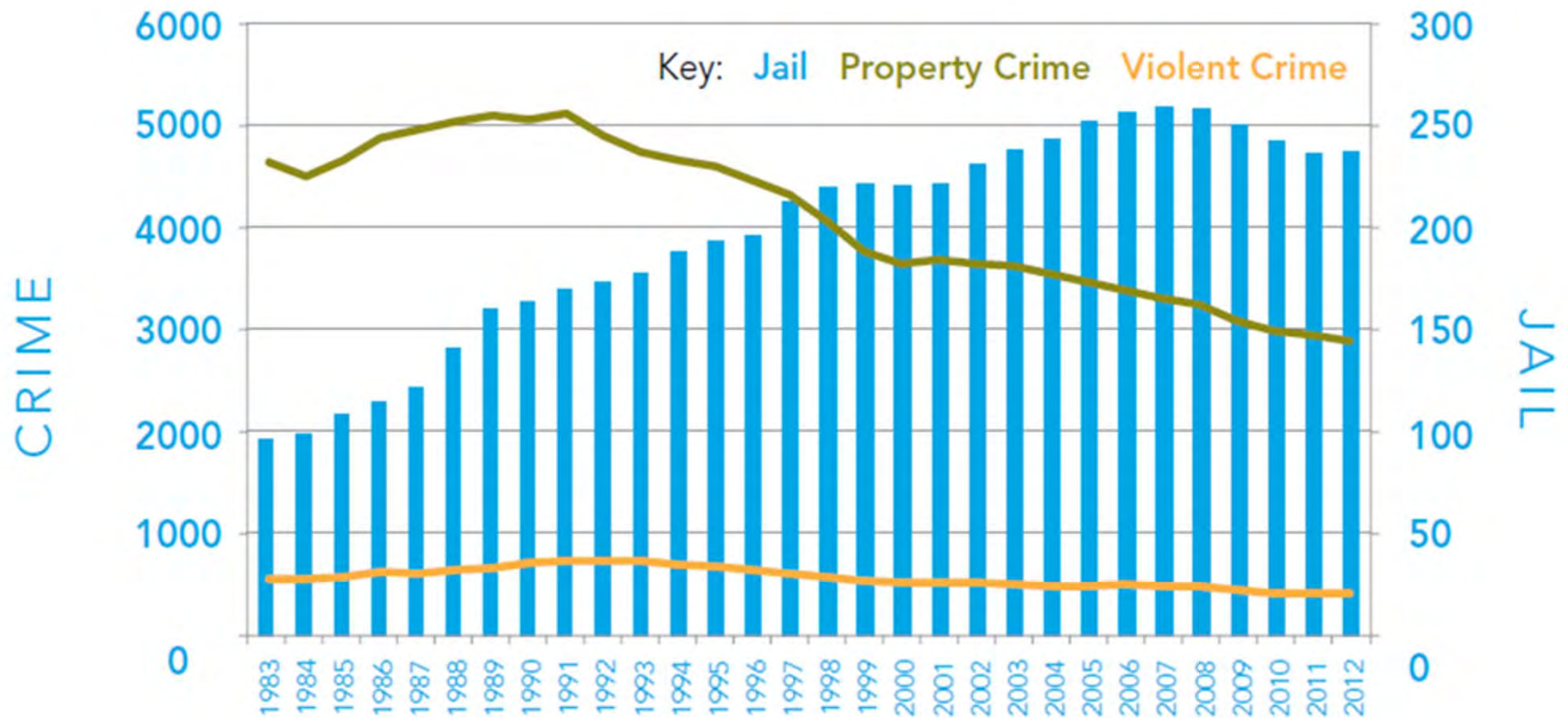


# Arrest and Booking Rates Per 100,000

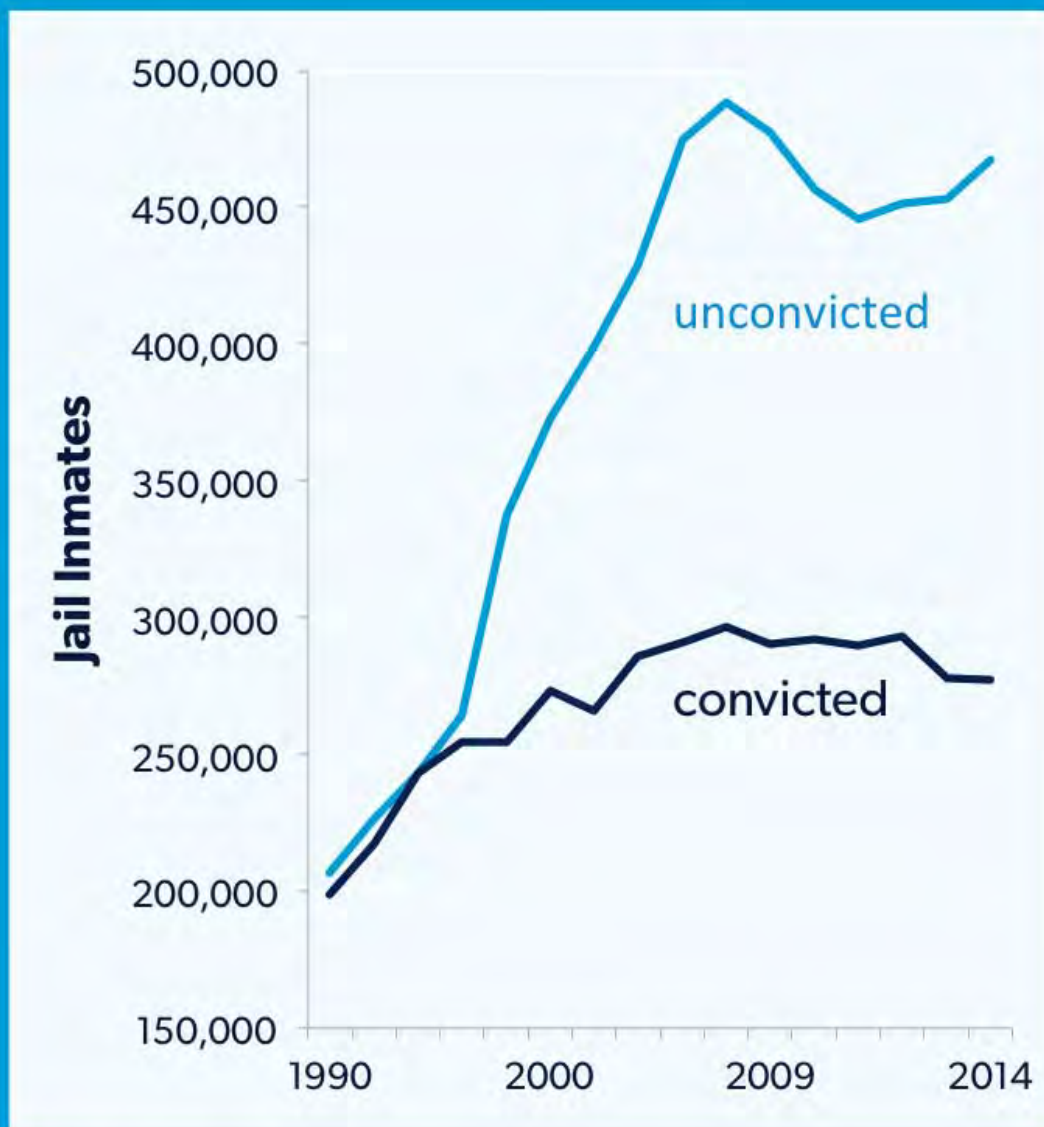


Subramanian, Ram et al. (2015) Incarceration's Front Door: The Misuse of Jails in America. New York, NY: The Vera Institute of Justice.

# Crime and Jail Rates per 100,000



Subramanian, Ram et al. (2015) Incarceration's Front Door: The Misuse of Jails in America. New York, NY: The Vera Institute of Justice.



The number of **unconvicted** people in jail has more than doubled since 1990.

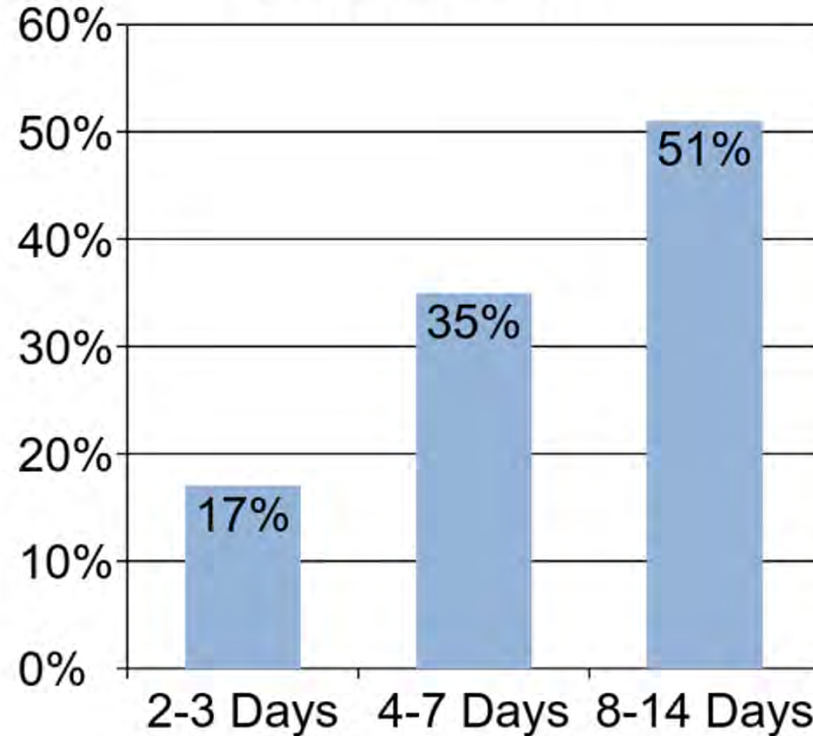
What else has increased?

The use of cash bail.



# Why Do We Care?

**Increase in 2-Year  
Recidivism Low-Risk  
Defendants\***



\*Lowenkamp, C.T., VanNostrand, M., & Holsinger, A. (2013). The Hidden Costs of Pretrial Detention. Laura and John Arnold Foundation. New York City, NY.



## NM County Detention Data<sup>1</sup>

### Length of Stay is Increasing

- From 2003 to 2010 median length of stay increased 31% for inmates who spent their entire stay in an unsentenced status (from 112 days in 2003 to 147 days in 2010)
- 80 days median length of stay for misdemeanor arrestees
- 70 days median length of stay unsentenced for probation violators
- 114 days median length of stay unsentenced for those booked on warrants

### Reasons for Incarceration

- 62% New Charge (20.1% DWI, 16.2% Property)
- 36% “Failure to Comply” (18.1% Probation Violation<sup>2</sup>, 17.1% Warrants, 0.8% Parole)

### Jails are De Facto Mental Health Hospitals

Number in NM County Jails on prescribed psychotropic medication:

Estimate 35% (more than 2,557) on any given day

Total number of psychiatric beds in hospitals statewide:

491 in eleven cities

NM Behavioral Health Institute average populations:

80 individuals in the adult psychiatric unit (121 licensed and 96 operational)

40 in the forensic unit (116 licensed 64 operational)

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<sup>1</sup> Data taken from the following New Mexico Sentencing Commission Reports: *New Mexico Prison Population Forecast: FY 2015-2024*, June 2014; *Length of Stay in Detention Facilities: A Profile of Seven New Mexico Counties*, August 2012; *Effect of Mental Health Diagnoses on Length of Stay in Two New Mexico Detention Facilities*, April 2013; and *Effect of Competency and Diagnostic Evaluation on Length of Stay in a Sample of New Mexico Detention Facilities*, April 2013.

<sup>2</sup> Annual cost to counties to hold probation violators supervised by NM Corrections Department Adult Probation Parole Division: \$35 million.

### **Characteristics of Inmates with Serious Mental Illness**

- 89% Pretrial
- 33% charged with Misdemeanor
- 25% charged with non-violent Felony
- 42% charged with violent Felony
- 62% competency raised

### **Mental Health Diagnosis Effects Length of Stay**

- Receiving mental health services increases length of stay by 36 days
- Psychotic diagnosis increased length of stay by 121 days

### **Competency Effects Length of Stay**

- 1.8% (91 individuals) had a mental health competency proceeding
- 27.4% found incompetent to stand trial
- Going through competency process increased length of stay by 278%
- 332 days (11 months) median length of stay for those found competent
- 537 days (18 months) median length of stay for those found incompetent

### **Bail System Effects Length of Stay**

- 39% of county jail population is bondable but has not posted bond
  - 35% of Bernalillo bondable population has bond amount of less than \$500
  - 11% of Bernalillo bondable population has bond amount of less than \$100

### **Counties Hold and Process More Inmates than NMCD**

*June 30, 2013 Population Comparison*

6,043 NMCD Confined Male Inmates    652 High NMCD Confined Female Inmates

7,030 County Male Population                      1,405 County Female Population

# **House Joint Memorial 17 (2011)**

## **Task Force Recommendations**

### **System Improvements**

Develop flexible funding streams and payment mechanisms to compensate providers for the critical services described.

### **Regional Crisis Triage Centers**

Fund regional crisis triage sites to conduct mental health evaluations and provide up to 23 hours of diversion.

### **Respite Services**

Develop and fund respite care locations throughout the state to serve as a non-clinical alternative to reduce need for hospitalization or incarceration.

### **Training**

Establish peer training programs and training for family members, natural supports, teachers, students and first responders.

### **Call Centers**

Establish a centralized, statewide call center with a single telephone number that is connected to local authorities and behavioral health agencies throughout the state.

### **Warm Lines**

Expand warm line services stateside that are client-run or client-staffed to provide telephone-based peer support.

### **Community Crisis System Planning**

Develop broad community coalitions in all communities or counties of the state to enhance and integrate local capacity to respond to mental health crises.

### **Peer Services**

Use peer services whenever possible to provide and enhance services.

### **Criminal Laws**

Review criminal statutes to determine whether there are sensible changes that can be made which would reduce costly and often unnecessary, lengthy, and ineffective incarceration of individuals with mental illness.

## **Senate Joint Memorial 4 (2015)**

### **Task Force Recommendations**

- **Identify the relevant inmate population and assess their risks and needs.**
- **Inventory available community resources and gaps in needed resources.**
- **Provide for release from detention supported by wrap around services.**
- **Provide for release from detention with services that include housing.**
- **Create secure clinical facilities to serve “gap” population (as defined)**
- **Educate stakeholders regarding benefits of supportive treatment for individuals living with serious mental illness and available tools for release.**

## **House Joint Memorial 17 Task Force**

### **2011 Guiding Principles**

- **Peer and peer driven services are critical to any effective and humane statewide mental health system.**
- **Services should employ the least restrictive environment and maximize client choice.**
- **A crisis system must serve both individuals with mental illness who have insight into their condition and those who do not.**
- **Mental health services must be trauma informed, gender specific, age appropriate, culturally sensitive, language appropriate, and accessible to anyone regardless of literacy level.**
- **These recommendations are for services that would be available to all persons with serious mental illness, their families, and their natural supports regardless of age, socio-economic or insured status.**