

# A Health Impact Assessment of the Proposed Northeast New Mexico Adult Reintegration Center

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## I. EXECUTIVE SUMMARY

In New Mexico, high rates of recidivism (repeated incarcerations) have long been a concern, particularly in San Miguel County and the surrounding northeast New Mexico region. The recidivism rate at the San Miguel County Detention Center (SMCDC) is **over 80% for one year, compared to a national rate of 43.4% for the same period.**

Recidivism increases the social and financial burdens of crime on the community, individuals and their families. The great majority of those who commit repeat offenses suffer from substance abuse and addiction, and many also struggle with mental health issues. Further, the cycle of recidivism leads to deterioration of health for individuals, families and communities.

In an effort to address these interconnected problems, the SMCDC and its Citizen Advisory Committee (SMCDC-CAC), with the help of Zia Community Services, developed plans for an Adult Reintegration Center (ARC). The Center would provide the treatment, support and skills necessary for promoting successful reintegration into the community, effectively reducing recidivism. The proposed plans, finalized in 2009, received widespread community support, but the \$1.9 million start-up financing could not be obtained.

Proponents of the proposed ARC project found an opportunity to examine, in detail, the potential impact of the ARC on health within the community. A broad-based community team was formed to conduct a Health Impact Assessment (HIA) to research these potential effects. A full description of the HIA process is included in this report. It should be noted that the process involved numerous individuals, groups, and organizations from the community. The list of these multiple partners, who collaborated to conduct this HIA, is listed at the beginning of the report.

The HIA focused on the potential impacts of the proposed ARC on three health determinants – **addiction, violence, and recidivism** – and ultimately on how changes in these areas, as a result of the proposed ARC, could affect health outcomes for stakeholders community-wide. For this report, the community considered extends beyond San Miguel County to include the entire **tri-county area (Mora, Guadalupe and San Miguel Counties).**

**Key findings of the HIA** include:

### Addiction

- Currently, rates of deaths and injuries from both alcohol and drug abuse in New Mexico have been the highest in the nation for multiple years. The rates for the tri-county area are above both the national and state averages.
- The yearly economic burden of addiction in the tri-county area is estimated to be a total of \$49 million -- \$25 million for drug abuse and \$24 million for alcohol abuse. Of the latter, costs of vehicle crashes due to driving while intoxicated (DWI) constitute \$10 million. A significant portion of these costs (e.g., law enforcement, the legal system, and lost productivity and tax revenue) falls on individuals and local government.
- Through provision of treatment for addiction as well as other health and social services, Adult Reintegration Centers have been found to be effective in impacting rates of substance abuse and addiction.

### Violence

- Currently, deaths and injuries due to assault are above the state average in the tri-county area, with a disproportionate number occurring in San Miguel County. Rates of murder, rape, and aggravated assault are appreciably higher in Las Vegas, NM (the San Miguel County seat) than in Albuquerque, NM and New York City.

- Injuries in the tri-county area from domestic violence, in particular those involving alcohol or drug use, exceed the state average, with a disproportionate number occurring in San Miguel County.
- For child abuse and neglect, the tri-county area has average percentages of *substantiated* reports well above the expected average based on population.
- Various forms of violence have a significant economic impact on the tri-county area: deaths and injuries due to assault (\$4.4 million), domestic violence (\$1.8 million), and child abuse and neglect (\$6 million).
- The Alternatives to Violence Project and the Prison S.M.A.R.T. (Stress Management and Rehabilitation Training) Program have been found to be effective in reducing violence and recidivism and to have other long-term benefits to participants. If the ARC implemented a program of this sort, the HIA predicts decreases in violence and its health effects, and decreases in frequency of assault-related hospitalization injury and death, domestic and sexual violence and child abuse and neglect in the tri-county area.

#### Recidivism

- The recidivism rate for the SMCDC is over 80% compared to the national average of 43.4% after one year.
- Recidivism involves repeated criminal behavior, often including substance abuse, with severe economic implications, as detailed above.
- Recidivism can be reduced through addiction treatment programs, with greater success shown by those attending longer treatment and follow-up after release. Recidivism has also been reduced by residential programs providing health care and dental care, by preparation and support for employment, and by family visitation while incarcerated.

The findings of the HIA show that an Adult Reintegration Center serving the tri-county area could serve to pro-actively address the devastating health effects of **addiction, violence, and recidivism** that currently afflict this region. The following recommendations are put forth in the HIA to ensure that the proposed ARC would maximize benefits to the health and well-being of the community, particularly those populations most affected by the adverse impacts of addiction, violence and recidivism.

#### Key recommendations of the HIA include:

- The proposed ARC should fund and provide evidence-based in-patient treatment. Follow-up treatment and monitoring should also be provided post-release, as funding becomes available.
- The ARC should fund and provide programmatic components similar to the Alternatives to Violence Project or the Prison S.M.A.R.T. Program.
- The ARC should fund and provide:
  - Health services in the form of addiction treatment programs (mentioned above), general health and dental care, mental health and follow-up case management, as funding becomes available.
  - Programs supporting continuation of education and job referral and assistance to enable individuals to gain employment after release.
  - Programs supporting frequent family visitation (especially with children) during detention, and programs to enhance parenting and communication skills.

Many of these elements could be made available by locally-based providers.

Additionally, in the development of all programs at the proposed ARC, the San Miguel County Commission, Detention Center, Citizen Advisory Committee, HIA Team, and NMHU School of Social Work should, according to their expertise or ability to contribute, engage to equally collaborate to co-facilitate the following:

- Participate in and monitor program development;
- Provide pre-, during, and post-release assessments of those incarcerated in an effort to provide ongoing feedback and evaluation of programs and conditions;
- Lend local expertise and support, in particular in providing Memoranda of Understanding (MOUs) with local service providers for planning and implementation;
- Monitor to ensure that enrollment of and case management for selected detainees occurs;
- Form a grant-writing team to pursue programmatic funding to assist with fiscal sustainability of the ARC; and
- Procure funding for a qualified, full-time, on-site Adult Reintegration Center Case Manager.

Moreover, the SMCDC Citizen Advisory Committee, in order to better reflect its expanded role with the ARC, should be reconstituted to include representation from all three counties (Mora, Guadalupe, and San Miguel), as well as the community HIA Team, and should develop a new mission statement, procedures, goals and leadership roles. The ARC should be added to the monthly agenda of the SMCDC-CAC. This will ensure a cohesive effort in working towards implementation of the recommendations in this HIA. Further, the SMCDC-CAC should report bi-annually to the San Miguel County Commission on the progress, development and performance of the ARC.

It should be noted that the San Miguel County Commission has already shown a degree of support for the proposed ARC and the HIA by applying for and receiving a loan to take the first steps towards establishing a facility. Further support, including implementation of the recommendations in this HIA, will be needed for this Adult Reintegration Center to become the facility the community has envisioned.

## II. INTRODUCTION AND BACKGROUND

### A. Introduction

For nearly a decade, a group of volunteers affiliated with the San Miguel County Detention Center (SMCDC) has been working toward a common goal. This group's mission states, "We the members of the San Miguel County Detention Center Citizen Advisory Committee (SMCDC-CAC) work for the best interests of the inmates of the San Miguel County Detention Center, their families, the staff and administration, and the surrounding community."

During the course of their work, the SMCDC-CAC learned of the existing conditions among those incarcerated at the Detention Center as well as within the community overall. These conditions include poor overall physical health and behavioral health issues that ultimately result in higher than average rates of driving while intoxicated (DWI) and other **addiction-related problems, violence** (including domestic violence), and **recidivism**.

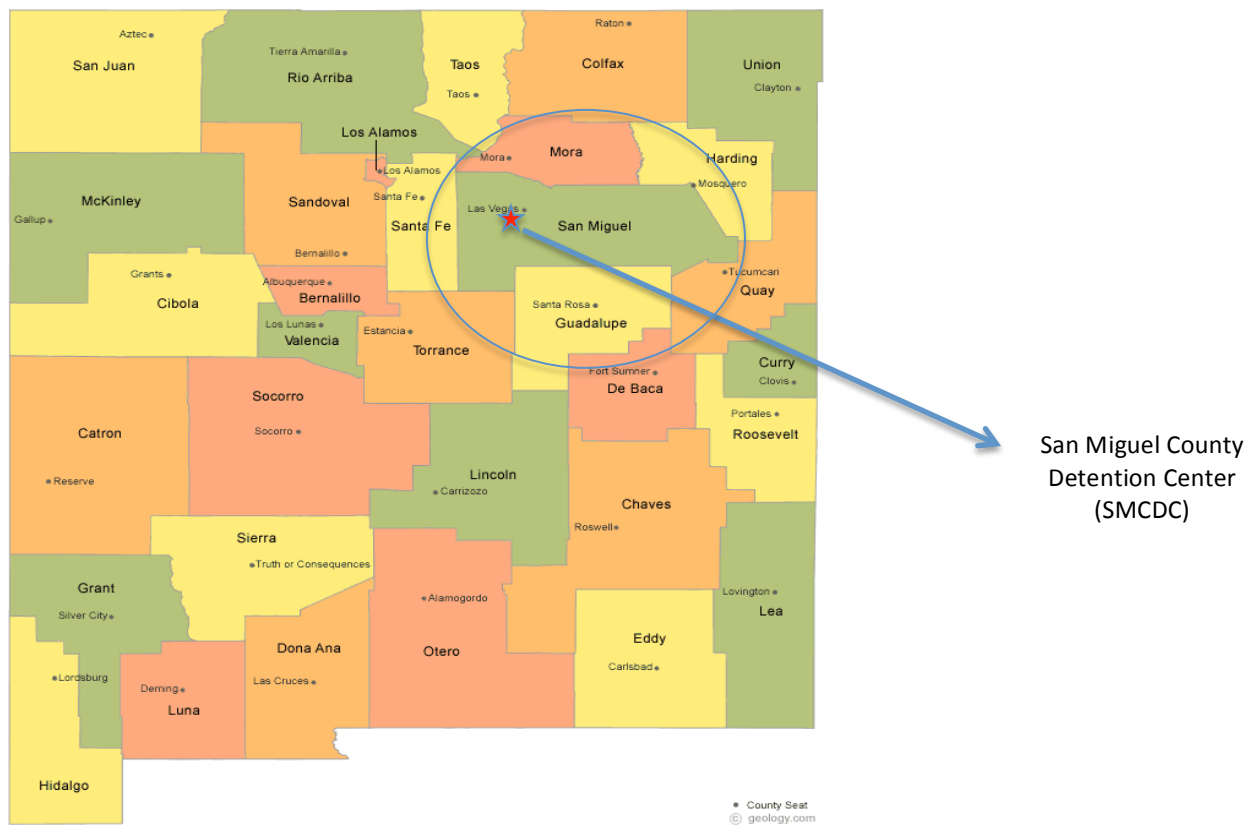
The conditions also reflect a larger lack of programming in northeast New Mexico (NE NM) for in-patient addiction treatment, a lack of post-release support for those who were incarcerated, including access to or availability of employment and educational opportunities, and poor overall and behavioral health resulting, in part, from repeat incarcerations. Formal and comprehensive assistance in helping those detained to move from detention back into their communities – *reintegration* – does not exist in this part of New Mexico and is largely inaccessible in other parts of the state.

The concept of an Adult Reintegration Center (ARC), which would assist incarcerated individuals as they are released from detention and transition back into family and community, was championed by SMCDC-CAC member Steve Flores as one possible intervention to address the lack of substance abuse treatment and other services within this primarily Hispanic, low-income region of the state. As the SMCDC-CAC researched the topic and began sharing what they learned with the community, support for the concept grew and solidified within the community and among local elected officials and other community leaders.

As a result, a primary focus for the SMCDC-CAC has been to establish an Adult Reintegration Center that would serve the tri-county area of northeast New Mexico (Guadalupe, Mora and San Miguel Counties) in the hopes of reducing rates of **addiction, violence** and **recidivism**. In January of 2009, Zia Community Services, Inc., consultants to the SMCDC with input from the SMCDC-CAC, proposed a "Program Design and Development for the Community-Based Adult Reintegration Center." This document contains architectural renderings of the proposed center as well as detailed goals and proposals for programs and services. Financial projections included an initial capital outlay of \$1.9 million. While the vision of the ARC has been maintained for nearly a decade, progress has not been made towards making the center a reality due to a lack of funding.

On August 24, 2013, Representative Ben Ray Luján organized a forum on poverty in his third district of New Mexico, and a vision of the ARC was once again put forward by a member of the SMCDC-CAC. New Mexico Highlands University professor Dr. Rey Martinez was present at the event and was surprised by the fact that fiscal support for such a center had not been established. He reasoned that conducting a full-fledged study examining the potential impacts to the community of a reintegration center would help to gain the necessary fiscal support. He applied to the New Mexico Health Equity Partnership, Santa Fe Community Foundation for a grant to fund a comprehensive Health Impact Assessment (HIA), the results of which are published in this report. (For information about the New Mexico Health Equity Partnership, Santa Fe Community Foundation grant that has made this HIA possible, see **Appendix I.**)

## B. San Miguel County Detention Center (SMCDC)



Both Guadalupe and San Miguel Counties have correctional facilities. The Guadalupe County Correctional Facility (GCCF) is a private prison two miles southwest of Santa Rosa, New Mexico. Because the GCCF is a privately-owned correctional facility where those who are detained serve long-term sentences for more serious crimes, an analysis of this facility and its data is not included in this report. All data presented in this report relate only to the San Miguel County Detention Center (SMCDC).

The SMCDC is located several miles south of Las Vegas, New Mexico. It is contracted to house individuals from San Miguel, Mora and Guadalupe Counties and occasionally to house people from other counties. It has a capacity of 150 people – 130 men and 20 women.<sup>1</sup> In fiscal year 2014, the detainee population ranged from 85 to 121, with an average of 106, or 71% capacity. Those held in the SMCDC are awaiting a hearing, trial or sentencing, are awaiting transfer to another facility, or are serving sentences. Those serving sentences can be held for a maximum of 364 days. Periodic supplementary services such as a GED program, Narcotics Anonymous, Alcoholics Anonymous and religious services have been provided in the SMCDC by volunteers. However, the facility faces the challenge of providing a wide range of desired services, with little to no funding available for this purpose.

The New Mexico Corrections Department recognizes the importance of programs and services for the rehabilitation of offenders. For example, residential programs are offered at the New Mexico Men's and Women's Recovery Academies, located in Bernalillo and Valencia Counties. The Men's Recovery Academy, located in Los Lunas, was initiated in 2003 with a capacity of 85 adult males while the Women's Recovery Academy, located in Albuquerque, was initiated in 2005 with a

<sup>1</sup> San Miguel County Detention Center. "Program Design and Development -- Community-Based Adult Reintegration Center -- A Community-Based Project." Prepared by Zia Community Services, Inc., January 2009.



capacity of 48 adult females and their children (with an additional 12 adult females in a halfway house). Both programs operate with the goal of preventing addiction relapses and reducing recidivism. For more information about these programs see **Appendix II**.

The detention of tri-county area residents inflicts a significant economic burden on all three counties (Mora, San Miguel and Guadalupe). Not only must the counties meet the costs of the justice system and incarceration, but the **violence** of the crimes that lead to incarcerations inflicts a heavy social and economic toll as well. Contributing to these high costs is the high rate of **recidivism**, which reaches 80% within one year at the SMCDC.<sup>2</sup> This figure far exceeds national rates, which have been estimated at 43.4% within one year.<sup>3</sup> One primary reason for the high rates of recidivism at the SMCDC relates to struggles with **addiction**.

#### C. Proposed Adult Reintegration Center (ARC)

Rather than concentrating on the symptoms of **addiction**, **violence**, and **recidivism**, officials of the SMCDC and the SMCDC-CAC, with the support of the San Miguel County Commission, focused on the underlying issues. To that end, they proposed an Adult Reintegration Center several years ago. It was envisioned that a two-year residential program would begin by serving 12 selected currently-detained individuals who would be enrolled and participate in ARC programming. General features of the program could include:

- Treatment for substance abuse;
- Support for mental health issues;
- Monitoring and promotion of general healthcare;
- Provision of general education and vocational training;
- Provision of life and parenting skills and other programming critical for successful post-incarceration reintegration into the community; and
- Incorporation of principles of Restorative Justice focusing on the needs of victims, offenders and their communities.<sup>4</sup>

This program would be followed by job placement assistance and up to two years of follow-up case management upon release. These proposed ARC services are now largely unavailable or inaccessible to the tri-county population. This lack of facilities and services results in a variety of barriers including long wait lists, transportation issues, and increased expenses. Establishing an Adult Reintegration Center in San Miguel County would narrow the large gap in the provision of essential services in the northeast region of the state.

#### D. Focus and Outline of the Health Impact Assessment (HIA)

The focus of this HIA is to assess the impacts that the proposed Adult Reintegration Center would have on rates of and subsequent health effects of **addiction**, **violence**, and **recidivism** among those who are detained at the San Miguel County Detention Center and to the communities of Guadalupe, Mora and San Miguel Counties.

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<sup>2</sup> Snedeker, Patrick (SMCDC Warden), email to R.E.Pearson, 9/8/2014.

<sup>3</sup> Congressional Research Service 2015. Offender Reentry: Correctional Statistics, Reintegration into the Community, and Recidivism. Retrieved from: <http://fas.org/sgp/crs/misc/RL34287.pdf>

<sup>4</sup> *Definition of Restorative Justice*. Retrieved from: <http://www.RestorativeJustice.org>

This HIA report includes the following key sections:

*Methodology*

This section describes the methodology for primary and secondary data collection compiled for this report.

*Tri-County Demographic Data*

This section describes the existing health-related conditions in the tri-county area.

*Addiction*

This section presents data on the effects of addiction on health, current data and information about addiction for the tri-county area, economic impacts of addiction on the tri-county area, and the potential impacts of the proposed ARC on addiction-related health outcomes.

*Violence*

This section presents data on the effects of violence on health, violence data for the tri-county area, economic impacts of violence on the tri-county area, and the potential impacts of the proposed ARC on violence-related health outcomes.

*Recidivism*

This section presents data on the effects of recidivism on health, recidivism data for the tri-county area, economic impacts of addiction on the tri-county area, and the potential impacts of the proposed ARC on recidivism-related health outcomes.

*Findings, Recommendations and Conclusion*

These sections present the key findings and recommendations drawn from the data provided in this report, and include information critical to understanding the results of the HIA.

E. HIA Methodology

The process for conducting this Health Impact Assessment (HIA) included engaging a group of key stakeholders (listed on **pages 1 and 2** of this report) in identifying the three primary health determinants for analysis (**addiction, violence and recidivism**).

Dr. Rey Martinez and his New Mexico Highlands University (NMHU) School of Social Work graduate students, along with the rest of the HIA team, conducted a review of the literature investigating the effects of these determinants on health outcomes.

Following NMHU Institutional Review Board (IRB) approval, Dr. Martinez and his students also engaged in primary data collection by conducting a series of interviews to deepen the HIA team's understanding of the issues. Two groups — "*Current Detainees*" and "*Other Related Persons*" (*defined as* former detainees, family members, law enforcement, and service providers) – were interviewed to gauge perceptions concerning the effects that detention and recidivism have on those who are detained and their families. Survey items related to recidivism included *employability, threats of retaliation, and addiction*. Fourteen "*Other Related Persons*" were included in the data collection efforts as well.

For further information about the HIA process, community stakeholder involvement and the primary data collection efforts (survey, consent form, statistical results), see **Appendices III and IV**.

### III. TRI-COUNTY DEMOGRAPHIC DATA (EXISTING CONDITIONS)

#### A. Tri-County Demographic Data and Their Relationship to Health

Demographic data for Guadalupe, Mora and San Miguel Counties in northeast New Mexico (NE NM) illustrate a high level of poverty and unemployment when compared to other NM counties, state and national statistics. Issues of social and economic injustice – which so often affect individual and community health – are starkly apparent in the tri-county area. Existing disparities and their adverse consequences for individual and community health in this region can be seen in the data discussed below.

According to the U.S. Census, the three counties have high school graduation rates comparable to national averages, however the percentage of those receiving a Bachelor's degree or more is much lower than the national average.<sup>5</sup> **These data demonstrate that at baseline the population of the tri-county area has a need for improved education.**

**Table 1 (below) demonstrates that the tri-county area suffers from significant poverty, defined by lower average per capita income, lower median household income and a large percentage of the population living below the poverty line.** Poverty affects both physical and mental health. If you are poor, you are less likely to have access to medical care and preventative services, less likely to have access to healthy food, and more likely to become a victim of abuse.<sup>6</sup> Poverty and poor health are directly connected as each leads to a further deterioration of the other. Low-income communities are more likely to have poor health due to social, environmental and economic injustices; communities of poor health are more likely to live in poverty as ailment impedes access to and sustainability of gainful employment; and these communities incur greater-than-average medical costs and poorer quality of life.<sup>7</sup>

In the United States, health and well-being have a strong correlation to income. According to the University of Wisconsin Institute for Research on Poverty, low-income people are less healthy than those with greater financial means, with symptoms of greater rates of mortality, acute and chronic disease, and behavioral health issues. Considering race, additional disparities in health status become apparent, particularly for marginalized ethnic groups (e.g., indigenous populations), and the complexities of socioeconomic and ethnic influence on health become even more apparent the more closely we look.<sup>8</sup>

New Mexico is one of only three states (the others being New Jersey and Washington) that saw an increase in both numbers and percentage of people living in poverty between 2012 and 2013, according to the U.S. Census American Community Survey on Poverty. The rate increased from 20.8% to 21.9% while most states remained the same and two states saw decreased rates. In 2013 New Mexico had the second highest poverty rate in the country, following Mississippi. This equates to approximately 1 in 10 people living with an income less than 50% of the poverty level.<sup>9</sup>

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<sup>5</sup> Guadalupe, Mora and San Miguel Counties Community Health Profiles. Retrieved from: <http://quickfacts.census.gov/qfd/states/35000.html>

<sup>6</sup> Levy, B. and Sidel, V. *Social Injustice and Public Health* published by Oxford University Press. Retrieved from: <http://blog.oup.com/2013/11/poverty-public-health-united-states/>

<sup>7</sup> Health Poverty Action. Retrieved from: <http://www.healthpovertyaction.org/policy-and-resources/the-cycle-of-poverty-and-poor-health/the-cycle-of-poverty-and-poor-health1/>

<sup>8</sup> Institute for Research on Poverty. Retrieved from: [www.irp.wisc.edu/research/health.htm](http://www.irp.wisc.edu/research/health.htm)

<sup>9</sup> United States Census Bureau. Retrieved from: <http://www.census.gov/newsroom/press-releases/2014/cb14-170.html>

**Table 1: Poverty and Unemployment**<sup>9,10,11,12,13,14,15,16,17</sup>

	<b>Guadalupe Co.</b>	<b>Mora Co.</b>	<b>San Miguel Co.</b>	<b>NM</b>	<b>National</b>
<b>Population (2013)</b>	4,551	4,704	28,541	2,085,287	316,497,531
<b>Average per capita income (2008-12)</b>	\$14,189	\$22,561	\$18,576	\$23,749	\$28,051
<b>Median household income (2009-13)</b>	\$29,071	\$28,481	\$28,275	\$44,886	\$53,046
<b>Population below the poverty line (2012)</b>	≈ 25.0%	≈ 17.0%	≈ 20.0%	19.5%	14.9%
<b>Unemployment (2012)</b>	9.8%	13.0%	7.2%	6.7%	6.1%
<b>Lack of health insurance (2008-12)</b>	15.0%	23.0%	16.0%	20.0%	13.4%
<b>Households in SNAP program (2011)</b>	15.1%	16.2%	16.9%	12.7%	14.8%

The primary data collection conducted as part of this HIA supports the literature findings. In the survey of 34 SMCDC current detainees, all self-reported struggling with providing basic needs such as food and housing for themselves and their families both before and after detention. Many reported being on some type of social assistance, including the Supplemental Nutrition Assistance Program (SNAP) and Temporary Assistance for Needy Families (TANF). They reported having limited education, and some of the interviewees were unable to read or write. They also reported having few skills in marketable trades, leading to difficulty finding employment upon release. They expressed interest in obtaining education and employment so as to better provide for their families.<sup>18</sup> (See **Appendix IV** for details regarding the research methodology and to view the survey instrument.)

#### B. Impacts of Detention on Health of Detainees and Their Families

During detention, an individual loses physical freedom, and the ability to communicate freely with family, friends, employers and public resources. Separation can also cause hardships for their families. Children of incarcerated parents or guardians may experience loneliness, social stigma,

<sup>10</sup> Las Vegas Optic. Retrieved from: <http://www.lasvegasoptic.com/content/use-food-stamps-rises-county>

<sup>11</sup> Bureau of Labor Statistics. Retrieved from: <http://www.bls.gov/eag/eag.us.htm>

<sup>12</sup> United States Census Bureau **Guadalupe** County Data. Retrieved from: <http://quickfacts.census.gov/qfd/states/35/35019.html>

<sup>13</sup> United States Census Bureau **Mora** County Data. Retrieved from: <http://quickfacts.census.gov/qfd/states/35/35033.html>

<sup>14</sup> United States Census Bureau **San Miguel** County Data. Retrieved from: <http://quickfacts.census.gov/qfd/states/35/35047.html>

<sup>15</sup> **Guadalupe** County, NM. Retrieved from: <http://www.countyhealthrankings.org/app/new-mexico/2014/rankings/guadalupe/county/outcomes/overall/snapshot>

<sup>16</sup> **Mora** County, NM. Retrieved from: <http://www.countyhealthrankings.org/app/new-mexico/2014/rankings/mora/county/outcomes/overall/snapshot>

<sup>17</sup> County level data: **San Miguel** County, NM. Retrieved from: <http://www.countyhealthrankings.org/app/new-mexico/2014/rankings/san-miguel/county/outcomes/overall/snapshot>

<sup>18</sup> Brown. J. (2014). Personal Interviews at San Miguel County Detention Center with Detainees.

disruption of development, unstable childcare arrangements, and a lack of having basic needs met. The separation of parents from their children can disrupt parent-child relationships and can alter the network of familial support. Children can suffer from poor school performance and delinquency and be at risk of abuse and neglect. Children of parents who were incarcerated are five times more likely to be incarcerated themselves at some point in their lives.<sup>19</sup>

During detention, those who are incarcerated may also face the trauma of a potential threat of violent confrontation or the experience of isolation. Anger and depression resulting from this or other aspects of incarceration may lead to long-term negative health impacts. A large percentage of those incarcerated are detained as a result of crimes associated with addiction or violent behavior. Without support and treatment, individuals are more likely to repeat the cycle of detention.<sup>20</sup>

Poor health is a common trait among detainee populations. Incarcerated groups demonstrate higher rates of infectious and chronic diseases in part as a consequence of facility conditions (including overcrowding and close quarters) and lack of physical exercise.<sup>21,22</sup> In addition, people who are detained often have higher rates of mental illness. At federal, state and local levels, approximately 40% of those detained suffer from a chronic medical condition and 25% at the local level have at least one previously diagnosed mental illness.<sup>23</sup> **Among detained populations, “60% and 50% of inmates have an [addiction] or mental health issue, respectively, and 33% of all inmates have co-occurring disorders.”**<sup>24</sup> Suicide and suicidal behavior are also more prevalent among detained populations.<sup>25</sup> All of these health conditions result in steeper health costs to the detention facility than a population with a healthier baseline.

Depression due to detention and separation from family may not dissipate when an individual returns to the community. For those with a history of addiction and violence, the inability to care for themselves and their families often leads to self-medication through alcohol or other drugs and continued violence.<sup>26</sup> Those returning home after incarceration can also have a difficult time finding employment. This often leads to economic hardship and job insecurity, which are additional predictors of poor physical and mental health.<sup>ibid.</sup>

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<sup>19</sup> Aaron, L., & Dalaire, D. H. (2010). Parental incarceration and multiple risk experiences: Effects on family dynamics and children's delinquency. *J Youth Adolescence*, (39), 1471-1484.

<sup>20</sup> San Miguel County Detention Center. "Program Design and Development -- Community-Based Adult Reintegration Center -- A Community-Based Project." Prepared by Zia Community Services, Inc., January 2009.

<sup>21</sup> Weinbaum CM, Sabin KM, Santibanez SS. 2005. Hepatitis B, Hepatitis C, and HIV in Correctional Populations: A review of epidemiology and prevention. *AIDS* 19(suppl 3):S41-6.

<sup>22</sup> Cynthia Golembeski, BA, BS, and Robert Fullilove, EdD. Criminal (In)Justice in the City and Its Associated Health Consequences. *Am J Public Health*. 2005;95:1701–1706.

<sup>23</sup> Wilper AP, Woolhandler S, Boyd JW, Lasser KE, McCormick D, Bor DH, Himmelstein DU. The Health and Health Care of US Prisoners: Results of a Nationwide Survey. *American Journal of Public Health*. 2009;99(4):666-672.

<sup>24</sup> SAMHSA. 2012. Behavioral Health and Criminal Justice: Challenges and Opportunities. Substance Abuse and Mental Health Services Administration. Presentation by Administrator Hyde, American Correctional Association, July 21, 2012. Available at: <http://store.samhsa.gov/product/Behavioral-Health-and-Criminal-Justice-Challenges-and-Opportunities/SMA12-PHYDE072112>

<sup>25</sup> Fazel S, Grann M, Kling B, Hawton K. Prison suicide in 12 countries: an ecological study of 861 suicides during 2003-2007. *Soc Psychiatry Psychiatri Epidemiol* 46(3):191-5.

<sup>26</sup> Travis, J., McBride, E. C., and Solomon, A. L. (2005). Families Left Behind: the Hidden Costs of Incarceration and Reentry. Retrieved from: <http://www.urban.org/UploadedPDF/310882familiesleftbehind.pdf>

## IV. ADDICTION

### A. Effects of Addiction on Health

All addictive drugs cause some form of intoxication, which interferes with judgment and increases the likelihood of abusive behavior.<sup>27</sup> People who suffer from addiction can have one or more resulting medical issues that may include both physical and behavioral health challenges. In addition to harmful consequences for the user, others, including unborn children, can also experience serious health problems.<sup>ibid.</sup> According to the Centers for Disease Control and Prevention and the National Institutes of Health, heavy drinking and binge drinking have both short-term and long-term effects on the health of the drinkers and their families. Short-term effects arise mainly from binge drinking (five or more drinks on one occasion), and include:

- Injuries, such as motor vehicle crashes, falls, drowning, and burns;
- Violence, including homicide, suicide, and sexual assault;
- Alcohol poisoning, a medical emergency that results from high blood alcohol levels; and
- Risky sexual behaviors, which can result in unintended pregnancy or sexually transmitted diseases, including HIV.

Continued heavy drinking (15 or more drinks per week for men) can lead to chronic disease and other serious physical, mental and social problems, including:

- High blood pressure, heart disease, stroke, liver disease, and digestive problems;
- Cancers of the breast, mouth, throat, esophagus, liver, colon and immune system;
- Learning and memory problems, including dementia and poor educational performance;
- Mental health problems, including depression and anxiety;
- Social problems, including lost productivity, family problems, and unemployment; and
- Alcohol dependence, or alcoholism.<sup>28,29</sup>

Drinking by a woman during pregnancy, regardless of the amount or frequency, may lead to fetal alcohol spectrum disorder in the child. This involves a range of developmental, cognitive, and behavioral problems, which can appear at any time during childhood.<sup>ibid.</sup>

The health effects of drug abuse are significant, affecting physical health, mental health, families and communities. Long-term physical health problems involve:

- Heart disease
- Stroke (brain injury from a blood clot)
- Cancer
- HIV/AIDS
- Hepatitis (a liver disease)
- Kidney disease
- Death<sup>30</sup>

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<sup>27</sup> National Institute on Drug Abuse. Retrieved from: <http://www.drugabuse.gov/>

<sup>28</sup> Centers for Disease Control and Prevention, Alcohol and Public Health.

Retrieved from: <http://www.cdc.gov/alcohol/fact-sheets/alcohol-use.htm>

<sup>29</sup> National Institutes of Health, National Institute on Alcohol Abuse and Alcoholism. Retrieved from: <http://www.niaaa.nih.gov/alcohol-health>

<sup>30</sup> National Institutes of Health, National Institute on Drug Abuse. Retrieved from: <http://easyread.drugabuse.gov/drug-abuse-effects.php>

More than half of people who have drug problems also have a mental health problem, since drug abuse and mental health problems affect the same parts of the brain.<sup>ibid.</sup> When drug and mental health problems are co-occurring they make one another worse. Mental health problems made worse by drug use include:

- Depression
- Anxiety
- Bipolar disorder
- Attention-deficit/hyperactivity disorder (ADD/ADHD)
- Antisocial personality disorder<sup>ibid.</sup>

In families and the community, drug use may lead to:

- Violence inside and outside the home
- Neglect and abuse of children
- Financial problems
- Troubles at work, and job loss
- Driving accidents
- Crime<sup>ibid.</sup>

#### B. Tri-County Data on Addiction

**The tri-county area experiences disproportionate effects on health due to addiction to alcohol and other drugs.** In 2011, of the ten main causes of death in New Mexico, six were at least partially associated with substance abuse (alcohol and/or drug use). These included heart disease, cancer, unintended injuries, cerebrovascular disease, chronic liver disease, and suicide.<sup>31</sup>

Excessive alcohol use has led to New Mexico having the highest alcohol-related death rate in the nation during the years 1997 through 2007, the latest years for which such data are available.<sup>ibid.</sup> Alcohol use not only leads to death through liver disease and injuries, but to other negative consequences, such as domestic violence, crime, poverty, unemployment, mental illness, and a variety of other medical problems and chronic diseases.<sup>ibid.</sup>

In 2009, New Mexico had the highest drug-induced death rate in the nation.<sup>ibid.</sup> Drug use is associated with other societal problems, including crime, violence, homelessness, loss of productivity and spread of blood-borne disease such as HIV and hepatitis.<sup>ibid.</sup> Addiction plays a role in many of the crimes committed by those incarcerated at the SMCDC, and has come to affect a large portion of the prison population. A national survey of local jails in 2002 showed that 70% of inmates met the criteria for substance dependence or substance abuse. The same criteria were met by 9% of the general U.S. population age 12 or older, a figure consistent with estimates for the SMCDC.<sup>32</sup>

The New Mexico Department of Health publishes County Community Health Highlights in order to set goals for health improvement. **Guadalupe, Mora and San Miguel counties have all profiled addiction as a health priority as the rates of alcohol and/or drug-related injuries and deaths are higher than the state average, which already exceeds national averages and has been the highest in the nation since 1997 (Table 2).**<sup>33</sup> Similarly, rates of hospitalizations for drug and alcohol abuse

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<sup>31</sup> New Mexico Department of Health, (2013 June). *New Mexico Substance Abuse State Epidemiology Profile 2013*, p. vii. Retrieved from: <http://nmhealth.org/publication/view/data/269/>

<sup>32</sup> Institute for Social Research, University of New Mexico (June 2011)> Jail Based Substance Abuse Treatment Literature Review, p.1. Retrieved from: <http://isr.unm.edu/reports/2011/jail-based-substance-abuse-treatment-literature-review.pdf>

<sup>33</sup> Community Health Highlights Report. Retrieved from: <https://ibis.health.state.nm.us/community/highlight/Selection.html>

are considerably higher in the tri-county area than for the state (Table 3). Further, data for DWI convictions and the results of crashes involving alcohol use demonstrates higher-than-proportional rates of DWIs and associated impacts for the tri-county area (Table 4). The population of the tri-county area is 1.8% of that for the state of New Mexico while the figures for alcohol-related DWI convictions, injuries and deaths exceed the proportional population distribution.

**Table 2: Addiction-Related Deaths**<sup>34,35,36,37,38</sup>

Cause of Death	Period Covered	Death Statistic	San Miguel Co.*	Mora Co.*	Guadalupe Co.*	NM Average*	National Average*
Alcohol, all deaths	2007-11	Rate	70.8	38.1	51.5	52.0	28.0
		Number	113	10	13		(2005-09)
Alcohol, injury deaths	2007-11	Rate	37.5	28.3	25.7	27.7	16.2
		Number	54	8	6	n/a	(2005-09)
Drug-induced deaths	2007-11	Rate	32.6	49.2	20.2	24.3	12.3
		Number	45	11	5		(2005-09)
Drug overdose deaths	2008-11	Rate	33.6	60.1	26.0	24.3	12.9 (2010)
Drug overdose deaths	2012	Rate	37.8	67.3	29.5	24.1	n/a
		Number	12	3	1		

\*All data per 100,000 people.

<sup>34</sup> New Mexico Department of Health, (2013 June). New Mexico Substance Abuse State Epidemiology Profile 2013. Retrieved from: <http://nmhealth.org/about/erd/ibeb/sap/>

<sup>35</sup> New Mexico Indicator-Based Information System, *Indicator Report – Drug Overdose Deaths*. Retrieved from: <https://ibis.health.state.nm.us/indicator/view/DrugOverdoseDth.Cnty.html>

<sup>36</sup> Murphy, S. L., Xu, J., and Kochanek, K. D. (2013 May). *Deaths: Final Data for 2010*. Retrieved from: [http://www.cdc.gov/nchs/data/nvsr/nvsr61/nvsr61\\_04.pdf](http://www.cdc.gov/nchs/data/nvsr/nvsr61/nvsr61_04.pdf)

<sup>37</sup> New Mexico Indicator-Based Information System, *Query Results for Injury Mortality Data-Age/Rate, Years 1999 to 2013*. Retrieved from: <https://ibis.health.state.nm.us/query/result/mort/MortCntyInj/AgeRate.html>

<sup>38</sup> New Mexico Indicator-Based Information System, *Query Results for Injury Mortality Data-Count, Years 1999 to 2013*. Retrieved from: <https://ibis.health.state.nm.us/query/result/mort/MortCntyInj/Count.html>



**Table 3: Addiction-Related Hospitalizations (2008-12)**<sup>39,40,41,42</sup>

Cause of Hospitalization	Statistics	San Miguel Co.*	Mora Co.*	Guadalupe Co.*	State Average*
Poisoning, alcohol only	Rate	4	0	15	2
	Number	6	0	5	n/a
Poisoning, all substances**	Rate	187	68	90	79
	Number	50	4	4	n/a

\*All data per 100,000 people.

\*\*Poisoning includes prescription/illicit drugs, alcohol, or other substances."

**Table 4: DWI Convictions: Number and Outcomes, 2011**<sup>43,44,45</sup>

DWI Conviction and Crashes	San Miguel Co.	Mora Co.	Guadalupe Co.	Tri-County Total	% of State Total
Convictions	219	20	38	277	2.2
Repeat convictions	132	12	19	163	2.8
Alcohol-related crashes	47	7	8	62	2.7
Individual deaths	4	2	1	7	4.6
Individual injuries	25	2	3	30	1.9

There are also high economic costs related to addiction. The federal government's 2007 estimate of the total national costs of abuse of drugs and alcohol was \$193 billion.<sup>46</sup> If these costs were uniform across the country, this would amount to an economic burden for the tri-county area of \$25 million. **Three quarters of that burden, or \$18.75 million would fall on San Miguel County due to its proportion of the population.** The New Mexico Department of Transportation (DoT)'s Planning and Traffic Safety Division, has estimated the "human capital cost" of deaths and injuries per fatal alcohol-related crash as \$1.5 million. For crashes involving incapacitating injuries and visible injuries, the costs are estimated at \$141,000 and \$53,000, respectively. **The tri-county area had 7 fatal addiction-related crashes and 30 addiction-related crashes involving injuries in 2011 resulting in human capital costs of between \$12.1 million and \$14.7 million,** depending on the severity of the injuries.<sup>47</sup> Figure 1 shows an estimate of the distribution of costs of alcohol addiction.<sup>48</sup>

<sup>39</sup> New Mexico Indicator-Based Information System, *Query Results for Injury Mortality Data, Years 1999 to 2013*. Retrieved from: <https://ibis.health.state.nm.us/query/builder/hidd/HIDDInj/AgeRate.html>

<sup>40</sup> New Mexico Indicator-Based Information System, *Query Results for Injury Mortality Data, Years 1999 to 2013*. Retrieved from: <https://ibis.health.state.nm.us/query/result/hidd/HIDDInj/Count.html>

<sup>41</sup> New Mexico Indicator-Based Information System, *Query Results for Injury Mortality Data, Years 1999 to 2013*. Retrieved from: <https://ibis.health.state.nm.us/query/builder/hidd/HIDDInj/AgeRate.html>

<sup>42</sup> New Mexico Indicator-Based Information System, *Query Results for Injury Mortality Data, Years 1999 to 2013*. Retrieved from: <https://ibis.health.state.nm.us/query/builder/hidd/HIDDInj/AgeRate.html>

<sup>43</sup> Census data for counties and state. Retrieved from: <http://quickfacts.census.gov/qfd/states/35000.html>

<sup>44</sup> New Mexico Department of Transportation (2013 December). *New Mexico DWI Report 2011*. Retrieved from: <http://www.unm.edu/~dgrint/reports/dwirep/dwir11.pdf>

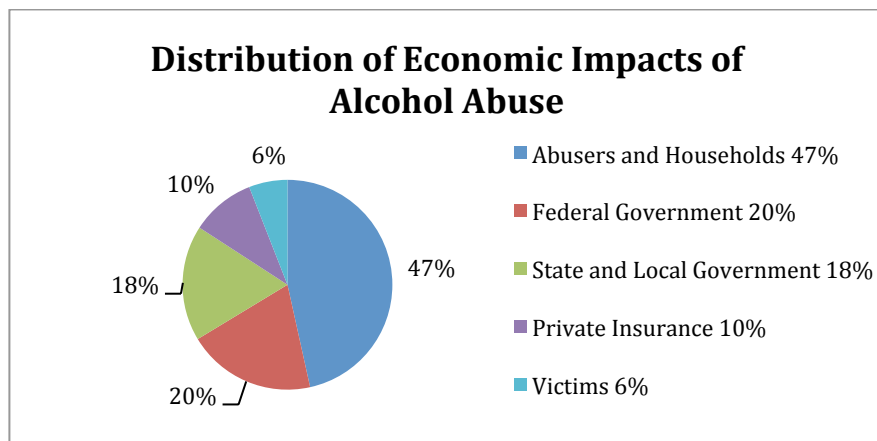
<sup>45</sup> New Mexico Department of Transportation Annual Report 2011 (December 2013), p. 73. Retrieved from: <http://www.unm.edu/~dgrint/reports/annual/>

<sup>46</sup> Office of National Drug Control Policy (undated). *How Illicit Drug Use Affects Business And The Economy*. Retrieved from: <http://www.whitehouse.gov/ondcp/ondcp-fact-sheets/how-illicit-drug-use-affects-business-and-the-economy>

<sup>47</sup> New Mexico Department of Transportation, op. cit., p. 77.

<sup>48</sup> Secretary of Health and Human Services. June, 2000. 10<sup>th</sup> Special Report to the U.S. Congress on Alcohol and Health, p. 365.

**Figure 1: Distribution of Economic Impacts of Alcohol Abuse**



### C. Potential Impacts of the ARC on Addiction

According to the National Institute of Corrections at the U.S. Department of Justice, the annual cost per inmate in New Mexico was \$35,540 for the year 2012. They also noted that taxpayers in NM paid about 11% more than the national average of \$32,142 in 2012.<sup>49</sup> Locally, the San Miguel County Detention Center reports that they spend \$80 per day per incarcerated individual, adding up to a total of approximately \$29,200 for one year, not including the booking fees and other related costs.

**In addition to costs imposed by incarceration, addiction places a significant economic burden on the governments in the tri-county area.** For example, the estimated cost of *alcohol abuse* is approximately \$24 million per year, including about \$10 million for deaths from alcohol-related crashes. The estimated cost from *drug abuse* in the tri-county area totals approximately \$25 million per year (see **Section B.** above). When implementing *evidence-based treatment programs*, however, the financial burden on governments and communities drops significantly. **The Justice Policy Institute studied cost effectiveness of alternative treatment programs and found that the yearly cost of incarcerating a drug offender was five times more expensive than the cost of providing treatment.**<sup>50</sup>

**There are also examples of how effective treatment can be for curbing addiction-related offenses, and thus reducing recidivism.** One such example is a 2005-2006 California study that looks at offenders who completed an in-prison addiction treatment program for 6 to 36 months, followed by a community aftercare program. One year after release, those who completed both aspects of the program had a return rate to prison of 21.9% compared to 39.9% for all offenders. After two years, those completing the programs had a recidivism rate of 35.3% compared to 54.2% for all offenders.<sup>51</sup>

**Through its provision of evidence-based addiction treatment, in addition to physical and mental health assessments, peer mentoring, supportive employment services, financial management training and care coordination, the proposed Adult Reintegration Center may positively impact**

<sup>49</sup> U.S. Department of Justice, National Institute of Corrections, 2012. *Corrections Statistics by State – New Mexico*. Retrieved from: <http://www.nicic.gov/statestats/?st-NM>

<sup>50</sup> McVay, D., Schiraldi, V., & Zeidenberg, J. (2004). "Treatment or Incarceration? National and State Findings on the Efficacy and Cost Savings of Drug Treatment Versus Incarceration." Justice Policy Institute. Retrieved from: <http://www.justicepolicy.org>

<sup>51</sup> Hinkle G., Bengs, P. *Substance Abuse Programs Prevent Recidivism*. Retrieved from: <http://www.corrections.com/news/article/22508-substance-abuse-programs-reduce-recidivism>

**rates of drug and alcohol addiction and its related health and economic effects.** Further, it is clear that these are intricately linked, and by working to impact the root causes of addiction, there are long-term positive effects on mortality, poverty, physical and mental health of those incarcerated and their families, chronic infections and disease, and the intergenerational cycle of addiction. In time, addressing addiction and its effects will serve to reduce rates of violence and recidivism. (Refer to Pathway Diagram in **Appendix III.**)

## V. VIOLENCE

### A. Effects of Violence on Health

#### *Assault*

Morris (2007) has analyzed the causes of violence and the effects of violence on the health of individuals, families and communities, such as:

- Alcohol and drug abuse and trafficking;
- History of violent behavior;
- Psychological/personality disorders;
- Poor parenting skills;
- Marital discord;
- Poverty;
- High crime rate; and
- High unemployment

Some of the health consequences of violence include:

- Morbidity (stress, physical injury);
- Mortality (homicide, suicide);
- Economic loss;
- Social disruption;
- Psychological trauma;
- Family disruption;
- Loss of potential; and
- Diminished quality of life.<sup>52</sup>

#### *Domestic/Sexual Violence Against Women*

The United Nations defines violence against women as, “any act of gender-based violence that results in, or is likely to result in, physical, sexual or mental harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life.”<sup>53</sup>

**There are numerous possible health consequences of violence against women leading to both short- and long-term physical, mental, sexual and reproductive health problems.** These may include:

- Fatality by homicide or suicide;
- Injury;
- Unintended pregnancies and abortions, as well as miscarriages, still-births, and pre-term deliveries;
- Gynecological problems;
- Sexually transmitted infections (STIs);

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<sup>52</sup> Morris, C.S. Global Health Education Consortium. The Causes of Violence and the Effects of Violence On Community and Individual Health (2007). Retrieved from: [http://www.cugh.org/sites/default/files/62\\_Causes\\_Of\\_Violence\\_and\\_Violence\\_%20Effects\\_on\\_Community\\_and\\_Individual\\_Health\\_FINAL.pdf](http://www.cugh.org/sites/default/files/62_Causes_Of_Violence_and_Violence_%20Effects_on_Community_and_Individual_Health_FINAL.pdf)

<sup>53</sup> World Health Organization. 2013. Violence against women: Intimate partner and sexual violence against women. Fact sheet N°239, Updated October 2013.

- Post-traumatic stress disorder (PTSD);
- Depression and other emotional stress;
- Deteriorating general health;
- Increases in addiction (smoking, drug and alcohol abuse); and
- Repeated victimization.<sup>ibid.</sup>

#### *Child Abuse*

Further, for women who are mothers, the impacts of violence do not stay localized, rather children in families where there is violence are affected in a number of ways. Children who have been abused may suffer long-term emotional stress, which can lead to a wide variety of behavioral and cognitive problems. Those who have been neglected may suffer more severe cognitive and social difficulties. Permanent changes in the brain may occur, including failure to develop the neural pathways necessary for normal development. Chronic neglect of a child may lead to problems with attachment; cognitive development, including language delay, emotional self-regulation, social self-confidence and competence; perseverance in problem solving; and empathy and social conscience.<sup>54</sup>

**Finally, children exposed to violence have a greater likelihood of perpetuating or experiencing violence later in life.**<sup>ibid.</sup>

In addition to the effects on women and children, the social and economic costs of violence against women are great and have consequences throughout the community. Women may have difficulty caring for themselves and their children through feelings of isolation and inability to work. This can lead to reduced income and reduced participation in social activities.<sup>ibid.</sup>

#### B. Tri-County Data on Violence

Research has shown that over the last ten years, states that have increased their prison populations have not seen concurrent decreases in violent crime. According to the Justice Policy Institute, federal, state and local governments are spending a combined \$68 billion a year on a criminal justice system that does not definitively decrease violence (e.g., improve public safety), but, instead destabilizes communities, harms families, and derails the lives of individuals. However, states that have reduced their incarceration rates have seen some of the largest drops in violent crime.<sup>55</sup>

The profile of the tri-county area demonstrates that this is a community heavily impacted by violence and its health effects. **Table 5** shows data for the number of intentional injuries or deaths resulting from assault. **The incidence of deaths and hospitalizations due to assault are well above the population proportion for the tri-county area.**

<sup>54</sup> Child Welfare Information Gateway. 2013. Chronic Child Neglect. Retrieved from: [https://www.childwelfare.gov/pubs/chronic\\_neglect.cfm](https://www.childwelfare.gov/pubs/chronic_neglect.cfm)

<sup>55</sup> Justice Policy Institute. Pruning Prisons: How Cutting Corrections Can Save Money and Protect Public Safety (May 2009). Retrieved from: <http://www.justicepolicy.org>

**Table 5: Number of Deaths or Hospitalizations from Assault (2008-12)**<sup>56,57,58</sup>

Results of Assaults	San Miguel Co.	Mora Co.	Guadalupe Co.	Tri-County	% of State Total
Deaths	14	2	0	16	2.1
Hospitalizations	49	6	4	59	3.1

Corso, Mercy, et al.'s calculations of the lifetime costs (including medical expenses and lost productivity) for assaults resulting in death or hospitalization show costs of \$1.4 million and \$15,000 per incident for fatality and injury, respectively.<sup>59</sup> **Table 5** shows that **the annual averages for the tri-county area are 3 deaths and 12 hospitalizations resulting in an estimated annual economic burden of \$4.4 million to the tri-county area.**

Other crimes of violence include sexual assault and domestic abuse. **Table 6** (below) provides data for the numbers of such crimes in each county and the totals as a percentage of the state total.

**Table 6: Number of Sexual Assault and Domestic Violence Cases (2012)**<sup>60,61</sup>

Type of Crime	San Miguel Co.	Mora Co.	Guadalupe Co.	Tri-County	% of State Total
Sex crimes	32	0	13	45	1.1
Domestic violence	196	0	32	228	1.2
Domestic violence resulting in injury	109	0	8	117	2.4
Domestic violence involving alcohol and drugs	78	0	8	86	2.3

As shown, **the number of domestic violence cases resulting in injury or involving alcohol or drug use exceeds the average in the state of New Mexico overall.** Using the estimates of Corso, Mercy, et al. for the costs of injuries from violent assault, **domestic violence injuries total an estimated economic burden of \$1.8 million to the tri-county area.**<sup>56</sup>

To further highlight the disproportionate effects of violence on this area, **Table 7** shows data for violent crimes for Las Vegas, NM (the largest city in the tri-county area, and located in San Miguel County) as compared to the larger cities of Albuquerque, NM and New York City, NY. **Despite being a small town, Las Vegas has rates of murder, rape, and aggravated assault appreciably higher than those of Albuquerque and New York City.**

<sup>56</sup> Census data for counties and states. Retrieved from: <http://quickfacts.census.gov/qfd/states/35000.html>

<sup>57</sup> New Mexico Indicator-Based Information System, *Query Results for Injury Mortality Data, Years 1999 to 2013*. Retrieved from: <https://ibis.health.state.nm.us/query/result/mort/MortCntyInj/AgeRate.html>

<sup>58</sup> New Mexico Indicator-Based Information System, *Query Results for Injury Mortality Data, Years 1999 to 2013*. Retrieved from <https://ibis.health.state.nm.us/query/result/mort/MortCntyInj/Count.html>

<sup>59</sup> Corso P., Finkelstein E., Miller T., Fiebelkorn I., and Zaloshnja E. Incidence and lifetime costs of injuries in the United States. *Inj Prev* 2006; 12(4): 212-218.

<sup>60</sup> Caponera, B. (2013). *Sex Crimes in New Mexico XI: An analysis of 2012 data from the New Mexico interpersonal violence data central repository*. Retrieved from: [http://www.nmcsap.org/betty\\_caponera\\_Sex\\_Crimes\\_2012\\_Report\\_Dec2013web.pdf](http://www.nmcsap.org/betty_caponera_Sex_Crimes_2012_Report_Dec2013web.pdf)

<sup>61</sup> Caponera, B. (2013). *Incidence and nature of domestic violence in New Mexico XII: An analysis of 2012 data from the New Mexico interpersonal violence data central repository*. Retrieved from: [http://www.nmcsap.org/Betty\\_Caponera\\_DV\\_in\\_NM\\_XII\\_2012\\_Data\\_web\\_final.pdf](http://www.nmcsap.org/Betty_Caponera_DV_in_NM_XII_2012_Data_web_final.pdf)

**Table 7: Rates for Violent Crimes in Several Cities<sup>62</sup>**

City	Year	Murder, Negligent Manslaughter	Forcible Rape	Robbery	Aggravated Assault	Violent Crime Rate
Las Vegas, NM	2011	29	86	122	834	1071
Las Vegas, NM	2012	0	37	44	834	914
Albuquerque, NM	2012	7	50	197	495	750
New York City, NY	2012	5	14	244	377	639

\*All data per 100,000 people.

In New Mexico, all reported allegations of abuse and neglect of children are screened by the Children, Youth and Families Department (CYFD). It is important to understand that if an allegation of abuse or neglect is made, only if there is a sufficient basis for the allegation is the report considered *accepted* and an investigation is initiated to attempt to *substantiate* the allegation. In sum, the figures provided in **Table 8** for the number of allegations, the results of the screening and investigations, and the number of victims for the tri-county area for the time period covering July 2012 to June 2013 are likely to be underestimates of the actual numbers. **The data show that there were an estimated 199 victims of abuse and neglect in the tri-county area for fiscal year 2013. The rate per 1,000 people in San Miguel County is almost twice that of the state as a whole.**

**Table 8: Reports of Abuse and Neglect of Children<sup>63</sup>**

County	Total Reports	Accepted Reports	% of State Total	Substantiated Reports	No. of Victims	Rate per 1,000
Guadalupe	97	44	0.3	7	15	13.4
Mora	53	31	0.2	0	0	0
San Miguel	512	265	1.6	107	184	24.2
State total						13.4

Data from the same source break down the allegations into types of abuse: physical, sexual, or physical neglect. **Table 9** provides *substantiated* numbers for each county. Statewide, 21.3% of all allegations are substantiated.

**Table 9: Number of Types of Alleged Child Abuse**

County	Physical Abuse		Sexual Abuse		Physical Neglect	
	Substantiated	Unsub.	Substantiated	Unsub.	Substantiated	Unsub.
Guadalupe	1	4	0	1	8	8
Mora	0	0	0	0	0	0
San Miguel	39	117	5	23	130	273
State totals	1,533	7,509	173	756	5,040	15,993
State %	2.6	--	2.9	--	2.7	--

If all child abuse crimes were evenly distributed across the population of the state of New Mexico, the average percentage of *substantiated* child abuse reports would be approximately 1.8% for the tri-county area. **The findings in Table 9 reveal that for all physical abuse, sexual abuse and physical neglect, the tri-county area is considerably higher than the expected rate of 1.8% -- with 2.6, 2.9 and 2.7% of state totals, respectively -- demonstrating a high impact to children in those counties.**

The costs to the children of the tri-county area extend beyond the physical and the emotional. The Pew Center on the States has estimated that abuse of a child costs society an estimated \$30,000 per

<sup>62</sup> Uniform Crime Reporting Statistics. Retrieved from: <http://www.ucrdatatool.gov>

<sup>63</sup> Children, Youth and Families Department. 2013. 380 Yearly. Retrieved from: [http://cyfd.org/docs/360ANNUAL\\_FY13\\_1210.pdf](http://cyfd.org/docs/360ANNUAL_FY13_1210.pdf)

year for medical and mental health care and services such as foster care. **With 199 victims of child abuse and neglect in one year (Table 8), those costs amount to approximately \$6 million.<sup>64</sup> Other costs, less directly tied to the incidence of abuse, include lower academic achievement, adult criminality, and lifelong mental health problems.** Both direct and indirect costs impact our society and economy.

**In all, the data presented on violence rates in the tri-county area demonstrate that this region is plagued with the mental, emotional and physical health effects of violence.**

### C. Potential Impacts of the ARC on Violence

With the implementation of the ARC and its programming, a concerted effort to decrease the cycle of violence by focusing on its root causes would be underway. Specific and targeted evidence-based programming would need to be identified and implemented as one aspect of the ARC's mission. One approach to diminish violence among those detained in other prisons has been the Alternatives to Violence Project (AVP). The AVP started at the request of detained individuals in Greenhaven Prison in New York State in 1975 and has spread to establish programs in at least 45 states and in other countries on six continents. Volunteers conduct intensive twenty-one hour workshops at three levels: basic, advanced, and training for facilitators. One study found that among other results, participants in AVP develop respect for self and others (empathy); critical social skills (communication, interpersonal trust); and alternative approaches to conflict resolution by providing examples, practice and positive reinforcement. The same study found that offenses by those who were incarcerated were much fewer for those who completed the AVP training than for those who had elected to take the training but had not completed it.<sup>65</sup> This difference was significant for younger, better-educated detained individuals, and was independent of race.<sup>ibid.</sup> Further, the beneficial changes in attitudes appear to remain with participants, often throughout the entirety of their lives.<sup>66</sup> Of note, AVP is currently in use in two prisons in New Mexico, and a group of trained facilitators is available in the Santa Fe area. More information about the program is available at [www.avpusa.com](http://www.avpusa.com).

In addition to AVP, there are other evidence-based programs targeted towards those who are incarcerated that also focus on impacting violence. The Prison S.M.A.R.T. Program, for example, has been around for more than two decades and has been implemented in over 45 countries. Known as the Prison Stress Management and Rehabilitation Training Program, it operates by "developing a skill set with participants which serves to actively reduce stress, heal past trauma and develop practical knowledge and skills for how to respectfully and responsively cope with negative emotions in a positive way, so as to attain each person's highest potential and be a contributing member of society." Going beyond just mitigating anger and other strong emotions, the Prison S.M.A.R.T. Program has been shown to have positive physical, emotional and mental health benefits based on their extensive use of yogic breathing and relaxation techniques. For more information visit: <http://prisonsmart.org/index.htm>.

Decreases in violence are also seen with various pilot projects being implemented in prisons in Washington State. A decrease in violent infractions is seen in those who participate in the Offender Change initiatives that are using a "risk-needs-responsivity" model. Utilizing interventions that are customized, in addition to the Thinking for a Change curriculum and Motivational Interviewing

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<sup>64</sup> The Pew Center on the States. 2011. *Paying Later: The High Cost of Failing to Invest in Young Children*.

<sup>65</sup> Sloane, Stanton (2002). A Study of the Effectiveness of the Alternatives to Violence Project Workshops in a Prison System, Ph.D. Dissertation Case Western University.

<sup>66</sup> Marsha L. Miller, and John A. Shuford, (September 2005). The Alternatives to Violence Project in Delaware: A Three-Year Cumulative Recidivism Study. Retrieved from: <http://avpusa.org/>



Techniques, these pilot projects at two Eastern Washington prisons have seen a dramatic decrease in violence. For more information, go to:

<http://offenderchange.org/programs/thinking-for-a-change/>,  
<http://offenderchange.org/programs/motivational-interviewing/>, and  
<http://offenderchange.org/prison-pilots-see-fewer-violent-infractions/>.

The proposed Adult Reintegration Center should implement programs similar to those described above. These programs would likely result in a decrease in violence and its adverse health effects and lower the frequency of assault-related hospitalization injury and death, domestic and sexual violence, and child abuse and neglect in the tri-county area.

## VI. RECIDIVISM

### A. Effects of Recidivism on Health

Research shows that continual cycles of detention and recidivism affect the physical and mental health of offenders, their families, and the entire community.<sup>67</sup> Published literature shows that high recidivism rates are an issue nationwide and that recidivism is linked with health in a variety of ways. A 2011 Pew Center on the States report shows that recidivism rates are often higher among those who are charged with non-violent crimes, such as drug use and possession. The report estimates that 47% of all crimes committed are non-violent and states further that, of those non-violent offenders, 72% have addiction issues and 39% have mental health issues. **That is to say, almost half of crimes committed in the U.S. are non-violent, and a majority of the individuals who are charged with those crimes have addiction and/or mental health issues leading to increased recidivism.**<sup>ibid.</sup>

Repeated detention leads to deterioration in the overall health of the detainee and former detainee populations.<sup>68</sup> Poor mental health is one of the specific factors that contributes to recidivism. Mental health issues either go untreated while individuals are detained or may develop as a result of conditions in detention. Numerous studies show that the mental health issues of detained persons persist after release due to lack of treatment.<sup>ibid.</sup> Interviews with those who have been incarcerated have shown that the experience of being detained and the mental, emotional and physical stress and pain that they often experience while in detention lead to negative impacts on mental health and may affect families and communities post-release. From the interviews of those detained at the San Miguel County Detention Center, one stated,

*It's hard [for detainees] when [other detainees] have mental issues because [the system] don't [sic] stop to think that these people are any different than other people and throw them in with other people with mental issues. Why would you just throw someone in jail with mental issues without addressing them?*

Studies have found that providing increased healthcare services, especially but not exclusively addiction treatment services, results in significantly reduced recidivism rates.<sup>69</sup> As part of the interviews conducted for this HIA (see **Appendix IV**), an individual who had previously been incarcerated stated,

*Thirty years ago I was in jail and when I got out I never drank again because they had a treatment program in there at that time and they need to bring that back to help many that are faced with these issues.*

This first-hand experience further bolsters the data regarding addiction treatment and recidivism. A 2012 publication from the Drug Court Review states that, "[The] three practices related to program services that were encouraging enough to include under *promising practices* include: residential treatment, health care, and dental care." Further, their data show that, **"Programs that offered dental care had 59% greater reductions in recidivism than programs that did not and programs**

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<sup>67</sup> "Current Strategies for Reducing Recidivism"; Center for Impact Research; August 2004; Lise McKean and Charles Ransford; pg 4-5. Retrieved from: <http://www.impactresearch.org/documents/recidivismfullreport.pdf>

<sup>68</sup> Wilper AP, Woolhandler, S, Boyd JW, Lasser KE, McCormick D, Bor DH, Himmelstein DU. Health and Health Care of US Prisoners: Results of a Nationwide Survey. *American Journal of Public Health*. 2009; 99 (4): 666-672.

<sup>69</sup> "Making Ends Meet after Prison: How Former Prisoners Use Employment, Social Support, Public Benefits, and Crime to Meet their Basic Material Needs"; Population Studies Center Research Report; December 2011; David J. Harding, Jessica J.B. Wyse, Cheyney Dobson, and Jeffrey D. Morenoff. Retrieved from: <http://www.psc.isr.umich.edu/pubs/pdf/rr11-748.pdf>

**that offered health care had 50% greater reductions in recidivism.”**<sup>70</sup> Longer duration of treatment also resulted in better recidivism outcomes, and ultimately lowered correctional costs by decreasing recidivism rates.<sup>ibid.</sup>

**Studies have also shown that unemployment can exacerbate the cycle of recidivism.** Finding stable employment after release is a key challenge, as many still struggle with mental and other health issues and are dealing with the stigma of having a criminal record. **For those who do manage to find and hold jobs, being employed is a “strong predictor of desistance from crime.”**<sup>71</sup> Numerous studies show strong evidence of criminal behaviors and pursuits being related to employment status. This is further illustrated by a study that shows that those who find a job within the first two months of release have a greater chance of remaining out of detention eight to twelve months later.<sup>72</sup>

The cycle of recidivism compromises the mental, emotional and physical health not only of those who are incarcerated, but of families and the communities from which they are taken. Parents may lose custody of their children as a result of their addiction habits and time spent detained. However, family support and contact is a factor that contributes to lower recidivism. It has been determined that, **“A remarkably consistent association has been found between family contact during incarceration and lower recidivism rates.”**<sup>73</sup> Time spent with children soon after release was another contributing factor to lowered recidivism rates.<sup>ibid.</sup> Unfortunately, families and communities are often unable to provide the optimal support that formerly detained individuals need to reintegrate well post-release. The ARC would serve to address this gap.

*They need to open a [Reintegration] Center here so that people that are in here will receive the help that they really need to get back on their feet whether it be education, employment, mental health issues and substance abuse. We all make mistakes and then learn from them.  
— Person detained at SMCDC*

*A lot of people can change and want to do good. They see the bad things they’re doing but when they get out they cannot maintain. They need help to break the pattern. Programs like education and treatment would help us to break the pattern. — Person detained at SMCDC*

## B. Tri-County Data on Recidivism

**The San Miguel County Detention Center’s recidivism rate is nearly twice the United States’ national average.** According to documents provided by the SMCDC’s Warden, Patrick Snedeker, **there is an average 70-80% recidivism rate within one month from the time of release from the SMCDC.** Of this, 66% return to jail within two weeks after release.

In an analysis of the data collected for this HIA report, the two categories -- “*Current Detainees*” and “*Other Related Persons*” – were compared on various perceptions of the effect of *employability*, *threats of retaliation* and *addiction* on patterns of recidivism. The data reflect perceptions that strong relationships exist between all of these factors. In fact, stronger perceived correlations were

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<sup>70</sup> National Drug Court Institute, 2012. Special Issue: Best Practices in Drug Courts. Drug Court Review, Vol. VIII, Issue 1. Retrieved from: [http://www.ndci.org/sites/default/files/nadcp/DCR\\_best-practices-in-drug-courts.pdf](http://www.ndci.org/sites/default/files/nadcp/DCR_best-practices-in-drug-courts.pdf)

<sup>71</sup> “Making Ends Meet after Prison: How Former Prisoners Use Employment, Social Support, Public Benefits, and Crime to Meet their Basic Material Needs”; Population Studies Center Research Report; December 2011; David J. Harding, Jessica J.B. Wyse, Cheyney Dobson, and Jeffrey D. Morenoff. Retrieved from: <http://www.psc.isr.umich.edu/pubs/pdf/rr11-748.pdf>

<sup>72</sup> Visher C., Debus S., and Yahner J. (2008). *Employment After Prison: A Longitudinal Study of Releases in Three States*. Urban Institute Justice Policy Center. Retrieved from: [http://www.urban.org/UploadedPDF/411778\\_employment\\_after\\_prison.pdf](http://www.urban.org/UploadedPDF/411778_employment_after_prison.pdf)

<sup>73</sup> Naser, Rebecca L. & Visher, Christy A. (2006). Family Members’ Experiences with Incarceration and Reentry. *Western Criminology Review* 7(2), 20-31.

found among the “Other Related Persons” category as compared to “Current Detainees.” “Other Related Persons” feel strongly that the correlation is high for all three factors while “Current Detainees” feel that *employability* and *addiction* are the greatest predictors for recidivism. Further, both groups are overwhelmingly supportive of having an ARC to serve the tri-county area to curb high recidivism.

**Most current detainees reported that they continue to return on the basis of non-violent crimes pertaining to drugs and alcohol. Some also reported that they have no other place to stay and therefore recommit offenses in order to return to the reliable shelter of the SMCDC, emphasizing the assurance of three meals a day and a place to sleep. Of the 34 detainees interviewed, all of them reported having been incarcerated at least twice, with many of them reporting that they had returned numerous times. One individual stated,**

*[The ARC] would help the detainees not to come back to jail. Most people are in here because of drugs and alcohol and [a] Reintegration Center will help many who are suffering through these [addiction issues] that they are faced with each day and through the Reintegration Center it can provide programs for these issues that most inmates are faced with each day in the community.*

For more details about the research methodology and the survey instrument and consent forms, see **Appendix IV.**

#### C. Potential Impacts of the ARC on Recidivism

Without comprehensive treatment services the high recidivism rates at the San Miguel County Detention Center would likely continue. One study on the Alternatives to Violence Project (AVP) previously described in the violence section (**Section V. C.**) found that, of those who had been released for a period of at least one year, only 11.5% of the AVP participants had new felony convictions and half of those were for violent offenses. The AVP sample consistently had lower rates of recidivism each year for three years. The authors concluded, “These striking results suggest that AVP is effective in reducing the likelihood of recidivism.”<sup>74</sup>

Another successful reintegration model is seen in the Ohio Department of Rehabilitation and Correction, which has adopted the Ohio Plan for Productive Offender Reentry and Recidivism Reduction. They recently opened an inmate reintegration center in Chillicothe, OH where those detained sign a contract committing to participate and follow through in life, work and family skills training. To date, Ohio has opened seven other similar centers to assist with successful reintegration.<sup>75</sup>

Additionally, the Florida Department of Corrections measured the changes in recidivism rates for those who completed an addiction program. After one year, recidivism decreased by 6.2%. For those who also participated in a 60-day work-release program, the recidivism rate was reduced by another 5-10% compared to those who did not participate.<sup>76</sup>

**A report from the California Department of Corrections and Rehabilitation (CDCR) also shows a substantial reduction in recidivism for offenders completing in-prison addiction programs followed**

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<sup>74</sup> Miller M. and Shuford J. (2005). *The Alternatives to Violence Project in Delaware: A Three-Year Cumulative Recidivism Study*. Retrieved from: <http://avpusa.org/>

<sup>75</sup> Retrieved from: [www.drc.state.oh.us](http://www.drc.state.oh.us); [www.daytondaily.news](http://www.daytondaily.news); [www.drc.ohio.gov](http://www.drc.ohio.gov)

<sup>76</sup> Florida Department of Corrections, 2001. Analysis of the Impact of Inmate Programs upon Recidivism. Retrieved from: <http://www.dc.state.fl.us/pub/recidivismprog/index.html>

**by community-based addiction treatment.**<sup>77</sup> The CDCR Secretary stated, “Effective treatment for alcohol and drug addiction is crucial for successful reintegration into the community when inmates are released. Our emphasis on encouraging inmates who complete addiction programs in prison to continue in community aftercare treatment has proven to be successful.” Evidence-based practices are used to target services to inmates who have been assessed as most likely to recidivate and most likely to need addiction treatment.<sup>ibid.</sup> Further, despite recent budget reductions, including a \$250 million cut for adult offender rehabilitation programs, the CDCR maintained a commitment to evidence-based programs that reduce recidivism such as core addiction programs.

**Consistent with this HIA’s findings in the literature and through the primary data collection, data show that providing addiction treatment programs, general healthcare and dental services, and increasing both employment opportunities and family contact (especially with children) during detention, are likely to significantly reduce recidivism rates. Further, based on data gathered through interviews with SMCDC current detainees, it is clear that there is an interest in follow-up care post-release (including medical, employment, and other support services) and that these services would aid in reducing recidivism and provide more successful reintegration into the community.** The proposed ARC aims to provide these necessary services as a critical step towards decreasing burgeoning recidivism rates.

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<sup>77</sup> California Department of Corrections and Rehabilitation, 2009. *Substance Abuse Programs Reduce Recidivism – New Report Finds*. Retrieved from: <http://www.cdcrtoday.blogspot.com/2009/10/substance-abuse-programs-reduce.html>

## VII. SUMMARY OF FINDINGS AND RECOMMENDATIONS

### A. Summary of Findings

#### *Addiction*

Guadalupe, Mora and San Miguel Counties experience disproportionate effects on health due to addiction to alcohol and other drugs. Addiction is often accompanied by behavioral problems, which can lead to crime. The economic burden of these problems on local government and members of the community is enormous, totaling nearly \$50 million per year for the tri-county area. **The tri-county area has the following characteristics with respect to addiction:**

- 1. Rates of alcohol and/or drug-related injuries and deaths are higher than the state average, which already exceeds national averages, with deaths being the highest in the nation since 1997 (Table 2).**
- 2. Rates of hospitalizations for drug and alcohol abuse are considerably higher than for the state (Table 3).**
- 3. Rates of DWI convictions and crashes involving alcohol exceed the state average (Table 4).**
- 4. For the tri-county area, the estimated cost of alcohol abuse is approximately \$24 million per year, including about \$10 million for deaths from alcohol-related crashes. The estimated cost from drug abuse totals approximately \$25 million per year (Paragraph following Table 4).**
- 5. A portion of the costs for alcohol and drug abuse fall on local government (about 10%), with additional costs facing families, employers, and other members of the community (Figure 1).**
- 6. Through its provision of addiction treatment, in addition to physical and mental health assessments, peer mentoring, supportive employment services, financial management training and care coordination, the Adult Reintegration Center can positively impact rates of drug and alcohol addiction and its related health effects. Further, addressing addiction and its effects should serve to reduce rates of recidivism and violence in the community.**

#### *Violence*

The data presented on violence rates in the tri-county area demonstrate that this region is also plagued with the mental, emotional, and physical health and economic effects of violence:

- 1. The incidence of deaths and hospitalizations due to assault are well above what would be expected for the tri-county area, based on state figures. An even greater impact falls on San Miguel County (Table 5).**
- 2. The annual assault averages are 3 deaths and 12 hospitalizations resulting in an estimated annual economic burden of \$4.4 million to the tri-county area (Table 5 and following paragraph).**
- 3. Injuries from domestic violence, in particular those involving alcohol or drug use, exceed the state average, with a disproportionate number occurring in San Miguel County (Table 6).**

4. In 2012 alone, the estimated total economic burden due to domestic violence injuries was \$1.8 million (Paragraph following Table 6).
5. Despite being a small town, Las Vegas, NM (located in San Miguel County) has proportional rates of murder, rape, and aggravated assault appreciably higher than those of the larger cities of Albuquerque and New York City (Table 7).
6. For fiscal year 2013, 199 victims of child abuse and neglect were *substantiated* — a rate almost twice that of the state as a whole (Table 8).
7. For all three categories of child abuse (physical abuse, sexual abuse and physical neglect), the tri-county area has average percentages of *substantiated* reports well above the expected average (Table 9).
8. For fiscal year 2013 alone, the economic impact of child abuse and neglect was approximately \$6 million. Other costs, less directly tied to the incidence of abuse, include lower academic achievement, adult criminality, and lifelong mental health problems. Both direct and indirect costs impact our society and economy (Second paragraph below Table 9).
9. The Alternatives to Violence Project and the Prison S.M.A.R.T. Program have been found to be effective in reducing violence and recidivism and to have other long-term benefits to participants (Sections V. C. and VI. C.). If the Center implements such a program, the predicted impact would be decreases in violence and its health effects and a reduction in the frequency of assault-related hospitalization injury and death, domestic and sexual violence, and child abuse and neglect throughout the tri-county area.

#### *Recidivism*

Recidivism at the San Miguel County Detention Center is much higher than the national average, and imposes a great burden on the individuals, their families, and the community. Repeat offenders are often incarcerated for non-violent crimes, and suffer from greater-than-average levels of addiction, poor health (chronic and infectious diseases), and mental health (including suicidal behavior). The data for the tri-county area on recidivism illustrate that:

1. The San Miguel County Detention Center's recidivism rate is nearly twice the United States' national average, with an average of 80% recidivism within one year from the time of release from the SMCDC (Section II. B.).
2. A significant majority of individuals at the San Miguel County Detention Center who participated in the HIA interviews reported that they continue to return to detention on the basis of non-violent crimes pertaining to drugs and alcohol (Data from HIA survey).
3. Some individuals at the San Miguel County Detention Center reported that they have no other place to stay and therefore recommit offenses in order to return to the reliable shelter of the SMCDC, emphasizing the assurance of three meals a day and a place to sleep (Data from HIA survey).
4. Recidivism is reduced through addiction treatment programs, with greater success attending longer treatment and follow-up after release (Section VI. A.).

5. **Recidivism has been reduced in residential programs offering health care (50% reduction) and dental care (59% reduction) compared to programs that do not offer such services (Section VI. A.).**
6. **Availability of employment decreases recidivism (Section VI. A.).**
7. **Family contact during detention is strongly associated with reduced recidivism; recidivism is also reduced by frequent contact with children after release (Section VI. A.).**
8. **By implementing programming at the proposed Adult Reintegration Center as described above, the predicted outcome would be a decrease in recidivism rates at the San Miguel County Detention Center.**

## B. Recommendations

The recommendations which follow are based on findings from the literature review, the data on the existing conditions of the tri-county area, and research into other programs linked with the three health determinants analyzed in this assessment — **addiction, violence, and recidivism**.

Additional recommendations were developed through a substantive community engagement process. This invaluable input was gathered from a strong and diverse group of local organizations and individuals committed to supporting and helping to improve the health and safety of the community. These substantive recommendations can be found in **Appendix V** and include guidance from the San Miguel County Detention Center staff, consultants, and numerous other key community stakeholders.

The formal recommendations directly below as well as the additional recommendations in **Appendix V** need to be considered if the potential positive outcomes predicted as part of this HIA process are to be realized.

1. An Adult Reintegration Center serving the tri-county area should be developed and implemented to counteract the devastating health effects of **addiction, violence, and recidivism** plaguing this region.
2. With respect to health effects of **addiction**, the ARC should fund and provide evidence-based in-patient treatment, which should incorporate best treatment practices. Follow-up treatment and monitoring should also be provided post-release, as funding becomes available.
3. With respect to the health effects of **violence**, the ARC should fund and provide evidence-based programmatic components similar to the Alternatives to Violence Project or the Prison S.M.A.R.T. Program as described in **Sections V. C. and VI. C.**
4. With respect to the health effects of **recidivism**, the ARC should fund and provide:
  - a. Health services in the form of evidence-based addiction treatment programs (mentioned above), general health and dental care, mental health care, and follow-up case management as funding becomes available.
  - b. Programs supporting continuation of education, and job referral and assistance to enable individuals to gain employment after release.



- c. Programs supporting frequent family visitation (especially with children) during detention, and evidence-based programs to enhance parenting and communication skills.
- 5. In the development of all programs at the ARC, the San Miguel County Commission, Detention Center, Citizen Advisory Committee, HIA Team, and NMHU School of Social Work should, according to their expertise or ability to contribute, collaborate to co-facilitate the following:
  - a. Participate in and monitor program development;
  - b. Provide pre-, during, and post-release assessments of the detainee population in an effort to provide ongoing feedback and evaluation of programs and conditions;
  - c. Lend local expertise and support, in particular in providing Memoranda of Understanding (MOUs) with local service providers for planning and implementation;
  - d. Monitor to ensure that enrollment of and case management for program participants occurs;
  - e. Form a grant-writing team to pursue programmatic funding to assist with fiscal sustainability of the ARC; and
  - f. Procure funding to retain a qualified, credentialed, full-time, on-site Adult Reintegration Center Case Manager.
- 6. The San Miguel County Detention Center – Citizen Advisory Committee (SMCDC-CAC), in order to better reflect its expanded role with the ARC, should be reconstituted to include representation from San Miguel and Guadalupe and Mora Counties, as well as the HIA Team, and should develop a new mission statement, procedures, goals, and leadership roles, and the ARC should be added to the monthly agenda of the SMCDC-CAC. This would ensure a cohesive team working together towards implementation of the recommendations in the HIA report. Additionally, the CAC should report bi-annually to the San Miguel County Commission on the progress and development of the ARC.

## VIII. CONCLUSION

Mora, San Miguel and Guadalupe Counties suffer from certain socio-economic and public health disadvantages at greater rates than the state average. Existing conditions in northeast New Mexico (NE NM) include high rates of violence, DWI and addiction, and high rates of recidivism at the San Miguel County Detention Center (SMCDC).

This HIA studied the effects that a proposed NE NM Adult Reintegration Center (ARC) would have on three health determinants: **addiction**, **violence** and **recidivism**. Through a literature review, primary and secondary data collection and statistical analysis, as well as significant community input and key stakeholder engagement, it is evident that the establishment of an ARC and full implementation of evidence-based programming would significantly improve the health and well-being of not only those who are incarcerated as well as their families, but the entire community.

If the recommendations herein are fully adopted and implemented, the HIA Team is confident these endeavors will go far in helping to increase public safety and to reduce some of the exceptional problems of addiction, violence and recidivism faced by the region.

## IX. APPENDICES

### Appendix I: Background to the HIA and Its Funding

In August of 2013, a forum was held in New Mexico's Third Congressional District, and the vision of the NE NM Adult Reintegration Center (ARC) was put forward to local leaders and Representative Ben Ray Luján by San Miguel County Detention Center Citizen Advisory Committee (SMCDC-CAC) member Pat Leahan. When Dr. Rey Martinez of New Mexico Highlands University's School of Social Work (NMHU SSW), who was also present at the forum, learned of the SMCDC-CAC's efforts towards an ARC, he submitted a grant proposal to the New Mexico Health Equity Partnership, Santa Fe Community Foundation to fund a Health Impact Assessment (HIA).

The purpose of the HIA was to:

- Engage key community stakeholders in an objective examination of the tri-county area (San Miguel, Mora and Guadalupe Counties);
- Conduct literature reviews as well as local primary and secondary data collection;
- Determine if an Adult Reintegration Center would, in fact, be a viable and feasible intervention;
- Address the inequities and disparities that surface within the incarceration system that the tri-county area experiences; and
- Reduce the rates of addiction, violence and recidivism both at the San Miguel County Detention Center and within the general community.

The New Mexico Health Equity Partnership, Santa Fe Community Foundation approved the grant in December 2013 with the NMHU Foundation, Inc. as the fiscal agent.

NMHU SSW then partnered with the SMCDC and its CAC, along with numerous other community entities (listed on **pages 1 and 2**), to form a diverse team to conduct the HIA. The initial phase of the team's work was launched in January 2014.

## **Appendix II: New Mexico Men's and Women's Recovery Academies**

Substance abuse treatment and mental health services are offered by the NM Men's and Women's Recovery Academies as an alternative to traditional detention and for those who need a transition from incarceration back to community. Additional services include halfway housing, individual assessments, individual and group counseling, parenting and anger management classes and educational services.<sup>78</sup>

These academies function under the umbrella of Community Education Centers (CEC). The services at these facilities focus on peer-led education, which provides the social skills necessary to successfully re-enter society. The CEC has a research department that gathers and analyzes data from its programs. The results of one study titled "Criminal Recidivism of Female Offenders" indicates that women who completed a (CEC) residential reentry program in New Jersey had a 50% lower rate of recidivism.<sup>79</sup>

Recognizing that women have different pathways than men, New Mexico offers a variety of gender-specific programming. Female inmates can receive substance abuse treatment at the New Mexico Women's Recovery Academy, which serves mothers with addiction problems as well as females with a dual diagnosis of mental illness and substance abuse. Staff receive training related to women's unique needs and issues.<sup>80</sup>

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<sup>78</sup> New Mexico Corrections Department Programs and Services – Community Corrections, 2013. Retrieved from: <http://www.corrections.state.nm.us/apd/ps.html>

<sup>79</sup> Community Education Centers – Breaking the Cycle of Recidivism. Retrieved from: <http://www.cecintl.com/>

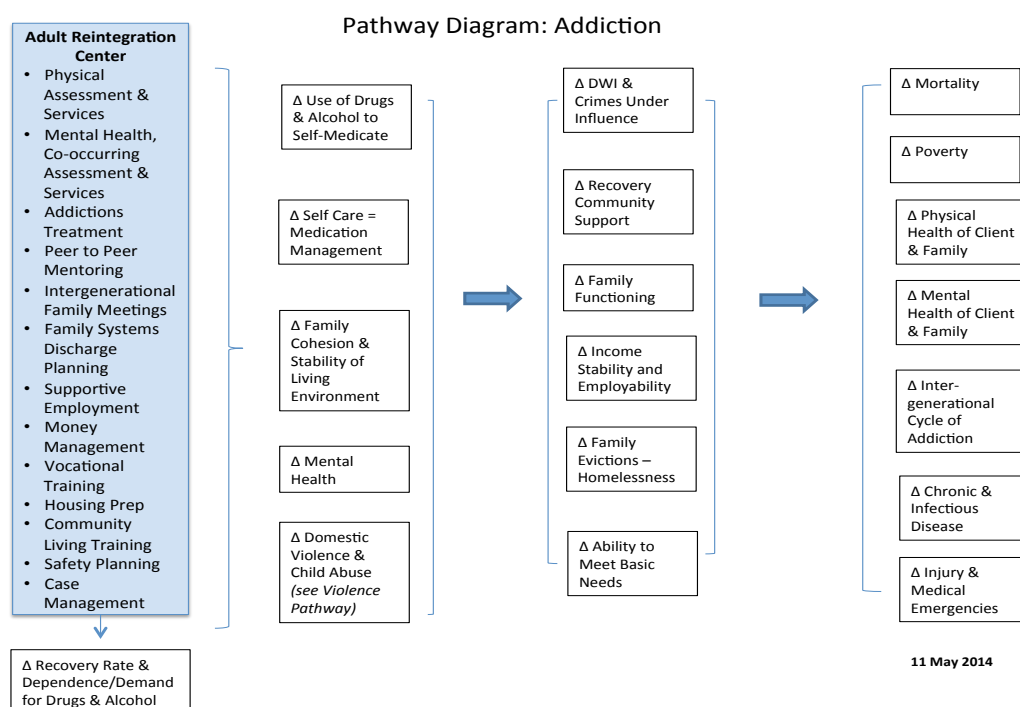
<sup>80</sup> Carr, Helen. Woman-Centered Approach for Female Offenders in New Mexico. *Corrections Today Magazine*, Vol. 69, Issue 4, 2007. NCJ 219852. Retrieved from: <https://www.ncjrs.gov/App/publications/abstract.aspx?ID=241650>

### Appendix III: The HIA Process and Community Involvement

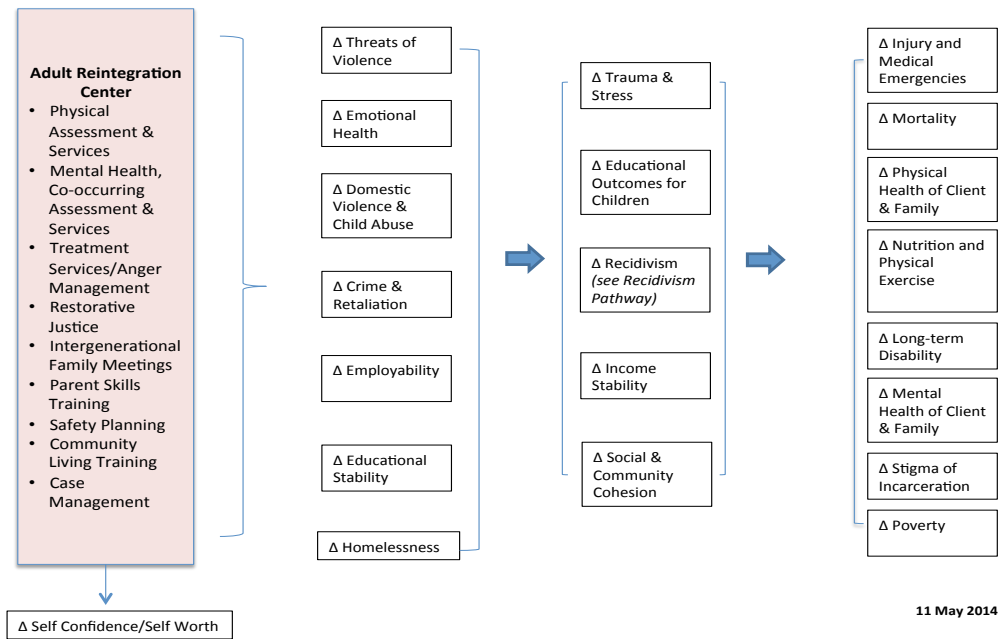
A team of diverse stakeholders from within the community was assembled and participated in a 2-day HIA training in March 2014. The training provided detailed information about the importance of health equity, factors that contribute to an individual or community's state of health (health determinants), and how to conduct a Health Impact Assessment on a proposed policy or program. The HIA Team chose to do an assessment of the proposed NE NM Adult Reintegration Center – a facility that would serve the tri-county area (San Miguel, Mora and Guadalupe Counties).

Community volunteers and other local stakeholders came together across multiple disciplines and from various backgrounds to form the Leadership, Steering, and Community Advisory Committees.

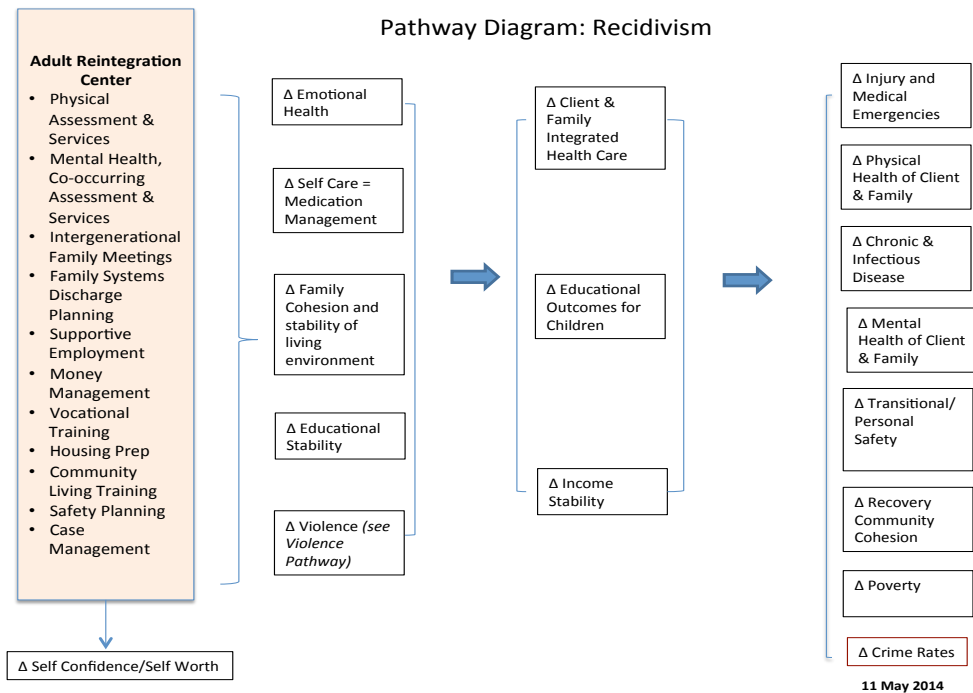
As a critical first step, the HIA Team selected three health determinants (**addiction, violence and recidivism**) around which to focus the assessment. These health determinants helped to guide the next step, which was the creation of pathway diagrams (one for each health determinant) – a tool for linking proposed services and programming with predicted outcomes. From these pathways, the main research questions for this HIA were developed. The pathway diagrams are included as a reference below.



Pathway Diagram: Violence



Pathway Diagram: Recidivism



The HIA team engaged in the following critical steps to complete this report:

- A. *Screening* – Determine if an HIA is warranted and would be helpful to the decision-making process;
- B. *Scoping* – Determine through collaboration and consensus which health determinants to evaluate, the methods the team would use for analysis, create pathway diagrams and a work plan to guide the process;
- C. *Assessment* – Gather both qualitative and quantitative data to convey existing conditions and help predict future health impacts of the proposed project;
- D. *Development of Recommendations* – Engage a varied and diverse group of stakeholders to help prioritize evidence-based findings to optimize positive health outcomes of the proposed project, as well as mitigate potential negative outcomes;
- E. *Reporting* – Communicate the HIA results to the stakeholders, especially the San Miguel County Commission;
- F. *Evaluation* – Examine internally how the process has gone for current and future learning; and
- G. *Monitoring* – Evaluate the effects of the HIA on the decision-making process, as well as its implementation regarding health determinants. (This is an ongoing process in accord with **Recommendations 5 and 6.**)

The community partners include: the San Miguel County Detention Center and its Citizen Advisory Committee; the New Mexico Division of Vocational Rehabilitation (NE Region); incarcerated individuals at the Detention Center; formerly incarcerated individuals and their family members; New Mexico Highlands University School of Social Work; Las Vegas Peace & Justice Center; El Centro Family Health; New Mexico Department of Health – Health Systems Bureau; New Mexico Highlands University Center for Advocacy Resources Education & Support (HU-CARES); San Miguel County Family and Community Health Council; New Mexico Community Data Collaborative; United World College – USA; Luna Community College Montañas del Norte Area Health Education Center; Alumbra Women’s Health and Maternity Care; Noches de Familia; Human Impact Partners (HIP); New Mexico Health Equity Partnership, Santa Fe Community Foundation; local law enforcement; community non-profit organizations and service providers; local community organizers; military veterans; local businesses; MSG Local Collaborative 4 Guadalupe County Behavioral Health Crisis Task Force; a representative from the San Miguel County Commission, the Mora County Commission, the Las Vegas City Council; and others.

## **Appendix IV: HIA Primary Data Collection**

### *Research Methodology*

New Mexico Highlands University (NMHU) Institutional Review Board (IRB) approval was obtained by the HIA Team's Director of Research, Dr. Rey Martinez (see **Consent Forms** below). Two groups were selected to be interviewed for the purpose of primary data collection for this Health Impact Assessment (HIA). The Research Team, comprised of Dr. Rey Martinez and his graduate students at NMHU's School of Social Work (SSW), designated the two groups as "Current Detainees" (at the San Miguel County Detention Center) and "Other Related Persons." The latter included former detainees, family members of those detained, service providers, and law enforcement.

Two distinct questionnaires were developed (see **Survey Instrument** below) in consultation with a member of the Wisconsin HIA Team (David Liners), School of Public Health, University of Wisconsin. Dr. Rey Martinez and the Research Team were granted permission from the San Miguel County Detention Center (SMCDC) to enter individual pods in the facility to administer a survey and conduct detainee interviews regarding the research project. Participants were informed that there would be no reward or punishment for participating or not participating (see **Consent Form** below). The combined survey-interview format allowed for both qualitative and quantitative data collection. Below is the list and description of the participants in the data collection efforts.

- 34 "Current Detainees" were interviewed by the HIA Team (25 males, 9 females).
- 14 "Other Related Persons" were interviewed by the HIA Team (8 males, 6 females) in the categories below:

Former Detainees: Seven (2 males, 5 females)

Family Members of Detainees: Three (2 males, 1 female)

Health Care Providers: Two (males)

Law Enforcement: Two (males)

Detained individuals at the SMCDC were given the opportunity to participate, with only those who self-selected being interviewed. The "Other Related Persons" were picked at random through referrals from the Health Impact Assessment Team. The interviews were arranged with the participant and scheduled for a convenient time. Locations for the interviews were in an NMHU classroom, at the SMCDC, or in the interviewees' private home.

### **Consent Form: "Current Detainees"**

This form is being given to you as a potential participant in a research study. Please read this completely and ask questions about anything you don't understand before deciding to participate. If you choose to take part, your involvement is completely voluntary. If you choose not to participate, you will not be penalized in any way.

**Title of research study:** Incarceration to Reintegration Health Impact Assessment (HIA)

**Principal Investigator:** New Mexico Highlands University School of Social Work MSW Student

**Supervising Professor:** Rey C. Martinez, New Mexico Highlands University

**NMHU Department:** School of Social Work

**Institutional Review Board Chair:** Dr. Warren Lail

**Purpose of Study:** The purpose of this study is to gather feedback regarding a proposed Reintegration Center at the San Miguel County Detention Center.

**What you will do if you agree to participate in the research study:** You will be asked to: (1) Sign the informed consent; (2) Participate in a 45-minute interview

**Possible benefits to you and others:** The results of this study will be used to assess the potential health impact of an adult reintegration center proposed in San Miguel County. If



you decide to take part in this study, your probation or parole will not be affected whether you choose to participate or not. A copy of the results will be available through the San Miguel County Health Counsel upon request.

**Possible discomforts and risks:** You may feel uncomfortable during data collection. Please keep in mind that your participation is completely voluntary and that you may freely withdraw consent at any time.

**How your privacy will be protected:** To protect your privacy, each data collection sheet will be assigned a unique identification number for storing and reporting data. This consent form is the only document that will include your name, and it will be locked and stored separately. Your consent form will be shredded upon completion of the study.

I, \_\_\_\_\_, (Please print your name) understand this study and agree to participate.

Signature \_\_\_\_\_

Date \_\_\_\_\_

PI/Research Assistant/Supervisor \_\_\_\_\_

Date \_\_\_\_\_

### Consent Form: "Other Related Persons"

This form is being given to you as a potential participant in a research study. Please read this completely and ask questions about anything you don't understand before deciding to participate. If you choose to take part, your involvement is completely voluntary. If you choose not to participate, you will not be penalized in any way.

**Title of research study:** Incarceration to Reintegration Health Impact Assessment (HIA)

**Principal Investigator:** New Mexico Highlands University School of Social Work MSW Student

**Supervising Professor:** Rey C. Martinez, New Mexico Highlands University

**NMHU Department:** School of Social Work

**Institutional Review Board Chair:** Dr. Warren Lail

**Purpose of Study:** The purpose of this study is to gather feedback regarding a proposed Reintegration Center at the San Miguel County Detention Center.

**What you will do if you agree to participate in this research study:** You will be asked to: (1) Sign the informed consent; (2) Participate in a 45-minute interview.

**Possible Benefits to you and others:** The results of this study will be used to assess the potential health impact of an adult reintegration center proposed in San Miguel County. If you decide to take part in this study, it will not cost you anything. You will be offered a \$15 gas card in appreciation of your time. A copy of the results will be available through the San Miguel County Health Council upon request.

**Possible discomforts and risks:** You may feel uncomfortable during data collection. Please keep in mind that your participation is completely voluntary and that you may freely withdraw consent at any time.

**How your privacy will be protected:** To protect your privacy, each data collection sheet will be assigned a unique identification number for storing and reporting data. This consent form is the only document that will include your name, and it will be locked & stored separately. Your consent form will be shredded upon completion of the study.

I, \_\_\_\_\_, (please print your name) understand this study and agree to participate.

Signature \_\_\_\_\_

Date \_\_\_\_\_

PI/Research Assistant/Supervisor \_\_\_\_\_

Date \_\_\_\_\_

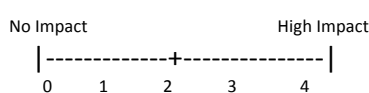
### Survey Instrument

The survey instruments (below) contain a mix of both open-ended and closed-ended questions and were based on a model used in the Wisconsin HIA.<sup>81</sup> The Likert scale was used for the closed-ended questions. The quantitative data would later be entered into SPSS, a statistical software program that runs frequencies and other statistical analyses. Through SPSS, different comparisons were made between the two groups (“Current Detainees” and “Other Related Persons”).

#### Survey Instrument: “Current Detainees”

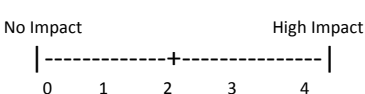
1. If you had the opportunity to volunteer to go to an alternative treatment program, like an Adult Reintegration, would you? Why or why not?
2. If you have had issues with drugs or alcohol, has your experience in jail helped in any way? Was it detrimental? Or neutral, with regard to drugs and alcohol?
3. If you have had mental health problems, such as stress, depression, anxiety, or other types of mental health issues, has your experience in jail helped in any way? Was it detrimental? Or neutral, with regard to being able to deal with any mental health issues?
4. In your opinion, what type of impact does a pattern of incarceration followed by recidivism have on...

a. Children’s Education



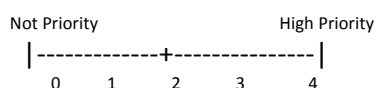
A horizontal Likert scale for 'Children's Education'. It features a dashed line with a central tick mark and a plus sign. Above the line, 'No Impact' is written on the left and 'High Impact' on the right. Below the line, the numbers 0, 1, 2, 3, and 4 are marked at regular intervals. The plus sign is positioned between 2 and 3.

b. Children’s Drug Use



A horizontal Likert scale for 'Children's Drug Use'. It features a dashed line with a central tick mark and a plus sign. Above the line, 'No Impact' is written on the left and 'High Impact' on the right. Below the line, the numbers 0, 1, 2, 3, and 4 are marked at regular intervals. The plus sign is positioned between 2 and 3.

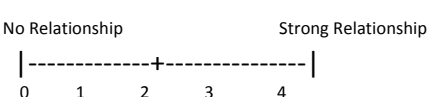
5. In your estimation, how essential is it to address drug and alcohol problems facing former detainees prior to their return to the community?



A horizontal Likert scale. It features a dashed line with a central tick mark and a plus sign. Above the line, 'Not Priority' is written on the left and 'High Priority' on the right. Below the line, the numbers 0, 1, 2, 3, and 4 are marked at regular intervals. The plus sign is positioned between 2 and 3.

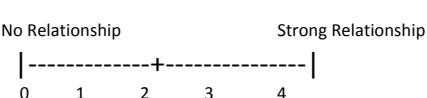
6. Please rate the relationship between...

a. Substance abuse and Recidivism



A horizontal Likert scale for 'Substance abuse and Recidivism'. It features a dashed line with a central tick mark and a plus sign. Above the line, 'No Relationship' is written on the left and 'Strong Relationship' on the right. Below the line, the numbers 0, 1, 2, 3, and 4 are marked at regular intervals. The plus sign is positioned between 2 and 3.

b. Employability and Recidivism

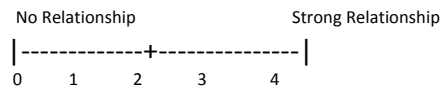


A horizontal Likert scale for 'Employability and Recidivism'. It features a dashed line with a central tick mark and a plus sign. Above the line, 'No Relationship' is written on the left and 'Strong Relationship' on the right. Below the line, the numbers 0, 1, 2, 3, and 4 are marked at regular intervals. The plus sign is positioned between 2 and 3.

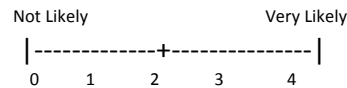
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<sup>81</sup> Helpful consultation was provided to the HIA Team’s Director of Research by David Liners in the School of Public Health at the University of Wisconsin. Their recent HIA, entitled “Healthier Lives, Stronger Families, and Safer Communities,” focused on alternatives to incarceration for the State of Wisconsin. Given the similarity of vision, the opportunity to discuss matters of methodology and outcomes directly with Dr. Liners and collaborators was invaluable.

c. Threats of retaliation and Recidivism



7. In your opinion, would an Adult Reintegration Center decrease recidivism among persons formerly detained at the San Miguel County Detention Center?



8. People elected to public office make decisions about how government money is spent. If you had the chance to talk with them about community reintegration, what would you tell them? What is the most important thing they should know?

Survey Instrument: "Other Related Persons"

1. If there was an opportunity for a family member to go through a Reintegration Center would you advise it? Why or why not?

2. How has having a family member detained at SMCDC impacted your health?

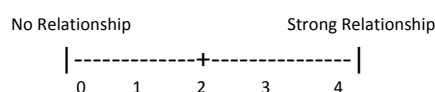
3. If your family member had issues with drugs or alcohol, has his or her experience in jail helped in any way? Was it detrimental? Or neutral, with regard to drugs and alcohol?

4. If your family member had mental health problems, such as stress, depression, anxiety, or other types of mental health issues, has his or her experience in jail helped in any way? Has it been detrimental? Or neutral, with regard to being able to deal with any mental health issues?

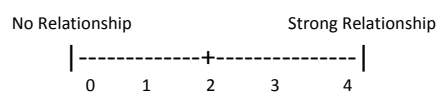
5. What impact did having a family member in jail have on you and your family?

6. In your opinion, what type of impact does a pattern of incarceration followed by recidivism have on...

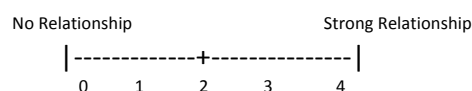
a. Children's education



b. Children's drug use



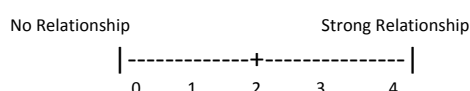
c. Children's (future) incarceration



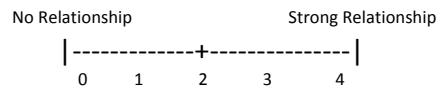
7. How did having a family member incarcerated impact your ability to access other resources?

8. In your opinion, rate the relationship between...

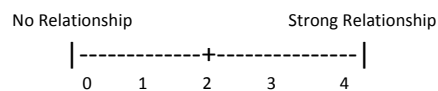
a. Substance abuse and Violence



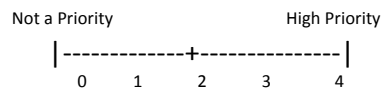
b. Substance abuse and Child Abuse



c. Substance abuse and Crime

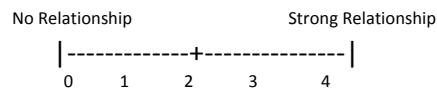


9. In your estimation, how essential is it to address drug and alcohol problems among former detainees prior to their return to the community?

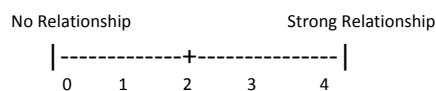


10. Please rate the relationship between...

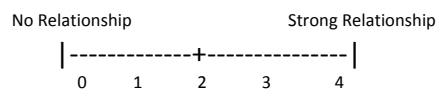
a. Substance Abuse and Recidivism



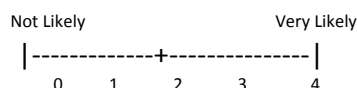
b. Employability and Recidivism



c. Threats of Retaliation and Recidivism



11. In your opinion, would an Adult Reintegration Center decrease recidivism among persons formerly detained at the San Miguel County Detention Center?



12. People elected to public office make decisions about how government money is spent. If you had the chance to talk with them about community reintegration, what would you tell them? What is the most important thing they should know?

13. Elected officials say public safety is among their highest priorities. Would an Adult Reintegration Center affect public safety? (i.e., make communities less safe? safer?)

## Results

Key qualitative results are presented throughout the HIA report. The statistical survey results relative to **recidivism** are presented as follows and in the SPSS table below. (Note: M=Mean, Mdn=Median, SD=Standard Deviation, and N=Number/Sample Size)

- “Other Related Persons” feel strongly that the correlation with **recidivism** and the measured three factors — *substance abuse*, *employability* and *threats of retaliation* – is high, While “Current Detainees” view *substance abuse* (M=3.47, SD=.82) and *employability* (M=3.57, SD=.76) as greater factors in predicting **recidivism** than *threats of retaliation* (M=2.47, SD=1.26),  $p's < .001$ . The difference in perception between “Current Detainees” and “Other Related Persons” is most clearly illustrated by perceptions regarding *threats of retaliation*.
- Despite the perception of overall strong correlations, “Current Detainees” feel that *employability* (M=3.57, SD =.76) and *retaliation* (M=2.47, SD=1.26) have less direct correlation to **recidivism** than “Other Related Persons” feel (M=3.93, SD=.27),  $p < .05$  and (M = 3.79, SD = .43),  $p < .001$  respectively. “Current Detainees” feel there is a strong relationship but perceive these to be less strong relationships than “Other Related Persons” perceive. Contrastingly, there was no significant difference between “Current Detainees” (M=3.47, SD=.82) and “Other Related Persons” (M=3.50, SD =.94) in how much they feel *substance abuse* affects **recidivism**,  $p=0.91$ . Both groups consider *substance abuse* to be a significant factor in **recidivism**. “Current Detainees” and “Other Related Persons” agree that having substance abuse treatment is very important -- 50% of both groups of people endorsed this treatment option at the highest end of the scale.

Incarceration Effects	Current Detainees (N=34)	Other Related Persons (N=14)
Children’s Education	M = 3.07 (a) Mdn = 3.50 SD = 1.17	M = 3.21 Mdn = 3.00 SD = .80
Children’s Drug Use**	M = 2.44 (b) Mdn = 2.00 SD = 1.48	M = 3.32 Mdn = 3.50 SD = .77
Children’s Incarceration**	M = 2.68 (ab) Mdn = 3.00 SD = 1.29	M = 3.57 Mdn = 4.00 SD = .65
Recidivism Effects		
Substance Abuse	M = 3.47 (a) Mdn = 4.00 SD = .82	M = 3.50 Mdn = 4.0 SD = .94
Employability**	M = 3.57 (a) Mdn = 4.00 SD = .76	M = 3.93 Mdn = 4.00 SD = .27
Retaliation Recidivism**	M = 2.47 (b) Mdn = 2.50 SD = 1.26	M = 3.79 Mdn = 4.00 SD = .43
Addiction Problems		
	M = 3.57 Mdn = 4.00 SD =.72	M = 3.50 Mdn = 4.00 SD = .76
Center Decrease Recidivism		
	M = 3.48 Mdn = 4.00 SD = .89	M = 3.57 Mdn = 4.00 SD = .65
Note: Effects with ** involve significant differences between the average scores for “Current Detainees” and “Other Related Persons.” Means of detainees’ scores with shared letters do not significantly differ from each other, but those with different letters do.		

## **Appendix V: Additional HIA Recommendations**

These recommendations came from the San Miguel County Detention Center and its Citizens Advisory Committee, former detainees and their families, and from community meetings and other stakeholder input gathered during the HIA process.

### *Addiction*

- Make treatment available to those in the community who are not detained but still suffer from abuse and addiction.
- Provide education in schools on the consequences of addiction.

### *Physical and Behavioral Health*

- Provide anger management training and support for current and former detainees.
- Provide detainees with a discharge plan prior to leaving the detention facility and a follow-up packet of community resources.
- Provide information about support services to address isolation and grief.
- Provide religious programming, spiritual programming, and faith-based support.

### *Family and Community Engagement*

- Assist the families of detainees to build and strengthen their networks in the community.
- Provide access to low- or no-cost marriage, family and grief counseling services.
- Provide community resources for assistance with bonding with children at and following birth.

### *Housing*

- Temporary housing may be needed until more permanent housing is acquired.
- Halfway housing should be available to those who need it.
- Provide assistance in accessing low-income housing upon release.

### *Education, Training and Employment*

- Provide hands-on training and other entrepreneurship opportunities for former detainees as a means to train them in new vocations and to benefit the community by providing a more expert workforce.
- Provide training to detainees in financial management, nutrition and social/community skills.
- Train employers about the benefits of hiring former detainees and the availability of a state bonding program.

### *Policy Recommendations for Systems Change*

- Systemic and policy changes, such as “banning the box” on job applications for identifying yourself as a former detainee.
- Work to ensure that policies in a variety of domains (labor, education, etc.) do not further criminalize or penalize formerly detained persons.
- Work to implement broader Restorative Justice practices within the existing facilities.
- Use the Adult Reintegration Center as a bridge to the rest of the community in regards to treatment modalities and to create a more cohesive system of treatment.

## **Appendix VI: Services That May Be Provided By Local Community-Based Organizations**

1. Individual Chemical Dependency Counseling
  - a. Adolescent and Family Services [www.nmjustice.net/nmsc/juvenile](http://www.nmjustice.net/nmsc/juvenile)
  - b. Rio Grande Alcoholism Treatment Program [www.riograndeatp.org](http://www.riograndeatp.org)
  - c. Somos Familia Family Institute [www.somosfamilialv.org](http://www.somosfamilialv.org)
2. Group Chemical Dependency Counseling
  - a. Adolescent and Family Services [www.nmjustice.net/nmsc/juvenile](http://www.nmjustice.net/nmsc/juvenile)
  - b. Rio Grande Alcoholism Treatment Program [www.riograndeatp.org](http://www.riograndeatp.org)
  - c. Somos Familia Family Institute [www.somosfamilialv.org](http://www.somosfamilialv.org)
3. Anger Management
  - a. Adolescent and Family Services [www.nmjustice.net/nmsc/juvenile](http://www.nmjustice.net/nmsc/juvenile)
  - b. Rio Grande Alcoholism Treatment Program [www.riograndeatp.org](http://www.riograndeatp.org)
  - c. Somos Familia Family Institute [www.somosfamilialv.org](http://www.somosfamilialv.org)
4. Religious Programming
  - a. Faith-based organizations and volunteers
5. Life Skills Training
  - a. Adolescent and Family Services [www.nmjustice.net/nmsc/juvenile](http://www.nmjustice.net/nmsc/juvenile)
  - b. Rio Grande Alcoholism Treatment Program [www.riograndeatp.org](http://www.riograndeatp.org)
  - c. Somos Familia Family Institute [www.somosfamilialv.org](http://www.somosfamilialv.org)
6. Adult Basic Education and GED
  - a. Luna Community College [www.luna.edu](http://www.luna.edu)
7. Workforce Training and Development
  - a. El Centro Family Health [www.ecfh.org](http://www.ecfh.org)
  - b. Rio Grande Alcoholism Treatment Program [www.riograndeatp.org](http://www.riograndeatp.org)
  - c. HELP New Mexico [www.helpnm.com](http://www.helpnm.com)
  - d. Division of Vocational Rehabilitation [www.dvrgetsjobs.com](http://www.dvrgetsjobs.com)
  - e. Workforce Solutions [www.dws.state.nm.us](http://www.dws.state.nm.us)
8. Restorative Justice Practices
  - a. United World College – Bartos Institute for Constructive Engagement of Conflict [www.uwc-usa.org](http://www.uwc-usa.org)
9. Other services available from El Centro Family Health [www.ecfh.org](http://www.ecfh.org)
  - a. Medical and dental services after release
  - b. Counseling/Social Workers/Community Health Workers provide guidance regarding housing and job placement for clients enrolled in specific ECFH programs