

**SANTA FE COUNTY**  
**BOARD OF COUNTY COMMISSIONERS**  
**REGULAR MEETING**  
**April 12, 2016**

Miguel Chavez, Chair - District 2  
Henry Roybal, Vice Chair - District 1  
Kathy Holian - District 4  
Liz Stefanics - District 5

Robert A. Anaya, Chair - District 3 [excused]

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**REGULAR MEETING**

**BOARD OF COUNTY COMMISSIONERS**

**April 12, 2016**

I. A. This regular meeting of the Santa Fe Board of County Commissioners was called to order at approximately 2:34 p.m. by Chair Miguel Chavez in the Santa Fe County Commission Chambers, Santa Fe, New Mexico.

**B. Roll Call**

Roll was called by County Clerk Geraldine Salazar and indicated the presence of a quorum as follows:

**Members Present:**

Commissioner Miguel Chavez, Chair  
Commissioner Henry Roybal, Vice Chair  
Commissioner Kathy Holian  
Commissioner Liz Stefanics

**Members Excused:**

Commissioner Robert A. Anaya

**C. Pledge of Allegiance**

**D. State Pledge**

**E. Moment of Reflection**

The Pledge of Allegiance was led by Roman Abeyta, the State Pledge by Marianne Martinez and the Moment of Reflection by Leroy Catanach of the Treasurer's Office.

Commissioner Stefanics noted the passing of Florenceruth "Flossie" Brown and requested a moment of silence.

I. F. **Approval of Agenda**  
**1. Amendments**  
**2. Tabled or Withdrawn Items**

CHAIRMAN CHAVEZ: Are there any changes from staff?

KATHERINE MILLER (County Manager): Mr. Chair, yes. On page 3 of the agenda, Action Items, III. B. 1, Appointments to the COLTPAC Committee, that's been tabled. And then on page 4 and 5, Matters from the County Attorney, item VII. A, Executive Session, items 1 a, b, c, d, e, and f, as well as possible action on any of those

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items, outside of executive session has been added to the agenda.

CHAIRMAN CHAVEZ: Thank you, Manager Miller. We had a question earlier about the COLTPAC Committee. We're not holding them up as far as a quorum is concerned?

MS. MILLER: Mr. Chair, I believe that the COLTPAC Committee has been meeting and by tabling at this meeting and doing an appointment I believe at the end of April will not hold them up from having any meetings, meeting a quorum.

CHAIRMAN CHAVEZ: And so these appointments should be ready for our next meeting. Is that correct?

MS. MILLER: Mr. Chair, that is the desired outcome.

CHAIRMAN CHAVEZ: Good. Okay. Thank you. So we have then an amended agenda.

COMMISSIONER HOLIAN: Mr. Chair.

CHAIRMAN CHAVEZ: Commissioner Holian.

COMMISSIONER HOLIAN: I have a question. Did you want to hear some of the presentations at the beginning of the meeting?

CHAIRMAN CHAVEZ: Yes. I do appreciate you mentioning that. We have some special guests here with us this afternoon, and so if we could do presentations, we have a presentation proclaiming and establishing today – well, April 24<sup>th</sup> as Miss Teen Day. That's recognizing Marisol Tapia. So that would be Marisol Tapia Day. And then we have a presentation proclaiming April 14<sup>th</sup> as Capital Jaguars Wrestling Team Day. So if we could do those proclamations in that order that would be great.

COMMISSIONER HOLIAN: Okay. Mr. Chair, I'll make a motion to approve the agenda as amended, hearing those two presentations first.

COMMISSIONER STEFANICS: I'll second.

CHAIRMAN CHAVEZ: So there's a motion and a second. And then would the maker of the motion then include the other two presentations? We have a presentation, which will be real quick, on National County Government Month and then a presentation regarding the Albuquerque Bernalillo County Behavioral Health Task Force.

COMMISSIONER HOLIAN: Yes, I will take that as an amendment to the amended agenda.

COMMISSIONER STEFANICS: Yes.

CHAIRMAN CHAVEZ: So there's a motion and a second.

**The motion passed by unanimous [4-0] voice vote.**

**I. G. Approval of Minutes**

**1. Approval of March 8, 2016, Board of County Commissioners Meeting Minutes**

COMMISSIONER STEFANICS: Mr. Chair, I move for approval unless there's any changes by staff.

COMMISSIONER HOLIAN: Second.

**The motion passed by unanimous [4-0] voice vote.**

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## II. CONSENT AGENDA

### A. Final Orders

1. CDRC CASE # ZA/S 14-5491 Saleh. Senemar, LLC, Applicant, Design Enginuity, Agent, Requested a Master Plan Amendment to Allow 12 Commercial Lots on a 64+ Acre Site and to Increase the Amount of Seating to the Allowed Church/Religious Institution Use. The Applicant Also Requested Preliminary and Final Plat Approval, to Create Three Commercial Lots on 24+ Acres, and Final Development Plan for Saleh Phase 1. The Property is Located on the South Side of I-25 and East of Richards Avenue, within Section 16, Township 16 North, Range 9 East (Commission District 5) Jose E. Larrañaga, Case Manager (Approved 5-0)
2. CDRC CASE # V 15-5270 Kathleen Kaupp Variance. Kathleen Kaupp Applicant, Michael Henry, Agent, Requests a Variance of Article III, Section 2.3.6.b.2 (Height Restrictions for Dwellings or Residential Accessory Structures) of the Santa Fe County Land Development Code and Section 3.8.1.d of Ordinance No. 2000-13, Tesuque Community Zoning District (Height on Slopes and Ridgetops), to Allow a 365 Square Foot Accessory Structure Addition to Exceed 14 Feet in Height on a Ridgetop. The Property Consists of 2.82 Acres and is Located at 7 Thorpe Way, within The Bishops Lodge Estates Subdivision, within Section 6, Township 17 North, Range 10 East (Commission District 1) John Lovato, Case Manager (Approved 5-0)
3. CDRC CASE # Z 06-5033 Village at Galisteo Basin Preserve ("Trenza") Master Plan Amendment. Commonweal Conservancy (Ted Harrison), Applicant, Requests a Master Plan Amendment for the Village at Galisteo Basin Preserve (aka "Trenza") to Reconfigure the Planning Envelope from 10,360 acres to 2,502 Acres, to Reduce the Size of the Development from 965 Dwelling Units and 150,000 Square Feet of Commercial and Civic Land Uses to 275 Dwelling Units and 71,000 Square Feet of Mixed Use, Commercial and Civic Land Uses, a Green Cemetery and a 60-Seat Outdoor Amphitheater. The Applicant Also Requests a Revision of the Original Five-Phase Development to Seven Phases that Would Take Place Over a Period of 10 Years. The Property is Located South of Eldorado, West off US 285, South of the Railroad Tracks, within Sections 1, 3, 11-14 23 and 24, Township 14 North, Range 9 East; Sections 5-7 and 18, Township 14 North, Range 10 East; Sections 34-36, Township 15 North, Range 9 East; and Sections 30 and 31, Township 15 North, Range 10

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East (Commission District 5) Vicente Archuleta, Case Manager (Approved 5-0)

4. **CDRC CASE MIS 06-5212 La Bajada Ranch (Santa Fe Canyon Ranch) Time Extension.** Santa Fe County, Applicant, Requests a Two-Year Time Extension of the Previously Approved Master Plan for the La Bajada Ranch (Formerly Santa Fe Canyon Ranch) for a Residential Subdivision Consisting of 156 Residential Lots on the 470.55 acres to be Developed in Three (3) Phases. The Property is Located off Entrada La Cienega along Interstate 25 in the La Cienega/La Cieneguilla Traditional Historic Community, within Sections 1, 2, 10, 12, 13, Township 15 North, Range 7 East and Sections 5, 6, 7, 8, Township 15 North, Range 8 East (Commission District 3) Vicente Archuleta (Approved 5-0)
5. **CDRC CASE No. S 15-5363 St. Francis South Master Plan Amendment and Variance.** Vegas Verdes, LLC, Applicant, JenkinsGavin Design and Development Inc., Agents, Request a Master Plan Amendment to Establish a Maximum Allowable Residential Density of 250 Dwelling Units and 760,000 Square Feet of Non-Residential Development on 68.94 acres. In Order to Obtain the Density Requested, the Applicants are Requesting a Variance of Article III, Section 10 (Lot Size/Density Requirements) of the Santa Fe County Land Development Code, Ordinance No. 1996-10. The Property is Located on Rabbit Road, via St. Francis Drive, within Section 11, Township 16 North, Range 9 East (Commission District 4). Vicente Archuleta, Case Manager (Denied 5-0)
6. **CDRC CASE # Z/PDP/DP 14-5370 PNM Caja del Rio Solar Energy Center Project.** In Accordance with an Order from the First Judicial District Court in Case D-101-CV-2015-01488, Public Service Company of New Mexico, Applicant, Laurie Moye, Agent, Requested to Vacate a Master Plan Zoning, Preliminary and Final Development Plan Approval which Allowed a 5 Megawatt Electric Solar Facility on a 40-Acre Site. The Property is Located North of New Mexico Highway 599 and Takes Access via Caja del Rio Road, within Section 3, Township 16 North, Range 8 East (Commission District 2) Jose E. Larrañaga, Case Manager (Approved 3-0)

**B. Resolution**

1. Resolution No. 2016-38, a Resolution Requesting a Budget Increase to the Law Enforcement Operations Fund (246) to Budget Grant Funds From the New Mexico Department of Transportation (NMDOT) / \$7,320 (Finance Department/ Carole Jaramillo)

COMMISSIONER STEFANICS: Mr. Chair, I move for approval.

COMMISSIONER HOLIAN: Second.

CHAIRMAN CHAVEZ: There's a motion and a second to approve the Consent Agenda.

**The motion passed by unanimous [4-0] voice vote.**

[Clerk Salazar provided the numbers for the approved resolutions and ordinances throughout the meeting.]

**VI. B. Presentations**

**4. Presentation and Approval of a Proclamation Establishing the Day of April 24, 2016 as Miss Teen Santa Fe County, United States Marisol Tapia Day**

CHAIRMAN CHAVEZ: It's not often that we can recognize young members of our community that have excelled in their education and in their other endeavors that take them outside of the classroom and into the larger world, and so we have in this case an individual who I think makes Santa Fe County shine. But I'm going to start the proclamation and hope that, Commissioner Roybal, would you help me with this proclamation, and Commissioner Holian if you would like to.

COMMISSIONER HOLIAN: Mr. Chair, I don't have a copy.

CHAIRMAN CHAVEZ: I'll share it. The proclamation reads: Santa Fe County proclamation establishing the day of April 24, 2016 as Miss Teen Santa Fe County United States Marisol Tapia Day.

Whereas the Board of County Commissioners for the County of Santa Fe deems it fitting and proper to publicly recognize the outstanding accomplishments of the community's citizens; and

COMMISSIONER ROYBAL: Whereas, Marisol Andrea Tapia was born June 24 1999, to Marcos Tapia and Loretta Maes-Bischoff, both native Santa Feans and residents of Santa Fe County; and

COMMISSIONER HOLIAN: Whereas, Ms. Tapia, a Santa Fe High School junior, a member of the Santa Fe High Demons two-time State Championship Cheerleading Team, a 2015 Cheerleading Athlete of the Year, and a community volunteer, who holds a 3.5 GPA, is a young citizen who deserves special recognition; and

CHAIRMAN CHAVEZ: Whereas, in March of 2016, Ms. Tapia earned the title of Miss Teen Santa Fe County, United States 2016; and

Whereas, on April 24, 2016, Ms. Tapia will compete for the title of Miss Teen New Mexico, United States 2016; and

COMMISSIONER ROYBAL: Whereas, the primary goal of the Miss United States Pageant is to provide a life-changing experience for young women across the country. The organization strives to empower all delegates to become active participants in their communities, while nurturing and promoting a meaningful cause.

Now, therefore be it resolved that the Board of County Commissioners for the County of Santa Fe hereby proclaim the 24<sup>th</sup> day of April, 2016 as Miss Teen Santa Fe

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County United States Marisol Tapia Day.

CHAIRMAN CHAVEZ: And with us this afternoon are father, Marcos Tapia, mom, Loretta Maes-Bischoff, and brother Mateo Tapia. Others that could not be here are sister Gabriella Ojinaga, nephews Jaden and Mika. So congratulations, not only to Ms. Tapia but to the family as well because it takes the family's effort to make this happen. I know that. And so we have a proclamation for you, Marisol and we would like you to come up and we'll present this to you and your family and we'll take some photographs before you leave. If there's anything that you would like to share with us at this time you're welcome to do that also.

MARISOL TAPIA: Just thank you for having me and I am so honored to be Miss Teen Santa Fe and representing my hometown. I'm just excited and overwhelmed for everyone to be honoring me on April 24<sup>th</sup>.

CHAIRMAN CHAVEZ: You earned it.

MS. TAPIA: Thank you so much.

CHAIRMAN CHAVEZ: Before we all go down for a photograph I do want to let the other Commissioners also, if they have any comments I think now would be the best time. Commissioner Stefanics.

COMMISSIONER STEFANICS: Thank you and I congratulate you and I wish you well on representing our community for the state, and I just hope that it comes back home to not only you and your family but to the rest of us. Thank you.

COMMISSIONER ROYBAL: I just want to say thank you too and we really appreciate the way that you are honoring us as well by representing us, so thank you very much.

COMMISSIONER HOLIAN: Congratulations, Ms. Tapia. You are a real model for your community and for other young people in your community and I just think that also your parents, I would like to say to them you must be as proud as you can be of your daughter. Congratulations to all of you.

[Photographs were taken.]

**VI. B. 3. Presentation and Approval of a Proclamation Establishing the Day of April 14, 2016 as Capital Jaguars Wrestling Team Day**

CHAIRMAN CHAVEZ: We have another proclamation and I want to recognize the Capital Wrestling Team, starting with the coaching staff. We have with us this afternoon Marcos Gallegos and Justin Fuller, and those that could not attend from the coaching staff, Joe Jiron, Matthew Salazar and Esteban Ornelas. We wanted to just mention them as part of the wrestling team. So the Santa Fe County proclamation proclaiming the day of April 14, 2016 as Capital Jaguars Wrestling Team Day.

Whereas, the 2015-2016 Capital High School Wrestling Team had an outstanding season; and

COMMISSIONER ROYBAL: Whereas, the Capital High School Wrestling Team qualified 12 team members for the Class 5A State Championship; and

COMMISSIONER STEFANICS: Whereas, Santa Fe County celebrates these student athletes for their team's third place finish at the New Mexico State High School Wrestling Championship; and

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COMMISSIONER HOLIAN: Whereas, the Capital High School Wrestling Team consists of the following players: Ryan Romero, district champion, state champion; Lucas Romero, district champion, state champion; Josh Soveranez, district runner-up, sixth place state; Jose Tapia, district champion, four times state champion; Javier Tapia, district champion, state champion, Alex Wisdom, district runner-up, fourth place at state; Jonathon Anaya, district champion, fifth place at state; Abraham Sanchez, state qualifier; Jacob Jiron, district champion, sixth place at state; Abel Barraza, district runner-up; D.J. Williams, district runner-up, fifth place at state; and Manuel Carillo, state runner-up.

CHAIRMAN CHAVEZ: Whereas, Santa Fe County is very proud of these wrestlers for the first-class manner in which they represented the Santa Fe County community by showing enthusiasm, sportsmanship, great respect, work ethic, and a love of the sport; and

COMMISSIONER ROYBAL: Whereas, the Capital High School Wrestling Team was led throughout this season by their Head Coach Marcos Gallegos; and

COMMISSIONER STEFANICS: Whereas, the Santa Fe County Board of County Commissioners wishes to recognize the accomplishments and contributions of the citizens involved with the Capital High School Wrestling Team.

Now, therefore be it resolved that the Board of County Commissioners of Santa Fe County hereby proclaims the day of April 14, 2016 as Capital High School Wrestling Team Day. Approved, adopted and passed on this 12<sup>th</sup> day of April 2016. Signed by the Commissioners and the Clerk and County Manager and County Attorney.

CHAIRMAN CHAVEZ: Thank you all for helping me read this and I asked some of my colleagues to help read this in because you're a team; we try to be a team up here as well. And one person by themselves can only do so much. The team – you can go places. You can really make a change in your community. So we wanted to take this time to recognize you for the efforts that you've put into your school, your academics, and you've taken it beyond that because I know that to be part of a team as you are you have to keep a certain grade point average. Otherwise you're not able to compete. So you hold yourselves to a higher standard which is good because that way you'll have the life skills to be successful as you move forward. So again, those are my comments to you. Congratulations for your efforts and I'll let others share their thoughts with you as well and then when we're done we'll present this to you and take a group photograph before you leave. Commissioner Stefanics.

COMMISSIONER STEFANICS: I would thank everybody for their teamwork and for supporting each other, and I'm sure that you can't do something all by yourself; you need everybody's support behind you, and thank you very much for that.

COMMISSIONER HOLIAN: I just want to thank you for working together so well as a team and for how well you've represented your high school, your community, your county. We are very proud of you.

COMMISSIONER ROYBAL: I just want to say congratulations to each and every one of you. You should be proud of this day and what you've accomplished as we are proud of you. I'd like to say I notice Jose and Javier. My son used to wrestle with the Patriots which their dad coached and maybe some of you others. So it's nice to see

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you guys. When you guys were six, seven years old I remember you wrestling and to see the ways that you guys have grown and become champions today, it's really something to acknowledge and I'd like to also say great job to the parents, if we have any parents here today and I just want to remind you guys to reflect on this day because your hard work has gotten you to the position you are today and should teach you guys that you can accomplish anything with hard work. So thank you guys.

CHAIRMAN CHAVEZ: Do we have a team captain? Would you like to say anything on behalf of your team at this time? I see Coach stepping up. Coach.

MARCOS GALLEGOS: First off, thank you guys for recognizing these young gentlemen. As you know, wrestling is a hard sport and it doesn't get all the glory of some other sports so these guys really appreciate being able to come here and get recognized outside of it. I do want to mention two people who I didn't get in on time. They just competed this last weekend but Jose and Javier Tapia both last weekend earned All-American status for wrestling at the National High School Coaches Association Tournament in Virginia, so they're able to represent New Mexico and Santa Fe County.

CHAIRMAN CHAVEZ: Would they please stand and be recognized?

COACH GALLEGOS: Again, thank you very much. We appreciate it and hopefully we can represent again next year. Thank you.

CHAIRMAN CHAVEZ: Thank you. We'll go down and present this to you and take a photograph before you leave.

[Photographs were taken.]

CHAIRMAN CHAVEZ: This is kind of ceremonial. It's significant. It give us an opportunity to again recognize the younger members of our community and the contributions that they're making.

**VI. B. 2. Presentation Regarding the Albuquerque/Bernalillo County Behavioral Health Task Force and Outcomes by Andy Vallejos**  
*[Exhibit 1: Joint Task Force Report]*

TONY FLORES (Deputy County Manager): Mr. Chair, I'll set the stage for this discussion. As we've reported to the Board, Santa Fe County will be hosting the Behavioral Health Summit on May 19<sup>th</sup> at the El Dorado Hotel from 8:00 am to 4:00 pm, and in preparation of putting the agenda together we've had the opportunity to sit down with Mr. Vallejos regarding the Albuquerque Bernalillo model for behavioral health. It's been in the news quite frequently about the great work they're doing down there and their institution of different taxes to be able to fund different types of programs.

So as we move forward in the discussion of the health summit we wanted the opportunity for Mr. Vallejos to address the Commission and give us a quick outline and overview of what Bernalillo County and the City of Albuquerque have done in their initiatives. So, Mr. Chair, I'd like to turn it over to Andy.

CHAIRMAN CHAVEZ: Thank you, Mr. Flores.

COMMISSIONER STEFANICS: Could I ask a question first about the behavioral health day?

CHAIRMAN CHAVEZ: Yes.

COMMISSIONER STEFANICS: Mr. Chair and Tony, there's quite a bit

of interest in this topic, so is this open to the public? What's the attendance, the agenda? I have several people who are very interested.

MR. FLORES: Mr. Chair, Commissioner Stefanics, we've fielded quite a few calls on interest on the actual topics. We had some discussions this morning on crafting the final agenda. It looks like this first meeting will turn into two meetings, the first meeting focusing on the regional efforts of the Stepping Up initiative with providers, government entities, courts and – I think that was it. So the first agenda topic will be on behavioral health in general and how the governmental entities are working together or not, and how we can bridge those gaps. That meeting will follow up into a second meeting probably right after July 1<sup>st</sup> that will actually bring the entire community together – providers, community members, the hospital, and then the people from the first meeting. So that we anticipate two meetings. Is that correct, Mr. Chair?

CHAIRMAN CHAVEZ: Yes.

COMMISSIONER STEFANICS: Thank you very much.

CHAIRMAN CHAVEZ: So Commissioner Stefanics, I think this initial meeting, we're thinking of maybe just kind of scratching the surface, getting the topic maybe into a larger discussion and then trying to approach it first from our County perspective and then a larger, regional perspective.

ANDREW VALLEJOS: Mr. Chair, my name is Andrew Vallejos. In this respect I am before you as the coordinator for the City/County Task Force, City of Albuquerque, Bernalillo County Task Force on Behavioral Health. I had been asked by Hvtce to kind of give you a brief summary about what's going on.

As you can imagine, there's a tremendous amount of data and work that's going on but I'm just going to give you the highlights. And feel free to interrupt me at any time. Sometimes in this area I'll use acronyms. It just comes out of my mouth and so if you don't understand an acronym or something let me know and I'll explain it.

About two years ago Albuquerque started experiencing the same thing that every local jurisdiction across the county is experiencing. Behavioral health systems and networks at the state level were not reaching people in crisis. That was really the fundamental problem. And what we saw is that most times when a person is in a behavioral health crisis it's usually a first responder and it's usually a policeman who is going to deal with this situation. That's always not the most therapeutic way of dealing with a crisis like this and typically what will happen is there's only two open doors for them to get help. It's either taking them to jail or taking them to the psychiatric emergency room of a local county hospital.

Well, as we all know, the problem with emergency rooms is they try to move people out of the emergency rooms rather quickly and get them back on the street. Well, when a person has a severe mental health episode it's not a matter of hours to get them back to the resiliency and get them back stabilized. Sometimes it may be days that are necessary. So anyway, Albuquerque started seeing, as you know, a lot of police shootings and a lot of encounters with people with serious mental illness. We convened a task force and we got everybody at the table. We had providers, we had hospitals, we had first responders, we had the Fire Department, we had Albuquerque Police Department, Bernalillo County Sheriff's Office. We had UNM. We had the State HSD Behavioral Health Division present, and we delved into a lot of reports and in the report that I gave

you, you'll see a lot of the background work that had already been done.

So we dusted off a lot of that information and a lot of that information was still relevant to us. And really what it came down to, we also visited other jurisdictions like Tucson, Arizona, which has been forward thinking in dealing with this situation, San Antonio, Texas, Denver, Colorado. So a lot of local jurisdictions are starting to fill these gaps and the image I'd like to present to you is the state is largely responsible for behavioral health. It's in the billions of dollars with the expansion of Medicaid. The problem is is that when a person goes into crisis Medicaid is not always the best way to deal with it because you have an immediate issue and you don't have time to do eligibility requirements for Medicaid. You need to get that person help right away.

So what we say around in different parts of the county is – and this is where I'm going to start getting into the substance of it. What we saw in other parts of the country and what other studies have shown was there are three main components that we're missing in the crisis continuum. One was at the crisis level, we call it crisis services, we had to train officers to divert whenever possible out of the criminal justice system and into therapeutic systems. If you have a severe mental illness and you get taken to the jail, it's a traumatic experience. It's one that will scar you and if you have several encounters you get scarred further and further. We need to stop treating behavioral health crises – we need to start treating behavioral health crises the same way we'd treat somebody who was having a stroke. If somebody was having a heart attack or stroke we would just take them to the hospital immediately, regardless if they accidentally touched an officer.

So what we want to do is divert whenever possible. Now, if there's a serious crime being committed of course you're going to have to arrest them if it's a felony or something like that.

The second part of crisis services though is again, what I alluded to was psychiatric emergency rooms will take a person in. They will stabilize them, typically medically within a couple of hours, and then they'll typically release them if they're not a danger to themselves or others. Once they're back on the street their chances of decompensating again are great. What is needed is a place to divert them to that can actually step them down from the emergency room into crisis beds where they can rest. Where they can just have a safe place to stay over night, have a nurse there to monitor them if they go into crisis again, and then as you step down you can start doing day rehabilitation programs and medication management where they can step into a behavioral health urgent care kind of situation.

I'm just going to hit the three categories and then I'll tell you what Bernalillo County is doing with its tax. So in the area of crisis services it's diversion to a therapeutic environment and then having the therapeutic environment where they can get the services. We got lucky with UNM because Bernalillo County happens to be in a mill levy negotiation. They own part of the hospital so when they turned over the county hospital to UNM there still is a mill levy kind of component, a lease agreement. So through that we are leveraging that relationship to have UNM start providing those resources as part of their lease agreement. That's unique to Albuquerque and so ultimately we're going to need some advocacy at the state level to try to get HSD to start covering some of these crisis services.

But the second major bucket is, once a person is coming out of crisis and what

every jurisdiction has shown, evidence based practice, is you've got to give them a case manager. Because there is a thing in Medicaid called a care coordinator. Under Centennial Care there's care coordination. Care coordination, for those who don't know is a person who works for the MCO, the managed care organization. And what they do is they try to make sure that your medications aren't conflicting with each other or anything like that. But it's only based on the medical side. What we're talking about with case management, and that's a term of art in the behavioral health world is when we're talking about intensive case management is a person who's more of an advocate for that person.

So if you go through crisis and you have a severe mental illness like bipolar disease or schizophrenia what you do is you might be eligible for a case manager. That case manager can help you navigate the VA, navigate Medicaid, navigate supportive housing. Whatever your individual need is that's making you decompensate they can address holistically and as an individual.

And so that's really a gap that needs to be filled. Currently, New Mexico State Medicaid, they say they cover case management but they really don't. It's really limited by eligibility to a very small population.

And the third part of the component is supportive housing. Now, Santa Fe County I'm sure is just like Bernalillo County; it has some housing resources. But for this population though the term supportive is the key word, is tying it to a case manager or to a person that if it's congregate housing whereby a person can advocate for that person with a disability or a condition. When you see the amount of money spent at the County jail on housing people with a severe mental illness for disturbing the peace, for – I can list a whole number of misdemeanors that are just sort – that don't really matter. They clog up the court system. It costs tremendous amounts or resources for the community to take them through the criminal justice system, and it doesn't make a difference, because again, they have a condition. It's not necessarily a choice.

So, I've been talking very fast. I'll just kind of wrap up and let you ask me some questions, but here's what Bernalillo County did. They had passed as part of the hold-harmless tax, and I'm sure you guys know all about all that stuff. They had taken some of the hold-harmless money and had dedicated a portion of the gross receipts tax to these behavioral health initiatives to grow out some of these programs. And we think that that's probably going to raise about \$17 million. Now, to the general public that's watching this on webcast, they think \$17 million. That's a lot of money. And it is a lot of money, but in this behavioral health world that can be eaten up pretty quickly if you start trying to reimburse for direct services. So we are trying to leverage and be smart about how to do this, so one of the things we – like for example, one of the ways we leveraged was every jurisdiction told us you need a warm help line that people can call into if they're having a mental health crisis.

We thought we were going to have to pay for it ourselves. It turns out the state already had that. It just had not been publicized at all, and it's call NMCAL, the New Mexico Crisis Help Line, and it's manned 24/7 by trained professionals and they have a warm peer line if you just need to talk. So that was a front door that we didn't know that was open that now we're starting to utilize as part of the continuum.

So Bernalillo County, what we're trying to do is leverage our monies in three fundamental ways, a fourth being prevention. One is create – we're probably going to be

providing more resources to CIT teams, which are housed in the Police Department. They're trained – crisis intervention trained officers, where they can de-escalate situations. They're not there necessarily to address; they're there to de-escalate the situation and get the person the services they need. So we believe we're going to be having more resources at the City and County level on diversion. As I mentioned, the UNM stuff is pretty exciting because they're going to be developing step-down services like respite beds and things like that – medication management programs and case management as part of their lease agreement.

So then the second area that we're going to really focus in on is case management and so we anticipate that we're going to be issuing an RFP within the next year or so and we're going to develop it – the idea is to have the providers out in the community do this. We're not going to hire more County staff to do this. What we're going to do is put in an RFP to people who are already doing this sort of work and let them start building workforce capacity up. Right? Because that's another problem we have in behavioral health, is you've got to get some money flowing to these providers out there in the community so they can grow their workforce as well. So we anticipate that that will be an RFP.

And then we're also looking at adding some more resources to our supportive housing stock in the metro area, but the more exciting part – and that's more scattered site housing, like apartments, but we're going to try to tie some supportive case management to that. And then also we're going to be looking at what has been successful in other states is pilot projects for congregate supportive group living. And it doesn't mean that they have to live in the same house, necessarily, but it could be a complex whereby they might have individual apartments but it's controlled and monitored so it's a safe environment to get them that kind of support that they need to improve resiliency is really the key word there.

So with that, I know that's a lot in a very short time, but I would stand for any questions you have.

CHAIRMAN CHAVEZ: Well, I want to thank you for being here, Mr. Vallejos, because I know that it's not a topic that we're going to address in a day or a week or even a month. You talked earlier about the dollars that you're suggesting spending on doing things differently and I always wonder, do we think about the dollars that we're spending now and the outcomes that we're realizing? And so I think we can trade those dollars and maybe have better outcomes. That's just my observation and maybe a hope that I'm holding on to. But we're trying to work through this together. The Stepping Up initiative I think means a lot to counties across the nation and so we're trying to learn from each other if at all possible and organize the way you have around a region so that we can't do it by ourselves nor should we because it's a larger responsibility that we have to deal with. So those are my questions – not questions but just observation. But I will ask for comments or questions from others. Commissioner Stefanics and then Commissioner Holian.

COMMISSIONER STEFANICS: Thank you. Just a couple questions and comments. Thank you very much for coming and talking, and I'd just like to point out that Bernalillo County has a special tax and bond for this, and it's going to be \$20 million. Most communities don't have \$20 million sitting around and have to look for

special new sources of income. And so the people of Bernalillo County voted for this and that's rather significant. And I think we would have to do a lot of convincing of our community to let this rise to that level of funding.

The second comment I have is more a question. How do you envision coordinating veterans with mental health services and the VA services.

MR. VALLEJOS: Excellent question. As we know, the veteran population, they've come out of two pretty horrific wars and so we have a lot of veterans who've seen a lot of bad stuff and have conditions and are coming back home with that. And the VA system isn't working as it should but nevertheless – so we see the connections to the Veterans Administration, we see in Albuquerque the Veterans Administration is focusing on behavioral health much more, quite frankly, as it moves forward, as it changes, moving more toward behavioral health than physical health sometimes as they had in the past.

But that's where the case manager comes in, right? Because so many times what happens is, there's siloed thinking. So if you have a case manager and you get it from your MCO, your managed care organization, Molina or Presbyterian or something like that, they won't connect you to the VA, even though you're a veteran, right? Because they have a focus of just working for that company. The case management, the way we envision it is that if you're a veteran we will reach out to the VA to try to get you the resources you need. And there might be benefits that are associated with the Veterans Administration.

I will be honest with you and say we've been reaching out to the VA. It is sort of a big, huge bureaucracy and sometimes it's hard to talk to them, but we think that through case management that thinking of a person as an individual and if they are a veteran, then having the ability to call up the VA and advocate for them and navigate that system as well will be important. Can I also mention very quickly – and you make a great point about the tax dollars that Bernalillo County has –

COMMISSIONER STEFANICS: Hang on to that a minute, because on the VA question, we have a beautiful, new VA service center here in Santa Fe. So it's not the VA hospital, service center, and so it would seem to me that that would be a natural partner when we start doing something. So, please, go ahead on your other topic.

MR. VALLEJOS: Absolutely. We reach out and we have a lot of constituencies – Native American populations of course. We're trying to hit that population as well. We're trying to look at it as holistically as possible. But to the money, back to the Chair's point and your point, the state legislature, and you have a very talented staff, I've got to say. I've worked with all these people at the legislature and state government before and they're super-smart. And I won't say that – I'm not trying to be diplomatic; I'm just trying to say there has been a shake-up on behavioral health. And it's affected how we deliver behavioral health currently.

I would point you to an LFC study paper that Charles Saylee did about three years ago and it was the LFC going – it's a very long document and it talks about all the different programs that HSD should be funding to cut the cost curve in Medicaid. So because, again, it's chasing good money after bad, right? If you have to reimburse somebody for going to the emergency room it's going to be three times as much as if you gave them a care coordinator and they never touched the emergency room, right?

So the LFC had been recommending a lot of these smart, evidence-based practices and most of them dealt with crisis services and the potential savings and the better outcomes you get. And I guess what I'm saying is, keep that in the back of your mind because I think within two, three years, we're going to see a revamping of the behavioral health system and I think that if we're pro-active as local communities today we can convince HSD, which is always – it doesn't matter if its Democrat or Republican, HSD has always done their own thing, if we can convince HSD to actually start funding crisis service in a better way, in case management so it wouldn't necessarily come from the local governments. But we'll all need to pull together and push for that.

CHAIRMAN CHAVEZ: And now we're going to go to Commissioner Holian. Did you have any other comments?

COMMISSIONER HOLIAN: No. Thank you so much.

CHAIRMAN CHAVEZ: You're welcome. But I do want to chime in just for a minute, Commissioner Holian, because when you talk about the Stepping Up initiative and one of its objectives is to reduce recidivism, so how do you do that? And you can only do that working with our jail and implementing good programs so you have diversion programs so that you reduce the recidivism, because that's one of the biggest fiscal impacts on a county. So dollars spent – we're spending the dollars, without question. We're going to approve later in our budget a request for ankle monitors for like \$2 million or something, so it's not like we're not spending the money for diversion programs. I just wonder about the outcomes. So that's, again, just a statement. But I'll yield the floor now to Commissioner Holian.

COMMISSIONER HOLIAN: Thank you, Mr. Chair, and thank you very much for your presentation. It's really clear that it is a real, true community effort to deal with this problem and many different entities have to be brought in. And I hope that we'll continue to have conversations as we go forward so we can learn from each other. I do have a question though about those people with behavioral health problems who may need to live in a facility where they get help every single day. They may need to live there for a week or two or maybe even months. Do you have enough capacity to deal with all the cases you think you might have?

MR. VALLEJOS: We're never going to have enough resources to fully do this, so really it's targeting a population. This is what we've learned from other jurisdictions, to try to find a criterion. We have a Harvard fellow helping us with the data and in Denver, they tried to limit their targeted population for the supportive housing initiative in Denver, and really what they try to do is identify the top 500 people in the community that need the services. So it goes on a matrix about how many times have you been arrested? How many times have you gone to the psychiatric emergency room? What is your diagnosis? All those different criteria. And you sort of get that population first and they start working up as you have money, quite frankly.

And so we're looking into congregate group housing, like on the Tucson model or the Denver model, and we think it will work, but we're going to start with a pilot project, quite frankly, and then build up. And we think – it does two things doing it as a pilot project. It allows you to innovate without expending a lot of resources right away. It allows you to track outcomes a little bit better with a smaller population, and then if we see the evidence base come back, then it's easier to convince policy makers to fund it

fully and to expand it because you're starting to see the savings.

COMMISSIONER HOLIAN: How much congregate housing capacity do you have now, if any?

MR. VALLEJOS: We have very little. We have very, very little in the metro area. I would say probably less than 25 units.

COMMISSIONER HOLIAN: Oh. And so you're going to try to build that up.

MR. VALLEJOS: Yes. And it's no secret the City of Albuquerque and Bernalillo County have a housing program. Most of that housing program is scattered site vouchered, either at a motel or at an apartment complex. And it's all over the place. And we're seeing that that is helpful and that improves resiliency, but if you add the support component whereby a case manager – here's the thing about case management, right? When you're dealing with St. Vincent's or any kind of healthcare system, for all of us it's hard to navigate that system. Can you imagine if you had bipolar disease? It's almost impossible.

So what you have is with a case manager, it's not to have the client calling the case manager. They could, but it's having the case manager follow the client and check in on the client and see how they're doing so that they can kind of keep abreast of what's going on with them and catch them before they start decompensating.

COMMISSIONER HOLIAN: Thank you very much.

CHAIRMAN CHAVEZ: So it's a lot about preventive maintenance if at all possible.

MR. VALLEJOS: Absolutely.

CHAIRMAN CHAVEZ: Thank you. Thank you for being here. So we're going to move on and I know we'll be discussing this as we move forward. Not an easy topic to deal with.

**VI. B 1. Approval and Presentation of a Proclamation to Establish the Month of April 2016 as National County Government Month**

CHAIRMAN CHAVEZ: This is our final proclamation. This one will be simple. It's a Santa Fe County proclamation proclaiming the month of April 2016 as National County Government Month.

Whereas, the nation's 3,069 counties serving more than 300 million Americans provide essential services to create healthy, safe, vibrant and economically resilient communities; and

COMMISSIONER ROYBAL: Whereas, Santa Fe County and all counties take pride in our responsibility to protect and enhance the health, well-being and safety of our residents in efficient and cost-effective ways; and

COMMISSIONER STEFANICS: Whereas, through the National Association of Counties (NACo) President Sallie Clark's "Safe and Secure Counties" initiative, NACo is encouraging counties to focus on strengthening the safety and security of their communities; and

COMMISSIONER HOLIAN: Whereas, in order to remain healthy, vibrant, safe, and economically competitive, America's counties provide public health,



justice, emergency management and economic services that play a key role in everything from residents' daily health to disaster response; and

CHAIRMAN CHAVEZ: Whereas, each year since 1991, the NACo, National Association of Counties, has encouraged counties across the country to actively promote programs and services to the public we serve; and

COMMISSIONER ROYBAL: Whereas, Santa Fe County takes special pride in the accomplishments that have been made in protecting the safety of the public, preserving public health and well being and promoting the local economy.

Now, therefore be it proclaimed by the Board of County Commissioners of Santa Fe County that April 2016 is National County Government Month. Be it further proclaimed that all County officials, employees, schools and residents are encouraged to participate in County government celebration activities. Approved, adopted and passed on this 12<sup>th</sup> day of April 2016.

CHAIRMAN CHAVEZ: Thank you all for reading that in and I guess it's another example of how County government, the role that County government plays in the lives of our residents.

### III. ACTION ITEMS

#### B. Appointments/Reappointments/Resignation

1. Appointment of Members to the Santa Fe County Open Lands, Trails and Parks Advisory Committee (COLTPAC) (TABLED)
2. **Appointment of Member to the Santa Fe County Water Policy Advisory Committee**

MR. FLORES: Thank you, Mr. Chair. Before you we have item III. B. 2, which is appointment of a member to the Santa Fe County Water Policy Advisory Committee. As the Commission knows, the Commission adopted Resolution 2013-42 in April of 2013 establishing the Water Policy Advisory Committee with the express purpose of providing information to the BCC regarding water, wastewater and water management within the county and regionally. The committee itself is comprised of 12 members. The representative bodies there before you in the memo, and the resolution also established criteria for each of the members to be seated and recommended to the Board.

Currently we have two vacancies out of the 12. We have Commission District 1 vacancy and we also have a vacancy for the mutual domestic association and small water systems member. Staff conducted a couple of calls for interested applicants or members for the vacant seats. Unfortunately, we only received responses for the District 1 representative. The people that actually submitted an application are listed there. In addition we received information, documentation from Mr. Andy Otto and former Governor Dorame of Tesuque Pueblo expressing interest in the seat; however, we did not receive applications per se or even a résumé.

There were no applicants received for the second vacant position for the mutual domestic association and small water systems member, so staff will continue to garner interested applicants.

COMMISSIONER HOLIAN: Mr. Chair.

CHAIRMAN CHAVEZ: Commissioner Holian.

COMMISSIONER HOLIAN: I have a comment about how we could sort of possibly rearrange this. Dr. Anna Hamilton who is currently representing District 4 is actually the president of her local water association, and so she could fill that particular position for the time being, and then perhaps we could look for somebody else from District 4. That's just a recommendation.

COMMISSIONER STEFANICS: Mr. Chair.

CHAIRMAN CHAVEZ: Commissioner Stefanics.

COMMISSIONER STEFANICS: Another comment I had made to our Manager is the BDD Board now has a new citizen board member and an alternate. The board member lives in Commissioner Holian's district and the alternate might also. And I'm wondering, number one, if anybody told them about that responsibility, because that's not part of the BDD job description that we advertised.

MR. FLORES: Mr. Chair, Commissioners, I don't believe we did – okay, we did do that. Mr. Chair, Commissioner Stefanics, they're aware of the responsibilities, of BDD and also this Water Policy Advisory Committee.

COMMISSIONER STEFANICS: There are two members. So one could, depending upon any vacancies you could keep that in mind as well, because they're both very interested in serving and one was designated as a board member and one was designated as the alternate, but both are very interested in being active, so keep that in mind.

MR. FLORES: Mr. Chair, on that point we can look to work on that and possibly bring that up at the 26<sup>th</sup> agenda for consideration, if we work with them between now and then.

CHAIRMAN CHAVEZ: So you would be sharing committee members between the two? The Water Policy Advisory Board and BDD?

COMMISSIONER STEFANICS: No, it already says that the citizen member of the BDD will sit on the County Water Advisory Board, and since we now have two, one board member and one alternate, there might be a way for the alternate to be involved somehow. That's all I'm saying. Thank you.

CHAIRMAN CHAVEZ: Good point.

MR. FLORES: So, Mr. Chair, back to the matter before the Commission, we did receive a list of applicants for D-1. Staff reviewed them in accordance with the criteria that's set forth in the resolution. At this time, Mr. Chair, staff is recommending the appointment of Mr. Bryan J. Romero as the District 1 representative. And I stand for questions.

CHAIRMAN CHAVEZ: Commissioner Roybal.

COMMISSIONER ROYBAL: I don't have any questions but I'd like to make a motion for approval.

COMMISSIONER HOLIAN: There's a motion and a second. Any further discussion? Hearing none.

**The motion passed by unanimous [4-0] voice vote.**

SFC CLERK RECORDED 05/11/2016

**III. B. 3. Appointment of Trustees for Santa Fe County Community Centers**

ANNA BRANSFORD (Senior Services): Good afternoon, Commissioners. Today we are bringing forth the reappointment of three individuals as trustees for our community centers, as well as four new individuals to serve as trustees. Resolution 2013-61, Exhibit A, Section 2, states that the Commission shall appoint one or more trustees for each community center to assist the department with scheduling events as well as processing applications and calendar events. They are also required to come to trustee meetings with the department, where we discuss issues at each center, upcoming events and any updates on new information.

Today we are bringing forward the reappointment of three people. That is Lois Mee for the Nancy Rodriguez Community Center, Charlie C de Baca for La Cienega Community Center, Narciso Quintana for Nambe Community Center. All three of these individuals have served for some time as trustees for each of those centers. They are also very active with associations in their communities.

We also have four new people who responded to the two ads that we put out for new trustees. They all submitted the proper paperwork and passed their background checks. Those individuals are Danny Roybal for the El Rancho Community Center, Devin Bent for the Nambe Community Center, Ramon Padilla, who will be at the Nancy Rodriguez Community Center, and Carla C de Baca for the Nancy Rodriguez Community Center. And with that I stand for questions.

CHAIRMAN CHAVEZ: So I have a question then. Will there be three trustees for the Nancy Rodriguez Community Center?

MS. BRANSFORD: Mr. Chair, yes. That is correct.

CHAIRMAN CHAVEZ: And is that standard?

MS. BRANSFORD: Mr. Chair, they can have a board of three to five people. We've been really low on trustees at this point, and actually Ramon Padilla is a recently retired small business owner and he's actually offered to help out with those centers where we have vacant trustees.

CHAIRMAN CHAVEZ: So they can have up to five then. And I guess that makes sense because it would spread the load a little bit more evenly between those trustees, because I know that they're volunteering their time.

MS. BRANSFORD: Yes, Mr. Chair.

CHAIRMAN CHAVEZ: Okay. Thank you.

COMMISSIONER STEFANICS: Mr. Chair, I'd move for approval.

COMMISSIONER ROYBAL: Second.

CHAIRMAN CHAVEZ: Okay, we have a motion and a second. Any discussion? Hearing none.

**The motion passed by unanimous [4-0] voice vote.**

SFC CLERK RECORDED 05/11/2016

**III. B. 4. Appointment of Santa Fe County Representative to the City of Santa Fe's Film Commission**

MR. FLORES: Thank you, Mr. Chair. The City of Santa Fe passed a resolution establishing the Santa Fe Film Commission, which provides City support of economic development and job creation in the film and digital media industries. Based upon the resolution adopted by the City, they had a position available for a County representative on that commission and based upon the response that we received, we received one applicant from an external party, not including any staff that would be potentially considered at this time, Mr. Chair. I'm recommending that the Board approve the appointment of Ms. Susan Fiore as the Santa Fe County representative on the City of Santa Fe's Film Commission. And I stand for questions.

CHAIRMAN CHAVEZ: So I have a question, Mr. Flores. We have – our economic development David Griscom has also been charged with tracking some of the film activity for Santa Fe County.

MR. FLORES: Correct.

CHAIRMAN CHAVEZ: Is this effort going to be coordinated at all with our economic development office and staff or is it just an initiative that's off on its own by itself? Where does it fit in?

MR. FLORES: Mr. Chair, I believe that there would be some coordination between this commission and Santa Fe County since this individual does represent the Board of County Commission. Mr. Griscom does have, as part of his duties, he does act as a film liaison in the economic development program and realm. So I believe that there is an intent to have coordination between the two efforts. And with that, Mr. Chair, I'll stand for additional questions.

CHAIRMAN CHAVEZ: Because I don't know – if you read the resolution it's not that specific but maybe in approving the resolution we could be specific in that interaction or communication between our David Griscom and this Film Commission in whatever they're going to be doing moving forward.

MS. MILLER: Mr. Chair, I think one of the thoughts we had on this was to have David Griscom as the County representative on the Film Commission, but then we got a request from the Film Commission to the members from the Film Commission recommending Ms. Fiore. Part of our thinking then was if we had – and she lives in the county; she lives in the Tesuque area, I believe, and is in the film industry. But when we staff the film office then the film office would be the staff to the Film Commission. So via the film office we will be participating with the Film Commission with County staff.

CHAIRMAN CHAVEZ: So that would bring it full circle so to speak, then.

MS. MILLER: Yes.

CHAIRMAN CHAVEZ: Okay.

COMMISSIONER STEFANICS: Mr. Chair.

CHAIRMAN CHAVEZ: Yes.

COMMISSIONER STEFANICS: Even as we appoint Ms. Fiore, I do think we would want our staff to attend meetings to stay on top of discussions and any commitments or requests made to the County so that our staff has easy access to us.

CHAIRMAN CHAVEZ: I would agree. I'm just looking for that stronger connection between our staff and this Film Commission because we don't really know what the Film Commission will be doing but I agree with you. I think we need to track that and monitor as best we can.

MR. FLORES: Mr. Chair, what we can do is we can include on the intergovernmental calendar, which is staffed through the County Manager's Office, as with every City committee this would be another committee or commission that we would have staff attending, and then that would be brought back in reports to the County Manager and to the Board.

CHAIRMAN CHAVEZ: Are you okay with that? Commissioner Holian, did you have any comments or questions? Okay, so –

COMMISSIONER STEFANICS: Mr. Chair, I would move for approval.

COMMISSIONER HOLIAN: Second.

CHAIRMAN CHAVEZ: Okay, we have a motion and a second.

**The motion passed by unanimous [4-0] voice vote.**

**III. C. Miscellaneous**

**1. Request Approval of Amendment No. 4 to Agreement No. 2013-0115-CORR/PL with BI, Inc. for Electronic Monitoring Services to Increase Compensation by \$250,000 to \$2,060,000, Exclusive of GRT, and Request Authority for the County Manager to Execute the Purchase Order**

BILL TAYLOR (Procurement Director): Thank you, Mr. Chair. Before you is amendment #4 to contract with BI Technologies Electronic Monitoring. This is an increase to the compensation by \$250,000 bringing the contract amount total to \$2,060,000. This contract will come to its life and expire November 2016. With that, Mr. Chair, I'll stand for questions.

COMMISSIONER HOLIAN: Mr. Chair.

CHAIRMAN CHAVEZ: Commissioner Holian.

COMMISSIONER HOLIAN: I move for approval.

COMMISSIONER ROYBAL: Second.

CHAIRMAN CHAVEZ: There's a motion and a second. Mr. Taylor, this is high dollar. We're talking \$2 million. This is for a diversion program.

MR. TAYLOR: That's correct, Mr. Chair, and these are – electronic monitoring is an alternative to incarceration.

CHAIRMAN CHAVEZ: So these are ankle bracelets.

MR. TAYLOR: Correct.

CHAIRMAN CHAVEZ: And these are dictated by the courts.

MR. TAYLOR: That is correct, Mr. Chair.

CHAIRMAN CHAVEZ: And they dictate who the manufacturer is and the type and style of this device?

MR. TAYLOR: Mr. Chair, the County selects the vendor for these. The judge does dictate the type and style of the ankle bracelets.

SFC CLERK RECORDED 05/11/2016

CHAIRMAN CHAVEZ: So we're kind of locked in in that regard. We don't have too many options as far as doing any kind of cost comparison or bidding for a better scale of economy to bring the price down? We're pretty much locked into that, Mr. Sedillo? I see Mr. Sedillo behind you. I don't know if he wants to –

PABLO SEDILLO III (Public Safety Director): Mr. Chair members of the Commission, we actually reduced our devices that we have in our EM program. We currently have two devices. We have a sober link and we also have a GPS. Those are approximately about \$9 per day on that. We had budgeted for about \$45,000 a month on the devices and the clients on there. However, the population has been increased and we do not have control on that population; only on the program.

CHAIRMAN CHAVEZ: So it's the numbers that are increasing the cost, not so much the cost of the device itself.

MR. SEDILLO: Mr. Chair, you're correct.

CHAIRMAN CHAVEZ: So if we're talking about alternative sentencing and diversion programs, this is what we have to work with right now.

MR. SEDILLO: Mr. Chair, you're correct on that point as well.

CHAIRMAN CHAVEZ: Okay.

MS. MILLER: Mr. Chair, could I add to that?

CHAIRMAN CHAVEZ: Sure.

MS. MILLER: Actually Director Sedillo and Mr. Flores and I did go meet with the magistrate judges and talked to them about this, showed them what has happened with the population on electronic monitoring. They said to some degree it's a factor of that there should be less people in the facility. We discussed that is probably on average daily cost is less, to be on electronic monitoring devices. But what we did ask them is to be more prudent in who they assign and how many – like the types of devices, that if they don't need to put somebody on one, if they would work with us on not doing that, because some judges may have a tendency just to maybe be overly secure. They would do that when it's not necessarily needed.

So they said they would talk to the other judges and additionally, to look for maybe other opportunities for us to reduce that cost with other types of community service programs, something like that. So we are meeting with them, we're talking to them. We let them know that this was a pretty significant increase for the County and budgetarily that it's problematic for us. So they were receptive to seeing what they could do to help us decrease that cost.

CHAIRMAN CHAVEZ: Good. Well I appreciate that, because I think we want to be part of the solution but we have limits. But anyway, I appreciate your information, Pablo and the work that Mr. Taylor is doing. Any other questions of staff? We have a motion and we have a second.

**The motion passed by unanimous [4-0] voice vote.**

#### **IV. MATTERS FROM THE COUNTY MANAGER**

##### **A. Miscellaneous Updates**

MS. MILLER: Mr. Chair, just a couple of items, a couple reminders. First

of all, the Intergovernmental Tribal Summit is scheduled for April 22<sup>nd</sup>, that's a Friday, from 7:30 am to 3:00 pm at the Four Seasons Rancho Encantado. And that's pretty finalized and we do have confirmation from several of the tribal entities that will be attending.

Then on the behavioral health summit, we have that scheduled for May 19<sup>th</sup> and we'll be hosting that from 8:00 to 4:00 pm at the El Dorado Hotel, and we're finalizing the agenda of what items will be discussed at that.

And then the third item I have is just kind of informational, that the Santa Fe Community College has a free veterans forum on April 21<sup>st</sup> from 3:00 to 6:00 in the Jemez Room at the College and representatives from more than 20 various housing organizations, including staff from Santa Fe County's affordable housing section and other non-profit agencies will be there to answer questions regarding housing options and opportunities for military veterans and their families. That's all I have if you don't have any questions for me.

CHAIRMAN CHAVEZ: Questions for the County Manager? Hearing none, seeing none.

## **V. MATTERS OF PUBLIC CONCERN**

CHAIRMAN CHAVEZ: We now have Matters of Public Concern, just out of courtesy to the public, I will open this portion of the meeting to public comment, public concern. Seeing none, then we'll close this portion of the meeting.

## **VI. DISCUSSION/INFORMATION ITEMS/PRESENTATIONS**

### **A. Matters from County Commissioners and Other Elected Officials**

- 1. Elected Officials Issues and Comments**
- 2. Commissioner Issues and Comments**

CHAIRMAN CHAVEZ: Commissioner Holian, do you have anything?

COMMISSIONER HOLIAN: Yes, I do. Thank you Mr. Chair. I don't know if you're aware of the Land Link program, Land Link New Mexico program. What that program does is it links – it connects owners of agricultural land with young people who can't afford to buy land but would like to be farmers. This was put together by the Mid-Region Council of Governments and it's been operating in that region but they would like to expand and sort of make this a statewide program and so I'm just wondering if you all – I would actually like to send a letter to them requesting that Santa Fe County be included as an official partner and I'm just wondering if you're okay with me sending that letter.

CHAIRMAN CHAVEZ: I'd be find with that as long as you clear it with staff for our legal requirements. I don't see any problem with that.

COMMISSIONER HOLIAN: The other thing is I could draft it so that you as Chair could –

COMMISSIONER STEFANICS: Mr. Chair, if it's not time-sensitive, I'd love to have us all vote on it and get it into the record. But is it time-sensitive?

COMMISSIONER HOLIAN: I don't think so. This is a continuing

program and so it's just at some point we would like to be part of it.

COMMISSIONER STEFANICS: Right. And so I think it would be great if we could vote on it and put it in the record.

COMMISSIONER HOLIAN: Okay. I will bring that forward.

CHAIRMAN CHAVEZ: Maybe we could work on a resolution. It could be in a resolution form, possibly.

COMMISSIONER HOLIAN: Yes. I'll work with our County Manager on how to make it a resolution. Thank you, Mr. Chair.

CHAIRMAN CHAVEZ: Commissioner Stefanics.

COMMISSIONER STEFANICS: Thank you, Mr. Chair. I was notified that Lucy Moore will be facilitating discussions with the community of La Cienega and La Bajada and the proponents of the La Bajada monument. I also received notice that Presbyterian will be holding a public meeting this Thursday, 4:00 to 5:00 pm at the Santa Fe Community College to talk about their expansion efforts here in Santa Fe County, and I hope that we send one of our Health and Community Services staff to that.

MS. MILLER: Could you repeat the times?

COMMISSIONER STEFANICS: Yes. It's Thursday, April 14<sup>th</sup>, 4:00 to 5:00 pm at the Santa Fe Community College. I just am getting through my notices here and I just read that.

I mentioned, Mr. Chair, that Flossie Brown passed away and she really gave quite a bit to our county in terms of service.

The community tax forums are going on around the county, after everyone received notice of their proposed tax bills.

The Highway 14 Cerrillos bridge area is closed for a week or two from 9:00 pm to 6:00 am while they dismantle the overhead bridge, so people should seek an alternative route, and I have let my constituents know that. I think that might be it. Thank you.

CHAIRMAN CHAVEZ: Commissioner Roybal, do you –

COMMISSIONER ROYBAL: I don't have anything new at this point.

CHAIRMAN CHAVEZ: Thank you. I have nothing either.

GERALDINE SALAZAR (County Clerk): Chair Chavez.

CHAIRMAN CHAVEZ: Oh, yes. I'm sorry.

CLERK SALAZAR: The County Clerk has some things too.

CHAIRMAN CHAVEZ: There is an item here for other elected officials, so I apologize.

CLERK SALAZAR: Thank you. The primary election is on us and I'd like to inform eligible voters that voter registration closes on Tuesday, May 10<sup>th</sup> at 5:00 pm. Before that, you have an opportunity to register to vote or update your voter registration. In addition to that, absentee and in-person voting begins on May 10<sup>th</sup> and ends June 4<sup>th</sup>. That will be located at the Clerk's Office. The Clerk's Office will not be open on May 30, 2016 in observance of Memorial Day but we will be open on June 4<sup>th</sup>, on a Saturday. After that, when early voting begins it will begin on May 21<sup>st</sup> through June 4<sup>th</sup>. Hours of voting are from 12:00 noon to 8:00 pm in the evening, Tuesday through Friday, and from 10:00 am to 6:00 pm on Saturdays. The early voting sites are located at the Santa Fe County Fair Building, the Christian Church, the Eldorado Senior Center. The new facility we have for early voting is the Edgewood fire station and the Pojoaque

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County satellite office. There is also an opportunity for absentee voting by mail. They may request a ballot from the Clerk's Office. They may call us or email us. All of the information that they need is on the Clerk's webpage. Thank you.

CHAIRMAN CHAVEZ: Great. Thank you.

COMMISSIONER STEFANICS: Mr. Chair, on that point.

CHAIRMAN CHAVEZ: Yes.

COMMISSIONER STEFANICS: Thank you, Madam Clerk, for that, but Ms. Miller, is the new community room at the senior center in Eldorado going to be completed for this early voting? The seniors have been asking.

MS. MILLER: Mr. Chair, Commissioner Stefanics, I believe so, but Tony's probably had the latest update on that.

MR. FLORES: Mr. Chair, Commissioner Stefanics, we have received the Certificate of Occupancy for the construction, so the voting room on the community center site will be available for early voting.

COMMISSIONER STEFANICS: It will be?

MR. FLORES: Yes.

COMMISSIONER STEFANICS: So on that same point, have we – I know Commissioner Holian is interested too, have we scheduled a ribbon-cutting or anything?

MR. FLORES: Mr. Chair, Commissioner Stefanics, we have been working with Commissioner Holian on establishing a date for a grand opening.

COMMISSIONER STEFANICS: Well, would you include me in that, please?

MR. FLORES: Yes.

COMMISSIONER STEFANICS: Okay.

CHAIRMAN CHAVEZ: Okay, did I leave anybody out? I don't think so.

## **VII. MATTERS FROM THE COUNTY ATTORNEY**

### **A. Executive Session**

- 1. Threatened or Pending Litigation in which Santa Fe County is or may Become a Participant, as Allowed by Section 10-15-1(H)(7) NMSA 1978, and Discussion of the Purchase, Acquisition or Disposal of Real Property or Water Rights, as allowed by Section 10-15-1(H)(8) NMSA 1978, Including the Following:**
  - a. Prohibited Practices Complaints Filed with the Public Employees Labor Relations Board Against the Board of County Commissioners of the County of Santa Fe**
  - b. Rights-of-Way for County Roads**
  - c. Acquisition of Real Property Interests for Santa Fe River Greenway Project**
  - d. Disputes with the City of Santa Fe Regarding Buckman Direct Diversion Project and Water Resources Agreement**
  - e. Dispute with AAC Construction, LLC, Regarding Improvements to Vista Redonda and Paseo Encantado Roads.**
  - f. Litigation Involving Buena Vista Estates, and Rockology, Inc.**

GREG SHAFFER (County Attorney): Mr. Chair, listed on the agenda are several specific items to be discussed in executive session. The items again are specified with reasonable particularity on the agenda and the authority for the executive or closed session is threatened or pending litigation in which Santa Fe County is or may become a participant as allowed by Section 10-15-1(H)(7) NMSA 1978, and discussion of the purchase, acquisition or disposal of real property or water rights, as allowed by Section 10-15-1(H)(8) NMSA 1978. And so as to comply with law I'd just request that the motion to go into executive session incorporate by reference the authority and the items to be discussed as set forth on the agenda.

CHAIRMAN CHAVEZ: And I guess we don't have to read them into the minutes, right, Mr. Shaffer? They're posted, the agenda is posted. It's public information.

MR. SHAFFER: I think that would substantively and substantially comply with the law.

CHAIRMAN CHAVEZ: Okay. And then the only other thing is that there's possible action with respect to one of these items in executive session after. I'm just letting the public know. So for the public's information we're going to break now and go into executive session and we'll come out of executive session I'm thinking in about an hour or so, before 5:00 we hope. So anyway, we need a motion to go into executive session for the items that were stated.

COMMISSIONER HOLIAN: Mr. Chair.

CHAIRMAN CHAVEZ: Commissioner Holian.

COMMISSIONER HOLIAN: I move that we go into executive session to discuss the items as enumerated in our agenda and by our County Attorney.

COMMISSIONER ROYBAL: Second.

CHAIRMAN CHAVEZ: So we have a motion and a second. Roll call please.

**The motion to go into executive session pursuant to NMSA Section 10-15-1-H (7 and 8 ) to discuss the matters delineated above passed by unanimous roll call vote as follows:**

<b>Commissioner Anaya</b>	<b>Not Present</b>
<b>Commissioner Chavez</b>	<b>Aye</b>
<b>Commissioner Holian</b>	<b>Aye</b>
<b>Commissioner Roybal</b>	<b>Aye</b>
<b>Commissioner Stefanics</b>	<b>Aye</b>

[The Commission met in closed session from 3:58 to 5:22.]

COMMISSIONER STEFANICS: Mr. Chair.

CHAIRMAN CHAVEZ: Commissioner Stefanics.

COMMISSIONER STEFANICS: I move that we come out of executive session having only discussed the items noticed.

COMMISSIONER ROYBAL: Second.

CHAIRMAN CHAVEZ: We have a motion and a second to come out of executive session. Any further discussion? Hearing none.

**The motion passed by unanimous [4-0] voice vote.**

**VII. B. Possible Action(s) with Respect to Threatened or Pending Litigation in which Santa Fe County is or may Become a Participant Discussed in Executive Session**

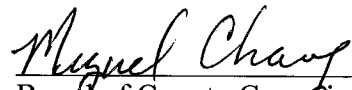
No action was required.

**VIII. CONCLUDING BUSINESS**

- A. Announcements**
- B. Adjournment**

Having completed the agenda and with no further business to come before this body, Chair Chavez declared this meeting adjourned at 5:23 p.m.

Approved by:


  
Board of County Commissioners  
Miguel Chavez, Chair

ATTEST TO:

  
GERALDINE SALAZAR  
SANTA FE COUNTY CLERK



Respectfully submitted:


  
Karen Farrell, Wordswork  
453 Cerrillos Road  
Santa Fe, NM 87501



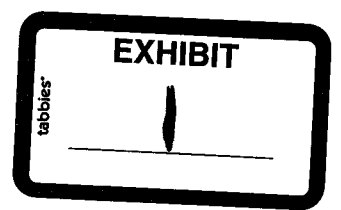
COUNTY OF SANTA FE )  
STATE OF NEW MEXICO ) ss

BCC MINUTES  
PAGES: 47

I Hereby Certify That This Instrument Was Filed for  
Record On The 11TH Day Of May, 2016 at 01:12:40 PM  
And Was Duly Recorded as Instrument # 1793255  
Of The Records Of Santa Fe County

Witness My Hand And Seal Of Office  
Geraldine Salazar  
Deputy  County Clerk, Santa Fe, NM

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2015 REPORT OF CITY OF ALBUQUERQUE  
AND BERNALILLO COUNTY  
JOINT TASK FORCE ON BEHAVIORAL HEALTH

Andrew Vallejos, Coordinator of Joint Task Force on Behavioral Health  
June 15, 2015

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Disclaimer: Every effort was made in making this report to accurately reflect the consensus opinion and fact finding of the task force. However, with any task force of this size there were, of course, individual differences of opinion, mostly about prioritization of programs or issues. Thus, the following should be read as the report of the coordinator of the task force who takes sole responsibility for it's contents, and does not purport to express a particular opinion of any specific member of the task force.

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## I. JOINT TASK FORCE ON BEHAVIORAL HEALTH

In June 2014, Albuquerque City Councilors Brad Winter and Issac Benton working closely with Bernalillo County Commissioners, Maggie Hart Stebbins and Wayne Johnson, sponsored a resolution to convene a regional task force on behalf of the City of Albuquerque, Bernalillo County and the State of New Mexico to propose recommendations regarding mental health issues and how to discuss joint funding opportunities. The resolution recognized that the Albuquerque metro area is experiencing a behavioral health crisis where the current system of treating citizens with mental and behavioral health issues is overtaxing the emergency services with increasing incarceration rates. People are not getting the treatment that results in long term stabilization. The resolution asked the task force to look at solutions geared toward providing more effective treatment and diversion from jail and emergency services.

The Joint Task Force on Behavioral Health (hereinafter "task force") was comprised of a broad array of behavioral health specialists, advocates, first responders, public policy leaders, and bi-partisan elected officials from the City of Albuquerque, Bernalillo County, and the New Mexico Legislature. A complete list is attached in the appendix of this document.

The work of the task force first began by identifying the the types of behavioral health services in the community and how these services were utilized, as well as those services that were missing. Through a separate appropriation from Councilor Klarissa Pena, a consortium of behavioral health and public health specialists at the University of New Mexico were awarded a short term contract to inventory the range of behavioral health services in the metro area to assist in the work of the task force. This report is located at [https://www.cabq.gov/council/documents/task-force-on-mental-health-documents/BHTF\\_20141028CityProjectReportFinal.pdf](https://www.cabq.gov/council/documents/task-force-on-mental-health-documents/BHTF_20141028CityProjectReportFinal.pdf).

The report, which should be seen as a "2014 snapshot" of the current services in the community, confirmed that many agencies providing behavioral health services in the metro area are doing extraordinary work but are strained to point of failure, services are fragmented, lack coordination and consistency for the long term stability of the patients, and suffer from inconsistent funding streams.

One of the major factors for this fragmentation of services was that some funding streams for services are tied to specific funding requirements, (e.g. certain services such as medical services are based upon a certain eligibility requirements, some services such as "case management" are not reimbursable at all, while indigent services such as emergency room" services have relatively low eligibility requirements, resulting a dramatic over-utilization.

The inventory also confirmed that except for the emergency room services provided by UNM Psychiatric Emergency and Presbyterian Kaseman, there are no

meaningful crisis intervention services along the behavioral health continuum; whether it's an effective "front door" centralized hub, midlevel services, psychiatric urgent care, or coordinated step down services.

In addition to the resource inventory, the work of the task force was informed by previous reports and other concerted reports, studies and task forces related to the issue of behavioral health. Three particular studies that were particularly relevant to the work of the task force were: the 2004 City of Albuquerque Wertheimer Report, the 2011 report from House Joint Memorial 17, and the 2013 New Mexico Legislative Finance Committee report entitled "Evaluation of the Cost and Outcomes of Selected Behavioral Health Grants and Spending," which will be discussed later in the funding of behavioral health services.

1. Wertheimer report

In 2004 the City of Albuquerque contracted with David Wertheimer to conduct an analysis on the crisis triage continuum of services. The major recommendations from the study included establishing a coordinated system of crisis triage services primarily through a creation of a mental health crisis triage unit, and creation of "sub-acute mental health triage" services focused on the stabilization of persons experiencing a behavioral health crisis but in a less intensive setting than UNM's Psychiatric Emergency Room. The services would include medical stabilization, counseling, case management and transition from crisis to supportive services in the community.

The Wertheimer report strongly recommended the creation of substance abuse diversion programs, largely for the same rationale as the creation of behavioral health diversion programs. At the time there was not a separate coordinated hub for persons experiencing alcohol or drug co-occurring disorders. Since that time, Bernalillo County expanded the use of the old Charter Hospital on Zuni Road as a centralized center for persons experiencing crisis from alcohol or drug use. The facility, Metropolitan Assessment and Treatment Center (MATC), serves as a highly successful facility where first responders have the ability to divert people experiencing a substance abuse problem (public intoxication, drug use, opiate addiction, ect) from emergency rooms and from jail. thereby diverting a person that normally would have been taken to jail or the UNM Emergency Room. The center has realized significant savings, and patients have achieved better outcomes in dealing with addictions and substance abuse. The Wertheimer report is attached in the appendix.

2. House Joint Memorial 17

In 2011 New Mexico State Representative Rick Miera with the substantial support of Senators Mary Kay Papen and Sue Beffort Wilson passed House Joint Memorial 17 which directed the New Mexico Behavioral Health Purchasing Collaborative (New Mexico's lead state agency administering behavioral health programs) to



convene a task force to study and develop strategies to address the needs and resources for people with mental health disorders in crisis situations, particularly addressing strategies to divert people with mental illness away from jail and toward more therapeutic models focused on stabilization, medical support, maintenance, and integration with community services. The report is attached in the appendix.

Confirming the most constant refrain of members of the task force, HJM 17 detailed one of major underlying problems exacerbating behavioral health crisis responses, and often leading to tragic results: Albuquerque (like many jurisdictions through the country) responds to a behavioral health crisis with a law enforcement model rather than a public health model.

Whether through lack of social services resources, cutbacks in health spending, or public policy decisions, currently police officers are called upon to provide services that should be handled by medical and behavioral health professionals. When law enforcement is called upon to handle a mental health crisis fewer options are at their disposal, typically resulting in transport to an emergency room or jail. A police officer typically does not have the time, nor expertise to talk a psychotic person down from crisis. If there was an arrestable offense, the person might be taken to the Bernalillo County Detention Center. Once a person is booked, the jail has a duty under the 8th amendment to provide treatment for the detainee for any physical or mental health conditions.

Based on the sheer numbers of people treated and its budget, the Bernalillo County Detention Center is considered one of the largest mental health facilities in the metro area. However, it is the least therapeutic, least effective, and most expensive method of providing treatment. Add to that the costs of housing and feeding of the detainee, the costs borne by the judicial system in prosecution, public defender and court time, the attendant lawsuits (Las Cruces Detention Center had to pay over 2 million dollars to one detainee who was lost in the system and kept behind bars for over two years), it becomes apparent that the current system is funding the most expensive programs that have the worst results. The costs of criminalizing mental health issues are exacerbated by the revolving door of probation violations (e.g. whereby persons with behavioral health issues are found guilty but given relatively light sentences such as "time served," but are given long or unreasonable probation conditions, which invariably lead to an endless process of release, violation of probation, arrest, release, probation, arrest.).

As many on the task force reminded, the labeling and criminalization of people with mental health issues also serves to perpetuate the pernicious stigmatization of mental health and creates self-fulfilling prophecies in the re-incarceration of individuals.

One of the major recommendations from HJM 17 was that, whenever possible or

warranted, people with behavioral health issues should be diverted from the judicial system to the health system. To be clear, these diversions should generally be applicable to misdemeanor offenses (e.g. disturbing the peace, trespass, public intoxication, ect) or status offenses (violation of probation or conditions of release -usually for drinking while on probation) A person charged with a felony, even with an established history of behavioral or mental health issues would not, and should not, be diverted and should be appropriately treated in the psychiatric wing of BCDC until issues of competency and culpability are adjudicated by the courts.

With this as the background, the primary recommendations arising from HJM 17 include: creation of regional crisis triage centers to assess and medically stabilize a person experiencing a behavioral health crisis; the development of respite services as a step down recovery resource; peer based social service models to provide behavioral health services to decrease the need for police officers to respond to mental health calls for service when a crime has not been committed, thus decreasing the need and high expense of hospitalization or incarceration while simultaneously creating better long term outcomes for the person with behavioral conditions.

The hallmarks for both the Wertheimer and HJM 17 reports were diversion from the expensive and less therapeutic judicial models toward a more effective and timely crisis management service models.

## II. CRISIS ENCOUNTERS

While the previous public policy reports were extremely important to the work of the task force, such solutions don't exist in a vacuum. There was a consensus desire to hear the personal stories of people who have experienced behavioral health issues and family members who have dealt with the daily struggles of living with loved ones suffering from behavioral health issues.

Task force members Jim Ogle from National Alliance for Mental Illness, Tom Gagliano, and Douglas Fraser were instrumental in ensuring that throughout the process that the task force was mindful of the human lives at risk. Nowhere was this balance more insightful than in the area of crisis encounters. The task force heard about both sides of a crisis intervention call from the perspective of the family members as well as from Albuquerque Police Departments Crisis Intervention Team, particularly Lt. Glenn St. Onge and Dr. Nils Rosenbaum.

Every crisis encounter is as individualized as the person experiencing the crisis and the person responding to the crisis, however some consensus generalizations emerged: not every person with serious mental illness is dangerous or disruptive; when responding to a crisis first responders, health providers, and public policy

advisors should be mindful that mental illness is primarily a health condition. Calls for psychiatric services should not be treated substantially different from a call for a physical health emergency call. For example, a 911 call for service involving person experiencing an epileptic seizure is treated as a civilian response, calling an ambulance not a patrolman. If during the course of stabilizing a patient, the patient makes contact with a EMT, they aren't charged with battery, disorderly conduct, or otherwise charged with a crime. They aren't taken to a jail, they are transported to the nearest hospital for immediate treatment.

Major differences between a law enforcement response vs. a behavioral health response is that behavioral health response is geared toward getting the person to voluntary compliance, rather than forced compliance. This takes more time, but de-escalation leads toward better outcomes, both for the patients and the first responders. Additionally, the appearance of a uniformed officer can have an escalating effect on people in crisis. This is the primary reason that APD's Crisis Intervention Team wear polo shirts instead of full uniforms.

Another important consideration is the stigmatization of criminalizing a request for treatment for a behavioral health crisis. The task force heard the stories of family members who were reluctant to call 911 for help with a child experiencing an behavioral health crisis, fearing that the only result would be their child being taken to BCDC, charged with a crime, and then having to navigate the judicial system with no real help for the underlying problem.

#### 1. Crisis Intervention

Albuquerque Police Department is considered a national leader in formation of "Crisis Intervention Teams" (CIT). This team led by Lt. Glenn St. Onge and Dr. Nils Rosenbaum, is one of the few units in the country that have a licensed psychiatrist on staff. Along with the City of Albuquerque they have developed Crisis Outreach and Support Team (COAST) and Assertive Community Treatment (ACT) teams. These teams provide case management services and links to social services that can improve better outcomes for people living with behavioral health problems.

APD should be commended for their CIT and for supportive services through their Coast and ACT teams. However, as recent history has shown too often, in crisis situations, these teams are not being effectively utilized. Instead of mobilizing the CIT teams, too often the police dispatchers mobilize rank and file officers or in the cases of persons who refuse to come out of their home because of fear or confusion, specialized units such as SWAT are called, to deal with what is largely a mental health problem.

Another concern is the application and availability of the the CIT teams during peak and off hours. Generally, CIT teams are not always available 24/7 which in

fairness makes the the it hard for the dispatcher to make a proper dispatch.

## 2. Lack of Crisis Management Services

Another major discussion point regarding crisis intervention was the issue of the availability of triage and treatment beds for those in crisis. Initially, it was assumed that there were not enough medical resources in the metro area for crisis intervention beds. Anecdotally, we heard from first responders that when they would take a person in crisis to UNM Psychiatric Emergency Room or Presbyterian Kaseman, they would be triaged, diagnosed and treated, but if they were not "a danger to themselves or others" they would not be held for the full term of the evaluation window allowed by law (no more than 23 hours), and would be released. The officers would report the frustration of having to respond to another call for service at the same location with the same person just a few hours later.

As the work of the task force progressed, a more nuanced view became evident. Under the licensure standards from Department of Health, psychiatric emergency room beds are designed with specific goals and specific guidelines for use. These are expensive services specializing in providing "acute" care. These type of services are excellent at triage, and for medical stabilization. If within the 23 hour evaluation, a person is still in an acute crisis, both UNM Psychiatric Emergency and Presbyterian Kaseman have the resources to petition the court for appointment of a treatment guardian for an more extensive "inpatient" stay.

In the metro area, there seems to be enough in-patient beds to treat people in "acute" crisis. Based on numbers provided by UNM and the New Mexico Hospital Association, UNM Psychiatric Center has 32 general adult beds and 15 geriatric beds. Presbyterian Kaseman has 24 general adult beds. New Mexico VA Healthcare has 26 general adult beds, and Lovelace Downtown has 24 geriatric beds.

However, the true lack of services occurs where the person is in a "sub-acute" crisis (e.g. suffering from severe depression but with no suicidal ideation or are experiencing psychotic episodes such as hearing voices, but are not presently a danger to themselves or others.) or was in an "acute" condition but is treated to "sub-acute" condition. In the metro area, there are simply no effective "step down" services such as "respite" beds, intermediate services or out-patient services where there is a bed supervised by behavioral health professionals and accompanying resources (peer counseling and case management) for a person to recover from a significant crisis episode.

In this respect, the lessons learned from Tucson and San Antonio are extremely

helpful. Tucson and San Antonio, cities similar to Albuquerque both in geography and demographics, confronted the same issues regarding crisis management that Albuquerque faces today.

The linchpin of both the Tucson and San Antonio models was the construction of a "crisis triage and treatment centers." These facilities (staffed 24/7) are designed to provide services along the behavioral health services continuum, providing triage; acute, sub-acute, respite, case management services, peer support, and out-patient services. Importantly, these centers are not based on an "eligibility" model (either income eligibility or based on the severity of the crisis), but rather it accepts anybody experiencing a crisis, triages them to the appropriate level of care, and treats to their individual situation.

It should be noted that all these services are not always provided by one particular entity, but rather focusses on the co-location of services (e.g. the Tucson facility consists of partnerships of entities that provide specific services in their particular area of expertise -University of Arizona Hospital, City of Tucson, Pima County, non profit service providers and social services agencies).

These facilities were designed as secure "one stop" centralized hubs both for law enforcement transfers as well as a drop in resource for the community, (this assists in the de-fragmentation of services and is helpful for community access).

Currently there are no regional crisis stabilization centers operating in New Mexico. Las Cruces has a building for such a center but is not operational due to lack of funding from a dedicated funding source for programs. The primary reason is Medicaid, as administered by New Mexico Human Services Department, does not currently reimburse for crisis management services. In comparison, the Tucson Crisis Stabilization Center receives about 80% of their funding from Arizona's Medicaid Program.

### III. LONG TERM SUPPORT SERVICES

Crisis triage /stabilization centers are a major linchpin in a crisis management system but providing medical services alone without the accompanying longer term social supports, will not obtain the best outcomes for the community or the patient. These supports such as "case management" and supportive housing are key to breaking the expensive and destructive cycle of "crisis to crisis" responses.

Major mental illness diagnosis (e.g. schizophrenia, bi-polar disorder) generally are conditions that cannot be cured or resolved, but are conditions where the symptoms can be treated. The treatment consists of medications or social therapies (counseling, peer support,) and most effectively a combination of both. Symptoms will generally cycle where a patient can go through periods of time

where they are functioning well and symptoms are mild and other periods of time that they will de-compensate and their symptoms will become more acute. This decompensation occurs for a myriad of reasons, and is individualized to the person.

The task force identified three major support services, largely missing from Albuquerque's crisis management service continuum, that are essential to the long term stabilization of persons with behavioral health issues.

#### 1. Case management

"Case management" is a term used to describe an array of supportive services, all of which provide para-professional assistance to individuals in accessing and connecting with services, programs, supports, and benefits. Case managers often act as "navigators" to help people in need find their way through our complex system, connecting people in need to the right services and resources, and helping them to obtain or meet categories of eligibility, such as obtaining Medicaid, public and private housing, public assistance. Case managers help in a holistic manner, assisting people in addressing both social, as well as medical/behavioral health issues. Case managers can be very effective as advocates for patients in managing the sometimes harsh medications that treat some conditions. In short, case managers are key to the long term stability of persons with behavioral health issues, in obtaining psychiatric assessment and treatment, and helping to fill critical social needs such as housing, employment, education, childcare or social therapies.

#### 2. Accessing the State Medicaid Program

Recently, pursuant to the implementation of the Affordable Care Act, New Mexico expanded Medicaid. Prior to its expansion, adult males with a major mental illness diagnosis and no private insurance could only get services for mental illness through emergency indigent services at UNM Psychiatric Emergency Room, indigent care through UNM Cares, Kaseman Hospital, or the the Bernalillo County Detention Center. However, with expansion of Medicaid this population now has meaningful health care coverage that could significantly change outcomes and realize significant savings by decreasing expensive emergency room services.

However, signing up for Medicaid is a cumbersome "means-tested" process. It is highly complex and difficult to navigate. Many people suffering from a major medical or psychological diagnosis are unable to work and would be presumptively eligible for coverage. Due to this complexity, many do not sign up for coverage and instead continue to cycle through crisis-to-crisis emergency room indigent care. Simply put, the State of New Mexico needs to sign as many of the "newly eligible" population experiencing severe behavioral health conditions on to Medicaid. Not only will the State see better outcomes but it will ultimately save taxpayer money.

### 3. Supportive Housing

Reliable housing is one of the major factors in the treatment of people with mental or behavioral health issues. This population has higher instances of homeless or unreliable housing which leads increased interactions with police, increased incarceration and hospitalization. Albuquerque's "Heading Home" supportive housing program found a 36% decrease in emergency room visits, a 64% decrease in jail costs, and 83% decrease in hospital inpatient costs, and a 39% decrease in medical outpatient costs.

## IV. TASK FORCE RECOMMENDATIONS

Based on the findings above, the Task Force made a range of recommendations across the spectrum of jurisdictions and initiatives. Though all the recommendations are important, at the behest of the elected officials, an effort was made to prioritize them according to 1) what services are currently missing within the continuum, 2) those recommendations that could have the biggest effect in providing behavioral health services, 3) those recommendations that are evidence-based and effective.

### 1. The Establishment of a Regional Crisis Triage / Stabilization Center.

By far the strongest recommendation that could positively affect how effectively Albuquerque deals with crisis intervention, provision of a range of behavioral health services, and is most needed in the community was the creation and construction of a regional crisis stabilization center.

The center should be accessible both for "step down" services (from emergency rooms or jail), as well as a "drop in" services (persons who are suffering from "sub-acute" mental illness or conditions who are not a danger to themselves or others but are still in need of immediate services). The center should be a short term (no longer than 5 days) transitional center. The center should be open 24/7, seven days a week. The center should not be based on any "eligibility requirements" but rather based on "need." Anybody in the community, regardless of income, should have access to the center.

The task force recommended that the center have medical resources on site, and strong connections through tele-health to other medical facilities (on-duty nurses to administer medications, perhaps a on-site clinic run by UNM Psychiatric services during peak hours) but should focus on the "step-down" services and providing a "warm handoff" to other resources in the community such as identifying "respite beds," temporary housing, longer term supportive housing,

assisting the "newly eligible" in signing up for Medicaid; coordinating with the client's existing Medicaid "care coordinators"; peer to peer support. non-drug therapy support; and a central "resource center" to provide information about connecting people to resources.

Not only does the stabilization center provide a more clinically appropriate environment for longer term maintenance, but other jurisdictions have shown significant cost savings. These jurisdictions have found that the creation of lower level service models create more opportunities for patients to control symptoms without the cycle of crisis-to-crisis emergency room visits. These centers generally can see patients sooner -without long wait times. The Tucson stabilization center can typically see a new patient within 15 minutes of arrival.

The Task Force recommended that the stabilization center be regional in scope. There are counties near the Albuquerque metro area that are extremely interested in participating in the center. Nearby counties such as Sandoval, Torrance, and Valencia could benefit from having the ability to transfer patients to the center, and would benefit from the economies of scale by contributing to the cost of the center but not having to construct their own.

## 2. Case Management Services

The Albuquerque and Bernalillo County area have a complex array of behavioral health and social services. Unfortunately, it is quite challenging for persons in need of behavioral health services to penetrate this complex system, and connect with the right services, at the right time, in the right situation.

Because funding for most services is based on eligibility, or limited to certain programs or categories of need, it is very frustrating and challenging for most individuals to be able to effectively access the appropriate services.

Case management is a service that connects clients to services. Case management is conducted by trained professionals who are assigned a set of clients with mental or behavioral health condition who assist clients in connecting to key services in the community (Medicaid, SNAP, housing, SSI, ect) and would regularly follow up to insure the client has the best opportunity to stabilize before a crisis arises. According to best practices, there should be one case manager per 25 clients.

In years past, the New Mexico Medicaid system used to reimburse for case management services. However, currently case management has been limited to "core service providers" and is further limited to only connecting people to medical services and not necessarily to other social services. The New Mexico Legislature is contemplating adding case management back into the Medicaid program, but this could take some time.



In the meantime, the task force recommends that the City and County increase funding of case management services, based on determination of need, rather than eligibility. Program strategies such as the UNM Pathways Program and the UNM Fast Track programs offer models which could be replicated and expanded, and may better serve the community if they were more widely available and marketed.

The task force also recommends that whether through the State or local funding that a systemwide behavioral health database/list be established which is maintained and kept up to date to connect service providers to each other for the benefit of their consumers.

Similarly, the task force recommended that a universal toll free call service (i.e. 311 type call) be established to connect people seeking behavioral health services to providers or health information. Encouragingly, a similar "warm behavioral health help line" has recently been established by the Behavioral Health Purchasing Collaborative. Staffed by trained behavioral health staff, it is a dedicated behavioral health telephone service, whereby a person experiencing a crisis can call 24/7 and talk with mental health professional or connect with services. This services has great potential on a state wide level. However, information about the system has not been widely disseminated and connections to services other than Medicaid services are not robust. The task force recommends that this service be advertised through public service announcements, and aggressively marketed. Also, more resources need be allocated to inventory behavioral health services to share within the provider community and the public.

### 3. Creation of Community Engagement Teams (CET)

Last year a bill passed the New Mexico Legislature that created the concept of CET teams comprised of trained civilian units (they could be associated with medical entities, community entities, peer to peer groups, NAMI, ect.) that would respond or address crisis calls from clients in the field who are experiencing a mental health crisis. The task force recommended that this legislation be re-introduced and recommends that the Legislature appropriate funds to allow CET teams to follow up with clients (case management) to assist people after a crisis situation to prevent de-compensation.

### 4. Supportive Housing

As discussed previously, because of the strong link between reliable housing on behavioral health stabilization and the significant cost savings due to the decrease in emergency room and incarceration costs, the task force recommended that resources be provided for supportive housing.

### 5. New APD Protocols for a "Tiered Response" for Behavioral Health Calls

In conjunction with CET concepts and mobile crisis units, APD's Crisis Intervention Team has been developing a "tiered response" so that not every behavioral health call is automatically responded by a armed uniformed law enforcement officer. Instead protocols are developed to "triage" calls so that the most appropriate law enforce response is sent to address the issue at hand. For example, if a person is acting erratically, experiencing a mental health issue, but no crime has been committed, the tiered response could be utilized so that a CET team, the mobile crisis unit, a medical professional, or CIT unit would respond instead of patrolmen in an effort to de-escalate the crisis. The City should be commended for developing these strategies, and should expand and improve them in the future.

## 6. Court Initiatives

People with a behavioral health conditions are much more likely to be arrested and to encounter the judicial system. The New Mexico court system should be commended for the establishment of specialty courts such as drug, mental health, homeless and veteran's court. These courts are effective and should be funded appropriately going forward. Yet, whenever possible, particularly for misdemeanor /status crimes, diversion from the judicial system should be encouraged. Under normal circumstances navigating the judicial system is hard for a layperson. For a person with a severe mental health diagnosis it can sometimes be impossible. The intensive interaction/ probation model that has shown great promise for persons in drug court may not be as effective for people with mental illness. The court system should be acutely aware about the stigmatization that comes from criminalizing mental illness. Additionally, the courts should be looking at partnering with case management resources to get to the underlying issues that lead to recidivism and de-compensation (lack of connection to medical and social resources).

Similarly, the task force recommended that the courts reform and streamline the bench warrant process. If a person fails to appear before the court for any crime, a bench warrant is automatically issued, including for petty misdemeanors. In the case of the severely mentally ill, failure to appear is sometimes the norm rather than the exception. When law enforcement encounters a person with bench warrants, currently there is no officer discretion and they must arrest the individual. This policy exacerbates a cycle of incarceration for people with mental illness without meaningful treatment.

The task force recommends that the Courts and the N.M. Legislature take a fresh look at the bench warrant process and find common sense methods to address the unique challenges faced by persons with mental illness in navigating the criminal justice system.

Additionally, the task force recommends that the Legislature adequately fund the "competency" and "treatment guardianship programs." Generally people with

mental conditions are frequently diverted from criminal culpability because the are not competent to stand trial. Before such a determination is made the defendant must be evaluated by one of the contracted medical professionals. Currently this program is underfunded, which creates backlogs, especially in the District Court, in performing the evaluation.

The task force recommends that the N.M. Legislature appropriate funds to ensure that competency evaluations are being conducted in the most timely manner.

Similarly, on the civil side, New Mexico's Treatment Guardianship program (which allows the court to appoint another person to make medical decisions for a person with mental health issues so severe that they do not have the capacity to provide "informed consent.") is woefully underfunded and is in disarray. A complete reform to this system is needed.

## 7. Medicaid

The task force purposefully did not address global issues concerning the administration of the Medicaid system in New Mexico but as it pertained to crisis management systems and stabilization of patients, they made the following recommendations.

Reinforcing a recommendation from a 2014 bill sponsored by Senator Gerald Ortiz y Pino, the task force recommended that the New Mexico Human Services Department "suspend" Medicaid services for people released from jail, rather than purging them off the rolls, and to allow persons to sign up for Medicaid while incarcerated.

The Substance Abuse and Mental Health Service Administration (SAMHSA) has shown significant savings can be realized when detainees are released to health care coverage. Nationwide, 68% of inmates have substance abuse disorders and 16% have severe mental illness. SAMHSA notes that treatment saves \$12 for every \$1 dollar spend on treatment (\$7 in criminal justice and \$5 in medical costs.) When released to treatment, the population sees a decrease in recidivism, slower spread of diseases such as HIV and Hepatitis, and lower hospitalization utilization.

In 2015, Senator Ortiz y Pino re-introduced Senate Bill 42 which was passed by both chambers and signed by the Governor.

Secondly, the task force recommends that HSD find ways to restore case management services to more than the core service agencies and in a more holistic manner. This one service has been shown to decrease Medicaid spending by decreasing the expense of crisis /emergency room.

#### 8. Prevention /Resource Matching /Public Education

The task force recommends that the State of New Mexico and Albuquerque Public Schools explore programs to detect and intervene on childhood behavioral health problems through programs such as "Mental Health First Aid," school nurse program, the use of mental health assessment tools, and voluntary mental health screenings.

Currently the behavioral health resource network in Albuquerque is not robust and there is a tremendous need to augment these scarce resources. However there are some resources in the community. Unfortunately the public is largely unaware of these resources. Moreover, behavioral health providers in the community may be unaware of other similar resources or other supportive services in the community as well.

The task force recommends that whether at the state or local level, there is an urgent need to expand and strengthen existing mental health crisis line; create something similar to Albuquerque's 311 line focused on mental health; and to create an on-going and updated clearinghouse for resources and assistance.

The existing program needs support for promotion/publicity, maintaining up to date and comprehensive resources for both mental health and Substance Use Disorder resources (including location, information on services offered, criteria for programs, cost/insurance, demographic served; also need to include Opioid Treatment Programs as a resource that is tracked and provided to callers).

#### IV. 2015 ACTIONABLE PUBLIC POLICY INITIATIVES

As discussed earlier, the purpose of the task force was to gather a broad cross section of the behavioral health community in Albuquerque (providers, consumers, law enforcement, elected officials, health advocates, and community members) to find the problems and issues in Albuquerque. But we also committed to not having another "feel good" task force to explore an issue with no follow up. Thus, through the process we focused on taking the task force recommendations and coming up with "actionable public policy initiatives."

Concurrent with the work of the task force, a smaller steering committee comprised of Michael Robertson (City of Albuquerque), Katrina Hotrum (Bernalillo County), Rodney McNease (UNM), Jessica Hernandez (Albuquerque City Council), and Andrew Vallejos (Coordinator of Task Force) were coming up with public policy strategies to implement many of the recommendations.

Like many other jurisdictions throughout the country addressing crisis intervention behavioral health initiatives, the steering committee focused on strategy of "braiding" as much funding from a variety of sources as possible.

First, of course, was to tap into state resources for funding, whereby a favorable Medicaid match can leverage a 30% investment to get a federal match of 70%. But with Medicaid funding comes "eligibility" requirements which can work at cross purposes for crisis funding, thus non-Medicaid funding is necessary to fund those programs that the federal government disallows (supportive housing, non-medical case management, etc.). In the same vein, local funding is essential as it can fill in programmatic gaps in state and federal funding in much more innovative ways that go most effectively for the specific needs of the community. Through this braided funding strategy, Albuquerque can leverage its fair share of state and federal funding, but innovate and lead in behavioral health strategies that fit what Albuquerque needs.

#### 1. Funding and Initiatives from 2015 Legislative Session

Although the State of New Mexico was experiencing unexpected low revenues from the drop in price of oil and gas, we recognized that the New Mexico Legislature -on a bi-partisan basis- had been very supportive of increased funding for behavioral health services, particularly the evidence-based programs that the task force was advocating.

Indeed, in 2013, the influential New Mexico Legislative Finance Committee had released a report entitled "Evaluation of the Cost and Outcomes of Selected Behavioral Health Grants and Spending." One of the major findings was the effectiveness of case management programs and "evidence-based" programs ("Promising practices are those that are judged to be clinically sound, designed to meet the priorities of health resource consumers, and are associated with positive outcomes." pg. 40.) The types of programs that LFC recommended to be funded and implemented by the New Mexico Human Services Department included intensive outpatient programs, Assertive Community Treatment, and supportive housing. Strategies consistent with the recommendations from the task force.

Based on the recommendations from the task force, Senator Mary Kay Papen, the Senate Pro Tem and a longtime champion for behavioral health was approached to advocate for specific funding for regional crisis triage centers, for transitional and supportive housing programs, and case management.

As a result of Senator Papen's advocacy and the support of Senator John Arthur Smith, Chair of Senate Finance and Larry Larranaga, Chair of House Appropriations, in 2015 N.M. Legislature appropriated 2.250 million dollars for the establishment of regional crisis stabilization centers, 1 million dollars for supportive housing, \$250,000 for non-Medicaid in-patient psychiatric services and 1 million dollars to expand other evidence based behavioral health programs. As a result of these efforts, there is 4.5 million new dollars in targeted evidence-based behavioral health initiatives.

Another major success was the passage and signing of HB 212 sponsored by Sen.

Papen and Representative Dr. Terry McMillian, allowing for a Medicaid reimbursement for crisis triage centers. As noted in the Financial Impact Report evidence from other jurisdictions have shown that Crisis Triage /Stabilization Centers actually save money for the Medicaid system by providing more effective services with better outcomes than service from emergency rooms. Moreover, because Medicaid is a federal/ state program whereby the federal government matches the state contribution 70/30, the State of New Mexico can leverage its investment more effectively.

## 2. Bernalillo County Referendum and Behavioral Health Revenue

In November 2014, Bernalillo County placed a non-binding resolution on the ballot asking its citizens whether they would support a 1/8 increase in the gross receipts tax to support behavioral health services. Speaking to the urgent need for services, the citizens of Bernalillo County voted over 69% in favor of such a tax. Accordingly, on February 21, 2015, by a vote of 3-2 in favor, the Bernalillo County Board of Commissioners voted to increase the gross recipients tax for behavioral health programs, beginning on July 1, 2015. This tax should generate nearly 20 million in increased revenue to fund the gaps in behavioral health services in the metro area.

Concurrently, Bernalillo County has contracted with Community Partners Consulting Group to create a behavioral health business plan to provide a framework for effective planning and financing of behavioral health initiatives.

## V. LOOKING FORWARD / NEXT STEPS

As stated before, the primary mission of the task force was to identify the major barriers to effectively addressing behavioral health issues in the Albuquerque metro area. As evidenced above, they were extremely successful in creating consensus recommendations across jurisdictions and silo-ed interests. But perhaps the most tangible results were the impetus that the task force gave to funding strategies by the State, County and City, listed above.

Going forward, there will be a continued need for an ad hoc planning group to continue the work of the task force. The over 4 million dollars in new statewide crisis management, supportive housing and supportive funding, will need effective advocates to make the funding permanent and on a longer term basis. This working group will need to work with New Mexico Human Services Department in a coordinated manner as they implement rules and protocols for administering these new funds.

The new funding opportunities provided by HB 212 (Medicaid reimbursement for Crisis Triage Centers) can be a game changer in this area, but again, the

effectiveness may depend heavily on the rules that Department of Health promulgates for crisis triage /stabilization centers. Moreover, HSD has indicated that these new funding streams may necessitate a Medicaid state plan change. Local behavioral health specialists need to be part of this planning effort.

As other jurisdictions have shown, “braiding” of funding is a proven strategy in the success of effective behavioral health delivery systems. The investment of the State, Bernalillo County, and the City provides a launch point for such braided funding. More opportunities are available by including surrounding counties (i.e. Sandoval, Torrance, Valencia) in regional approaches to behavioral health.

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