

MINUTES OF THE
SANTA FE COUNTY
HEALTH POLICY & PLANNING COMMISSION

May 3, 2019

Santa Fe, New Mexico

I. This regular meeting of the Santa Fe County Health Policy & Planning Commission (HPPC) was called to order by Chair Laurie Glaze at approximately 9:00 a.m. on the above-cited date at the Santa Fe County Community Services Department conference Room, 2052 Galisteo Street, Santa Fe.

II. The following members were present:

Members Present:

Laurie Glaze
Christa Coggins
Laura Brown
Barry Cooney
Nelsy Dominguez
Bonnie Keene
Michael Munson
Carolyn Roberts
Kim Straus

Member(s) Absent:

Sandy Dransfield

County Staff Present:

Patricia Boies, Director, Health Services Division
Rachel O'Connor, Director, Community Services Department
Jennifer Romero, Interim Health Care Assistance Program Manager
Alex Dominguez, Community Services Behavioral Health
Mark Boschelli, Detention Center Mental Health Manager
Melissa Oberg, Program Manager
Priscilla Torres, Re-entry Specialist, Adult Detention Center
Nicole Dixon, Re-Entry Specialist, Adult Detention Center
Tanya Garcia, Re-Entry Specialist, Adult Detention Center
Derek Williams, Warden, Adult Detention Center

Others Present:

Dawn Abriel, Bright Heart Health
Kristen Carmichael, Consultant

Kermit Cole, Serna Solutions
Susan Carter, Life Healing Center

SFC CLERK RECORDED 06/12/2019

Kyra Ochoa, City Community Services
Jennifer Barela, BCBS
Lupe Salazar, Barrios Unidos
Miguel Chavez, Former Commissioner
Jody Larson, League of Women Voters
Barbara Ceg, MTS
Leslie Pacheco, BCBS
Juan Valdez, PMS Case Manager
Joseph Jordan-Berenis, ICS
Emily Kaltenback, Drug Policy Alliance
Tim Dabbs, NAMI
Nicole Ault, SFFD/MIHO
Beth Dehler, BCBS

Michael Lucero, MCRT
Sixto Aguirre, Barrios Unidos
Elizabeth Peterson, Consultant
Judy Williams, League of Women Voters
Denise Yanez, Youth Shelters
Vladimir Eyer
Debra Newman, 1st Judicial Court
Tom Starke, Recovery Santa Fe
Kim Gabaldon, Sangre de Cristo House
Patricia Dabbs, NAMI
Kate Field, ACT/MCRT, PMS

III. Introductions

Those present introduced themselves.

IV. Approval of Agenda

Upon motion by Commissioner Roberts and second by Commissioner Brown, the agenda was unanimously accepted.

V. Approval of Minutes: March 1 & April 5, 2019

Commissioner Brown asked that she be listed as excused on the April 5th minutes.
Commissioner Roberts moved to approve both sets of minutes and Commissioner Straus seconded. The motion carried unanimously.

VI. Matters of Public Concern

Lupe Salazar from Barrios Unidos noted that inmates are being charged for medications. He asked who he should talk to. Chair Glaze said questions relating to the presentation will be answered afterward.

Susan Carter announced that the Life Healing Center is holding CEU trainings the first Wednesday of every month.

Tom Starke said on May 10th NAMI and the Department of Behavioral Health are sponsoring Wellness Day at the Albuquerque Indian Cultural Affairs Center. The event is free and some openings are available. NAMI Santa Fe holds public information meeting the second Tuesday of the month. May 14th will feature speaker Molly Brack on preparing a safety plan. Alex Dominguez noted the information was on the County Community Services website.

Commissioner Coggins stated this was the last day to forward nominees for the Community Foundation Piñon Awards for non-profits. Information is available on their website.

Commissioner Dominguez announced an RFP is going out for the 2020 census to target the hard to reach parts of the community.

VII. Presentations

A. Behavioral Health Treatment at the Santa Fe County Detention Center

Mark Boschelli stated he started overseeing the behavioral health program at the Santa Fe County Jail, both the adult detention center and the youth program, at the end of 2018. He said behavioral health encompasses both mental health and substance abuse. He said working in the field he was not aware of what happened to clients once they went into the jail. The goal is to achieve transparency. The detention center houses an average of 550 individuals at any one time and sees 10,000 individuals over the course of a year. While it is a jail in every sense of the word, as is the case nationwide, it is the de facto provider of behavioral health services.

Mr. Boschelli said there are three intervention points: pre-diversion, i.e., the Law Enforcement Assisted Diversion Program (LEAD), the Mobile Crisis Response Team (MCRT) and the Crisis/Detox Center; the jail itself with medical and behavioral health treatment, and education; and re-entry.

The combination of medical and behavioral health services uses a full-time primary care doctor with behavioral health experience, six full-time nurses, a mental health manager (Mr. Boschelli), 24 hours of psychiatric services to be increased to 40 hours per week, and six licensed behavioral health clinicians. The role of the clinicians is to prevent suicide, crisis intervention, assessment and programming. He pointed out that administration has decided not to use any addictive medications at the detention center – no benzodiazepines or certain specified pain medications.

Mr. Boschelli said there is a weekly interdisciplinary meeting that discusses all inmates.

The program currently in use at the detention center is Matrix, a SAMHSA evidence-based program that is combined with a therapeutic community approach that was originally designed for methamphetamine users. It was initiated as a 30-day pilot with one pod of male users. The therapeutic community model makes use of 12-step programs and takes advantage of enforced, institutional abstinence. Matrix makes use of motivational interviewing, dialectical behavioral skills, and breathing exercises. Abstinence fosters clearer thinking and all participation is voluntary. There are motivational enhancements upon completion including certificates and pizza.

A principal focus is relapse prevention. Mr. Boschelli said there are nine hours of therapy sessions led by a clinician that cover techniques to avoid relapsing when back in the community.

Mr. Boschelli explained the concept of a therapeutic community. Those in the program have their own dedicated area.

Five rounds of the Matrix program have been completed. A 50 percent graduation rate is considered good and the detention center is doing better with 21 out of 30 inmates having graduated. They have expanded the program for 12 women. It is hoped to have the judicial system make an equivalence between the Matrix program and residential treatment centers. This would ease the burden on re-entry specialists seeking post-incarceration placements.

Turning to the medically assisted treatment model, Mr. Boschelli said they make use of two of the five components: opiate overdose prevention and the option of Vivitrol injections.

Commissioner Coggins asked what happens if an inmate completes the 30-day program prior to completing a sentence. Mr. Boschelli said they have the option of doing peer support, and that is a valuable component.

Commissioner Brown made a case for medically assisted treatment (MAT) in jail settings using Naltrexone (Vivitrol). She said there is vast evidence in favor of its efficacy even without behavioral health support. The detention center used to provide Buprenorphine (Suboxone), and is now behind the national curve. She asked why Methadone and Suboxone were not being used. Mr. Boschelli said only three percent of detention centers in the country use Methadone. The administration has chosen to not use Suboxone, a better option, because there is already a substantial amount smuggled into the jail and diverted.

Commissioner Brown maintained that Suboxone constitutes harm reduction and is safer than smuggled heroin. Mr. Boschelli stated the inmates can separate the opiate agonist from the other part and are using it to get high. Suboxone is the biggest black market commodity at the detention center.

Commissioner Brown indicated depriving inmates of MAT constitutes cruel and unusual punishment. She added MAT is more cost effective, reduces crime, recidivism and disease transmission. Bernalillo County has been providing MAT since 2005.

Mr. Boschelli stated the current physician is working on getting his DEA-X license in order to work with the opiate addicted pregnant inmates.

Commissioner Brown pointed out the HPPC took a position in favor of MAT.

Commissioner Cooney said by their nature prisons are inhuman environments that perpetuate aberrant behavior. Psychiatrists tend not to be qualified to render treatment to this kind of population, emphasizing control rather than rehabilitation. The system is inadequate and dysfunctional.

Commissioner Keene asked how the contraband was entering the jail and Mr. Boschelli said Suboxone is the easiest, most transportable commodity and an average of two attempts daily are thwarted. He said it is used to “zone out.”

Debra Newman echoed the sentiments of Commissioner Brown and said there was no study that inmates were zoning out. It was her understanding smuggled Suboxone was used to

avoid the effects of withdrawal. She said she is a treatment provider and works for the American Society of Addiction Medicine. She outlined the problems with addicts coming out of jail, including ascertaining what medications they are on and the necessity of finding them a medical home. Mr. Boschelli said staff contacts the inmates' pharmacies to learn their medications. The information on zoning out comes from interviewing inmates.

Ms. Newman said heroin was freely available in the jail and asked what measures they undertake to prevent overdoses. Mr. Boschelli said one thing they do is refrain from prescribing opiates.

Priscilla Torres, Re-entry specialist, advocated the use of Suboxone outside the jail setting, but inside is very different. Suboxone is much more prevalent than heroin and recently someone tried to smuggled 270 Suboxone strips worth \$70,000 in the jail. She noted not everyone wants to be rehabilitated. Additionally, there is the problem of overcoming or changing the culture.

Ms. Newman spoke in support of the use of Sublocade over Vivitrol.

Nicole Ault, MIHO, asked about Abilify and Mr. Boschelli said he was not sure if that was on the formulary. If it is not, that could be why MIHO would be bringing it to the jail. He said cost is also a factor.

Mr. Starke voiced the concerns of the families of the mentally ill – once they go into the jail the family loses touch with them and often they are in worse shape when they are released. Mr. Boschelli said sometimes if the individual is known and their condition is known, the nurses or transport officers can flag them. There are HIPAA constraints unless the person signs a release of information or has a treatment guardian. Compliance post-discharge is also difficult.

Juan Valdez urged greater collaboration with community organizations.

VII. B. Re-Entry Program at the Santa Fe County Detention Center

Rachel O'Connor pointed out that Community Services funded the original re-entry specialist position and she recognized Leslie Pacheco who was with the program early on. Emphasis was on dispersing Narcan kits and re-enrollment in Medicaid, but the purview has expanded. Housing and connecting people to services continue to be problems.

Melissa Oberg, Program Manager, said she oversees education, volunteers, electronic monitoring, and re-entry.

Ms. Torres gave her background. She said the purpose of re-entry is to coordinate services for those being released from custody so they are able to re-integrate successfully into society. Some inmates are only there for a short time. She provided details about Medicaid coverage challenges. They work closely with HSD and various managed care organizations (MCOs). She advocated focusing on the highest need population. There is often a delay in getting inmates into court-mandated inpatient or outpatient services, causing longer stays at the

facility. They are hoping to make use of the newly instituted Unite Us software to facilitate linkages and referrals to services.

Ms. Torres stated they have distributed approximately 150 Narcan units that the inmates can take with them as they leave the detention center, rather than having to fill a prescription. Obstacles include homelessness and transportation difficulties.

Commissioner Roberts mentioned seeing people walking along the highway having been released from jail, which is dangerous and insulting to the released inmates. Ms. Torres said an RTD bus comes through and the schedule is posted and security staff can also transport them. However, many are not willing to wait. Juan Valdez stated he has picked up people at the facility at midnight. Ms. Torres said she tries to get the judges to delay releasing until daylight hours.

Commissioner Cooney said he would have preferred the presentation to have taken the form of the personnel giving a heartfelt disclosure of their frustration about things that aren't working. This would give the HPPC an idea of what to be concerned about. "We need more information from those in the trenches."

Denise Yanez stated the system is broken and only slowly catching up to the needs of the population. The justice system nationwide is moving towards restorative justice and trauma-informed treatment. She said she would like to hear about issues at the youth facility.

Kevin Cole agreed things need to be viewed through a trauma-informed lens and that family issues need to be resolved. Ms. Torres indicated she has been trained in trauma-informed treatment and is acquainting the cadets with the concept.

Miguel Chavez stated the process is labor intensive and expensive. He said his bipolar son spent a year in the detention center. The court system needs to be involved. He advocated re-instating the citizen oversight committee and spoke of the numerous delays in the process that cause people to languish in the system.

Commissioner Brown asked that further discussion of the jail be put on at future agenda, along with the citizen oversight committee. She agreed with Commissioner Cooney's remarks.

Chair Glaze thanked everyone for coming and participating.

VIII. Matters from the Commission and Staff

A. Directors Report

Ms. O'Connor stated she viewed the newly instituted room at St. Vincent's that is set aside for people coming in with behavioral health issues. She said it was impressive and asked that it be put on a future agenda.

Last week the Edgewood medical/dental facility had a ribbon-cutting ceremony. The old First Choice building will be renovated to accommodate a behavioral health facility and she noted that need in the area is great, given statistics on encounters gathered by UNM. That

facility will be worked on concurrently with the Santa Fe Crisis Center. An RFP will go out for redesign of the current building which will be vacated in August. Bernalillo and Santa Fe counties are partners in the Edgewood project. The state Behavioral Health Services Division will be setting a reimbursement rate for crisis triage which will provide a funding stream. She lauded ex-Commissioner Chavez for his efforts in securing the progress on the crisis centers and he in turn mentioned the role played by the National Association of Counties.

Ms. Boies pointed out the danger presented by any undercount in the upcoming census. In order to minimize that, Krista Kelly has been hired for a data-driven approach to elucidate what parts of the county and which demographics are most likely to be undercounted, i.e., seniors, immigrants, non-white, lower income, etc. A committee is being formed to advise and assist with obtaining a complete and accurate count, since failure to count people results in drastic funding loss.

B. Other Matters from the Commission

Commissioner Brown proposed making a presentation to the Board of County Commissioners to counteract a presentation made previously that was “blatantly anti-medication-assisted treatment.” The Municipal Drug Strategy Task Force has also expressed concern and she has ample documentation on the efficacy of MAT, including evidence from Bernalillo County. Commissioner Coggins agreed a presentation would be better than sending a statement.

Chair Glaze conceded it was a huge issue, perhaps bigger than the HPPC. She suggested a work group incorporating a variety of disciplines.

Commissioner Roberts recalled that there was a presentation before the HPPC on MAT provided to addicted pregnant women, that was very successful.

Commissioner Cooney stated that in his 41 years working in New Mexico’s health systems, the overall situation in the state in healthcare services and delivery is deeply flawed, due to competition for limited resources, and bureaucratic sluggishness. The HPPC needs to strategize outside the usual two-hour format on becoming a more effective body. He recommended a different sort of meeting to discuss modifying the operating policies and procedures to make the commission more vital as an oversight body. He said the County jail is a classic example of failing those who it is intended to serve. They need to assert more authority lest they be seen as woefully inadequate in their oversight role. He voiced his willingness to serve on an oversight body.

Commissioner Brown supported Commissioner Cooney’s sentiments.

IX. Future Agenda Items

- **More discussion on behavioral health at the jail**
- **Jail Oversight Committee**
- **Census update**

Announcements

A. Next HPPC meeting Friday, June 7, 2019, 9 a.m., Santa Fe County
Community Services Department Conference Room, 2052 Galisteo Street

X. Adjournment

This meeting was declared adjourned at approximately 11:25 a.m.

Approved by:

Laurie Glaze (ps)

Laurie Glaze, Chair
Health Policy & Planning Commission

Respectfully submitted by:

Debbie Doyle (ps)
Debbie Doyle, Wordswork



COUNTY OF SANTA FE)
STATE OF NEW MEXICO) ss

HEALTH POLICY & PLAN M
PAGES: 8

I Hereby Certify That This Instrument Was Filed for
Record On The 12TH Day Of June, 2019 at 03:00:44 PM
And Was Duly Recorded as Instrument # 1888479
Of The Records Of Santa Fe County

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