SANTA FE COUNTY

BOARD OF COUNTY COMMISSIONERS

SPECIAL MEETING

June 24, 2026

Justin Greene, Chair - District 1
Adam Johnson, Vice Chair - District 4
Camilla Bustamante - District 3 [virtually]
Hank Hughes - District 5
Lisa Cacari Stone - District 2

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REGULAR MEETING

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1. A. This regular meeting of the Santa Fe Board of County Commissioners was called to order at approximately 9:06 a.m. by Chair Justin Greene in the County Commission Chambers, 102 Grant Avenue, Santa Fe, New Mexico.

B. Roll Call

Roll was called by the County Operations Manager Sara Smith and indicated the presence of a quorum as follows:

Members Present:	**Members Excused**:
Commissioner Justin Greene, Chair	None
Commissioner Adam Johnson, Vice Chair [9:45 arrival]	
Commissioner Camilla Bustamante [virtually]	
Commissioner Hank Hughes	
Commissioner Lisa Cacari Stone	

C Approval of Agenda

Commissioner Cacari Stone moved to approve the agenda as published and Commissioner Bustamante seconded. The motion passed by unanimous [4-0] voice vote.

2. Miscellaneous Action Items

A. Presentation on Adult Detention Facility. (Public Safety Department/Warden Derek Williams)

CHAIR GREENE: So we have a presentation today by the ADF team here all sitting before us. Thank you so much for the work that you do and take it away. Please Warden. Thank you. One last time please bring it on home.

WARDEN DEREK WILLIAMS: Before I start I'll do some introductions if you don't mind for the for the team. On my left over here, Ashley Hannan. She's our health services administrator. Our psychiatrist nurse practitioner, Rebecca Otero-Granger. On my right is Wade Ellis Deputy Warden and then we have Mr. Mark Boschelli, our behavioral health manager. And sitting behind us over here Gina, will you stand up. Gina is our new clinical nurse supervisor Gina Chavez. We welcome her and happy to have her part of her team. And then of course we got Anne Ryan and Jennifer Romero on the back from

community services. They'll have a small part also in sharing some information about the collaboration with community services.

So just to outline what the presentation will tell, it's going to provide hopefully good general overview of all the services provided inside the adult attention facility as well as some stats. To help the board have a better understanding of what we deal with on a daily basis and what kind of progress and strides we have made since then, as well as the challenges that we face.

Starting off we go into our population. So as you can see from we went back from January of 2025. The population and this is the daily housing population has actually declined a small bit. I made a cliff note here. The facility is estimated to house, it's 420 general population inmates. Taking into account the programs that we run and we'll go through some of them as we move forward in the program. But the vacancies that we have as a result of having a vacancy because right now we have 200 to 216 and seeing that we can house up to about 420 without interrupting programming. We have the availability to partner with neighboring counties or municipalities that may have needs for our services.

Despite the inmate housing daily population declining, the amount of individuals being arrested and booked and released has actually spiked and gone up. So as you can see from 2021 to 26, it has add, a slow increase throughout those years. And I think this is important because again as we go through the slides, you're going to see all the work that is put into individuals that come into our custody from the moment that they get booked. And the moment that they're accepted into custody. Those services don't stop even though the population that is getting released within 48 hours has increased. It still does not minimize the amount of work and staff efficiency that has to go into assessing, treating, stabilizing and making sure there's continuity of care for those individuals while they're with us for a short time and when they get released back into the community.

Substance use among the incarcerated. As the Board knows from last year, we always keep stats. We like to know what the popular trends are with respect to substance use in the community both coming and then also coming into our facility. On the left you see in total about 85 percent of those individuals coming into our custody have at least one substance in their system. And approximately, 64 percent have two or more substances elicit substances in their system when they come into our custody. We started the drug screenings back in 2022 if this Board recalls that specifically for this reason. Being able to identify the popular drugs that people are coming in with and as you can see from the chart methamphetamines, amphetamine and fentanyl, they kind of bounce back and forth between their rankings between one and three of most popular use. But they do remain consistently the most dangerous and the most abused substances that we see coming into the adult detention facility.

Length of stay. So going back – more individuals that are being booked and released even though they're not staying as long. Last year the board members where it says 50 percent of those being released within 48 hours. That was I believe around 47, 48 percent. So that number has gone up a little bit.

In regards to classification. So we classify individuals initially. So as soon as they get booked into the facility we start going through the booking process and part of that booking process is they get become classified so we conduct a threat assessment on every individual as well as identifying any special needs that those individuals may have while

they're in our custody. And so we rank minimum, medium and high. So those are custody levels. So that's one of the variables that we determine where an individual is going to be housed when they come into custody. Now when you look at the initial versus the reclass, you'll see that it goes from the majority of individuals being housed are minimum at initial. But then when you look at the reclassification, the higher population is medium custody. And the rationale for that is the individuals who – that 50 percent that we saw earlier that were getting released within 48 hours, those are individuals on lower offense charges. So obviously those individuals are getting released a lot faster. And the remaining population that's staying past 48 hours are those who usually have higher violent crimes or more high profile crimes that are keeping them in custody longer.

In regards to court hearings, I just wanted to give the Board an opportunity to see who exactly we conduct hearings with who we partner with. So of course you got a district court, we have Rio Arriba, the City of Santa Fe local magistrate and then the City of Española. We have two types of hearings that we conduct. We conduct video hearings and then we also conduct personal on-site, which means someone's being transported out of the facility to the courthouse. For that hearing, ADF does not, nor the County, we do not have control over which of those two take place. That is a decision that's made from the respective judge and from the Administrative Office of the Courts. But this just gives you an idea of the volume of hearings that we're conducting both on site and virtual.

We made assault data. We're really proud about this and this just from 2024. But I think even if I go back to 2023, we see a continued decrease in assaults among the inmates. There's a lot of contributing factors to this. The one that we think most recently has been impact is the implementation of the inmate tablets that we provide every inmate. So every inmate that gets housed at ADF from the moment that they are housed into a cell after they've been classified, they're provided a tablet. And we'll talk about the use of that tablet here in a little bit. But I think for this data point on thing we know is when individuals incarcerated have too much time on their hands and they're not using that time constructively tension seems to rise. And we end up having assault sometimes over very silly things. When we keep them occupied and we're giving them constructive things to keep them busy, such as programming, and the tablets which offers a variety of services to include family communication, education components, even some entertainment material. Then we continue to see those numbers drop. Also, I attribute this to the fact that ADF is very prideful of having an excellent team that focuses on inmate welfare, the services that we provide. And then we've also put a lot of time in the last four or five years really focusing on inmate mood assessments and making sure that we're identifying any predatorily behaviors that we see or identify in population and making sure those individuals are removed so the vast majority of folks can enjoy or not enjoy but fulfill their time incarcerated in a safe manner.

The tablet usage, so I just took one piece of it. Luckily with the technology we have, we're able to pull stats on all the usage on the tablets. So total learning hours 978. So that's how many hours we've seen have been pulled that's off of 125 different individual users. And then the pie chart just kind of shows, and again this is just the education component to it. I didn't get them too into entertainment and the other categories there and there. But jobs and finance, academic, art culture, health recovery, reentry, spirituality, faith, religion based courses. Those are all part of this. So we like to see this continue to grow.

Lifesaving responses. So I wanted to put this slide in. We didn't have it last year. We had some of this data a little different. But, you know, unfortunately. We hear a lot of the negative that happens and comes out of ADF from the public. But what we don't see is a lot of the positive and we've really been trying to do a better job with transparency, but not just about the negative transparency but the positive also. And I think this is something that we should be very proud of and it doesn't get enough credit. But when you look at these codes, so this is the amount of responses that medical response to, and this is just from January 25 till April of 26. So medical responded to all these. But the ones that are in orange, those are all unresponsive inmates. And every time there's an unresponsive inmate, and I will add security is usually the first responder to this, medical is usually the second responder. But because we have cross trained security personnel along with medical in the use of Narcan and they actually carry Narcan on them, our security personnel, all of our correctional officers. Thirty-three individuals that were non-responsive, theoretically those all could have been fatalities if it wasn't for our first responders or correctional staff and medical personnel responding with Narcan and providing Narcan and rendering CPR. I think that 33 that's a pretty good number. Those are lives saved the way that we look at it. So I just thought that was noteworthy for the board.

Emergency transports. So this just shows, we brag a lot that we have a MD at our facility. He's full time as well as our psychiatrist nurse practitioner and others. A lot of facilities don't have that. But even with having a full time doctor on site who I will say has some of the best work ethic I've come across for a doctor inside a correctional facility. He is so conscientious and so concerned about the welfare of individuals at any time he feels like someone still needs a heightened care, he authorizes the transport. We send him to the hospital. So we're not just forcing – even with all of what we have, we still do our due diligence to make sure that we're going above and beyond taking care of the people that we're entrusted custody of. The chart kind of shows two different data points. One, how many transports are coming out, but also the expenses that come with it. And then keep in mind the expenses change a lot too just depending on the variables of the needs that are going on with that individual whether it could be a cancer patient, maybe the medication is very high. There's just a variety of different reasons for that. But I just wanted to give the board an idea of what that looks like.

So programs, again this is from 2026. So from the beginning all these programs have existed before that. But as far as the number on the right that shows the unique individuals that have attended, that number has just been collected from January. But as you can see the library we still partner with the Santa Fe Community College. They still are a great partner with us. And even though inmates are allowed, they have their tablets, they have direct access to tons of electronic reading material. We still have individuals and we still encourage them to check out books that are donated through the community college. And then we have religious services. So those are all mostly volunteers all come in. To make sure that individuals can still stay on top of their religious needs and rights.

Reentry. And you'll notice in parentheses, we put male and female. We have both reentry services for both them. Seeking safety, trauma informed care, building bridges and job skills and that's with New Mexico reentry. And then Circle of Security, that's our parenting class that we worked/partnered with the Santa Fe Community College, but we also worked with the CYFD. We worked with CYFD initially putting this together. So we got

their stamp of approval of that program. Reentry staffing overview. So we have four dedicated reentry specialists. Two of them are certified peer support workers. They have personal experience in the justice system. Which helps them build trust and credibility with the individuals that they serve. They can relate to them. The inmates can relate to them and vice versa. That has been a really great contribution to our team is having those individuals with that background. Then we have two certified community health workers. They have certification obtained in preparation of service for billing under the just health plus otherwise known as the 1115 waiver. Then we just have some of the numbers there. I just wanted to show the Board how busy these four individuals are but from October 25 to March they've had over 3,900 contacts, personal contacts, connecting individual substance abuse treatment, enrollment and community resources after release. Having that warm handoff from custody to the community.

And I am going to pause for a minute and let Ms. Ryan come up. She's going to talk a little bit about the partnership with CSD.

ANNE RYAN: Good morning. Thanks so much. Anne Ryan on behalf of the Community Services Department here very privileged to sit before you among such esteemed colleagues whom we have witnessed firsthand genuinely, genuinely care about the human beings and community members that they attend to and serve every day.

I just have two brief slides to talk about our partnership with the jail which only continues to grow as we recognize that the demographics we jointly serve are one and the same. Dating back within the last three years, the Building Bridges Federal Grant started and was initiated within the Community Services Department. And for those otherwise not aware, it had three primary prongs. It focused on MAT services within jails and institutions and included on-site withdrawal management, on-site induction, and then the third prong continuity of care to the other MAT serving providers within the community. And because of the extensive, extensive efforts by the medical team and others at the jail, the Santa Fe County Adult Detention Facility became a national model site with this program. Certainly worth applause. And it also gave them a great launch pad to really work hard to sustain it. Especially considering the impact of state legislation regrettably the changes that the federal level pulled the funding for some of the technical advisors, but that's okay because the infrastructure has been built.

Secondly, the Federal HRSA grant also started in the Community Services Department with our longstanding provider, Presbyterian Medical Services as the Board is aware, the largest nonprofit federally qualified healthcare center in the state of New Mexico serving predominantly rural regions. And this is a two-year grant rounding the bend that also really targeted the continuity of care and that warm handoff by embedding those with lived experience trained in this model to work directly with the jail team in partnership and embedding them within the booking process because we all know that discharge planning begins at booking. And once again the jail has just done a wonderful job and to the extreme credit of Presbyterian Medical Services with that partnership.

Thirdly also, as the Board is aware and in recognition of the current economic climate finding creative ways that we as a County can diversify our funding sources so that we've got effective sustainability almost independent of other things that are happening around us. And one way to do that is to recognize the services that are currently being provided within and by the county that have other billable sources. And so one such

example is Medicaid. And as you're aware, we started this year down that path and continue to, will continue to implement that in FY27. It also times very, very well with the just health plus program and the 1115 waiver.

Next, the RISE House started out as a pilot project with our partners the LifeLink as just one house to provide transitional living with supports for those exiting the jail predominantly focused on Matrix graduates and has since tripled in capacity to three homes including one for women. And what's wonderful about this model is that it scattered site and it reduces stigma and birds of a feather and folks get embedded within a community. And we've seen some great success measures from that program which, you know, many would love to ultimately scale because at the end of the day the census three homes translates to 12. Right? And so how can we work to scale that?

The Transformative Justice Program has been relatively longstanding here within the community and that is with our partners the Mountain Center. The Transformative Justice Program, that's a nine month program with our partners through the Mountain Center and they use not only evidenced based but best practice and trauma informed practices that includes all things outdoors in this particular program of restorative justice.

Next we have the CONNECT program. And as you have heard because of the Board's support of reentry, which is extremely appreciated and needed and those four reentry specialists, getting them trained in the CONNECT network as navigators gives them access to a whole new world of that safety net. And that continues to occur on a regular basis but very robustly about a year ago with a reboot because of some staffing changes.

Next the reentry fairs that the jail has been conducting in a relatively new, in fact, in the state because of the great ideas and the great work at the Santa Fe County Adult Detention Facility. They requested because of our strong provider relations to coordinate the providers who participate in those reentry fairs, which you'll hear more about. And so great thanks to one of our team members, Coy Maienza, for doing that. And again, it's a privilege to partner on those.

The Criminal Justice Coordinating Council is something in statute that started in 2017. It's by judicial district, and it brings together multidisciplinary systems based groups within each of the 13 judicial districts to include the jail, the courts, public defender, DA providers, counties, local governments to really look at system inefficiencies and where there are bottlenecks or clogs to begin to. Ask each other how are we contributing to this. And so we are proud to be a part of that particular CJCC, which right now is chaired by Judge Lidyard and partnered with the jail and other providers. So much so that they established within the first judicial CJCC a reentry specific subcommittee. And that includes a number of those with lived experience. And they have partnered very strongly with LifeLink to embed LifeLink into all of the court hearings now. At least within Judge Lidyard's courtroom so that there is that immediate warm handoff that also helps with diversion. And they were so impressed by the reentry fairs that the jail has been hosting. They are borrowing that idea and they're going to bring it to the courtroom.

And then finally reentry, reentry, reentry. Did someone say reentry? That is absolutely the word of the day, the word of the year. And it's wonderful to see because we're seeing it at the federal level. We're seeing at the state level. We're seeing it at the local level and providers are changing their business models in order to accommodate this demand. I think a big part of it was started with the state and the 1115 waiver in addition to Turquoise

Care, which is the current iteration of the state Medicaid plan in New Mexico prioritizing this particular population. And folks took notice and so many providers are now working to specialize in this population, including almost every single federal or state webinar you see has something that is reentry specific. And the state is making it very clear that this is what they want to fund and this is how they're going to prioritize it, which also translates to healthy economic development because we are seeing reentry specific providers who did not previously serve this community come into this community. And because of the current administration at the jail that has a very openhearted and open minded approach, we're seeing so many more inroads. In addition to the kind of influx of reentry specific providers as the Board is aware, there was a recently conducted independent evaluation of our La Sala crisis triage center that validated the need for expansion. Timed with a reauthed appropriation to do just that. And if we move in a particular direction and I don't want to be premature with going further because there will be a subsequent BCC presentation about this, but if we do go in a certain direction to expand La Sala in a particular way, it would also allow us to integrate reentry into that expansion as well. So really as a hub with all of the spokes of the wonderful providers that are coming into our community.

So with that, thank you to the jail for everyone's good work.

WARDEN WILLIAM: She talked a little bit about something I was excited to say. But I just want to echo and underline. You know, the part about the reentry fair. We're really proud about that. And just keep in mind before the reentry fair, inmates were 100 percent dependent on getting released from custody and voluntarily going to those providers, those service providers to follow up with needs that they have. That's no longer the case. And I'm glad Ms. Ryan mentioned Coy because we couldn't have done it without Coy. She's been instrumental in this process. But yeah, there's nowhere else in the state you're going to find as many community providers coming welcoming into and having something similar to what you would consider like a job fair. It's not just getting brochures and finding out what they provide. It's actually signing up for services, building relationships, identifying needs and making sure that before they get released, they already don't know who to contact, how to contact them, what services are going to be provided. It gives them a great deal of peace of mind their final days before they get released from custody. So we're really proud of that.

And another point that Ms. Ryan brought up that I thought was really neat was the fact that Judge Lidyard who does host those reentry meetings and I give him a lot of respect and credit for that, he was so impressed with the reentry fair to Anne's point that he brought up – they want to create something similar for the community to have another outside reentry fair, which would be fabulous. So I just wanted to echo kind of what Ann said because we're really proud about that fair.

And then I'm going to go ahead and hand it off to Mr. Ellis.

DEPUTY WARDEN ELLIS: Mr. Chair and Commissioners, I'm going to expand on some of the four main MOUs that we have to help support reentry into the community that we've recently added. Presbyterian Medical Services. This is the HRSA grant that Ms. Ryan was talking about. And as she pointed out, this is integrated, it's specifically designed to target that 50 percent of individuals that are there under 48 hours because it's so hard for the jail team to provide services that are meaningful in just such a short time span. What this actually does is we have embedded peer support workers from

PMS. That actually meet with individuals as we run them through our classification process. After that, they will actually follow them to their original or to their initial arraignments. And as they're getting released from the courts, they try to sign them up immediately for all their medical appointments. So they're getting appointments that are already scheduled with a provider prior to getting out on release. With that in mind, those peer support workers actually follow up with them in the community. Make sure that they get their appointments. They've even gone and picked people up to make sure they get to their appointments. And this is some of the stats that we're seeing out of that program. And this is just the last quarter. So they've made 147 total appointments and they've gotten 71 people to actually make that appointment. So they're bringing them to those appointments. Below, you can see they offer things from behavioral group therapy to behavioral individual therapy, behavioral health services. More group and individual therapies. They've got basic medical, they've got dental, they've got psychiatry. So they have been a very good partner in getting individuals linked to a medical home immediately after intake or after release. And they've really put up some good numbers. We're really enjoying that program.

Another great MOU that we have that helps us with reentry is New Mexico Reentry Center. This is a group that also comes into the jail. They meet with clients in the jail. They also provide transitional housing. So they're helping us try to tackle that housing need upon release. They work on employment. They work on getting individuals their IDs, whatever information or credentials that they need working in the community. And they follow up. Just one individual in particular ended up reoffending coming back in the jail. And they actually reach back out and want to pick that person back up into their program. So they do follow up and they. Really don't give up. And their program is great. Not only do they have some employment that they can offer themselves, but then they even got programs that help them get into cars, and all sorts of wonderful things that they're reaching out to do.

Another MOU that we got in place and this is with the LifeLink. And she talked about it. They run the RISE houses that are expanding. They offer transitional housing, behavioral health, substance abuse treatment. But they also come in directly to the jail. They meet with clients. This last quarter, they met with 35 individuals. They had nine total intake interviews and they've actually picked up seven just in the last quarter.

And additionally, this is Albuquerque Health Services. They're a MAT clinic. They run seven clinics in northern New Mexico, Santa Fe, Española, Taos, Rio Rancho and Albuquerque. They come in, they send individuals in, and they actually again are targeting that 50 percent individuals that we can't provide services for, well, extensive services for in that short time frame. And their goal is to get people initiated into a MAT program and get that warm handoff, that meet and greet. Let them know where to go, make individuals feel comfortable. And then they follow up with them as well.

When it comes to our release data. So again, we track all of our releases and we've got it set out in time blocks of early morning afternoon evening and late evening. And again, you'll see that the early morning and the late evening hours are hours that most people tend to be concerned about. These hours are our most minimum time of release. And those are usually due to the fact that people get arrested late in the evening and then they bond out. So if they come to the jail and they bond out, which usually generally means that they've got transportation almost always means because they have to come to the jail to pick them up, but their transportation is waiting for them in the parking lot. Our biggest release times tend

to be in the afternoon, evenings and mornings because these are arrangement times and then our afternoon courts are getting released during that time. The vast majority of individuals are actually released between the afternoon hours, which is from 12 to 6, where we get most of our courts coming back in our rulings and the court clerks start getting us our paperwork over.

When it comes to transportation. So this is just a breakdown of the data that we collect and we get this data on every individual getting released. You can see the vast majority of individuals actually have rides waiting for them in the parking lot. The next big slice of that pie is going to be the individuals in which we transport from the facility. We do offer transports from the facility 24 hours a day. We will take you into town. We will drop you off. We primarily focus on that large release time that you saw in the afternoons. Anyone immediately falling out of court during these times just to prevent any kind of delays, we actually stage a transport team in the parking lot. That actually picks individuals up. They can run about every 15 minutes with a ride into town. And it is a very popular service that we are offering. Still left because they are released and they're allowed to make their own call, we get still about 3.6 percent saying that they want to walk. Whether they walk, we're not really sure, but we do hand everyone that says that that is the option they're taking a reflective vest. Every individual gets issued that reflective vest that says that they want to walk. But when they do get out in the parking lot, the Blue Bus actually makes two stops a day RTD makes two stops a day in the parking lot once in the morning and once in the evening around five o'clock and it's completely free. That's through an MOU. And individuals may be getting on that. We don't really get the numbers back on how many individuals actually opt into that service, but it got added to the Turquoise Trail route and those stops are made twice a day. Anyone that lives outside of the local community, whether it's Albuquerque, Española, whatever that case may be, we tried to link them to public transit to get back home. The best we can. We provide them with train tickets for the Rail Runner. And we provide those services for anyone that needs to travel outside of the Santa Fe area.

When it comes to our personnel data. These are just our stats. Security as a whole were 93 percent with our biggest vacancy, with our only vacancy running in our detention officers, which is about 10.8 percent. This is well above the average. We just got back from NEMAC in facilities there were reporting anywhere from 20 to 40 percent vacancy rates across the state. It's been pretty consistent that way. And we're running about a 7 percent vacancy rate. So we're doing very well. We pride ourselves in that. It's vastly due to the culture that our jail has inside. It is very family oriented. We support each other. And we work well with each other.

When it comes to our medical staffing and this includes both medical and behavioral health, those are two separate departments within our facility. We only have one vacancy and it's with a therapist. With that in mind, we still have a therapist assigned to every housing unit that is dedicated to that housing. So inmates in the back actually have a therapist assigned to their unit that. Five days a week, Monday through Friday. With on-call on the weekends. So those services are around the clock and provided very individualized to each individual. Case management, booking clerks, maintenance, reentry specialists, pre-coordinators. The only vacancy we have out of those situations are three maintenance vacancies, which is under consideration right now. However, we've actually been able to keep up on all our work orders. The facility doesn't usually have a work order that's

outstanding unless it's requiring some kind of contractor to come in that we have to schedule services. But all the maintenance that is done inside the facility is usually responded to in under a day and fixed with the current maintenance staffing.

When it comes to juvenile detention, as you're aware, we have shut down the juvenile facility here in Santa Fe in 2020. We partner with other juvenile facilities across the state in order to conduct our housing. Juveniles are brought into the adult detention facility. We have it separated in an area in which we do their initial intake and then we transport to one of our partnering facilities. Our primary facility is actually San Juan County. We have a contract with them for guaranteed beds that we run. And if you look at our juvenile reports, I'm sure it might be as expected, but usually our highest intakes are late summer coming up in July and August, it tends to be the trends around juveniles. Not so much in the winter when we get long lengthy stays. We do have secondary partnerships with Doña Ana, Bernalillo and Lea County, which are the other juvenile detention facilities in the state. They've all agreed to help us in case we can't get individuals into our primary facility.

And with that, I'm going to turn it over to Ms. Granger.

REBECCA GRANGER: Good morning. Thank you everyone for allowing us to be here and to share what we've done over the last few years with our current administration. I'm a psychiatric nurse practitioner. My name is Rebecca Otero Granger. And I really just want to draw some attention to the people that support our administration, not only in the community outside or inside the facility, but also in the community. Our staff and especially my patients, my patients who are eager to learn and want to get better. And I'm grateful for that opportunity to share my nursing practice with them.

As Warden had said, as well as Ms. Ryan, our focus has changed significantly in regards to trying to prepare them to receive services and continue services in the community. And that is, it's been a challenge, but we have had people who have shown their commitment to chronic care of mental illness as well as substance use disorders. We've adjusted some of our presentations. So it's easier to understand the type of services that we provide. Approximately 11 percent of our inmates at any given time receive psychiatric services. The pie chart on the right is more reflective of chronic illness and diagnoses. And as you can see, we have 17 percent of individuals who get treated for mood disorders, 15 percent with antidepressants, 10 percent anti-anxiety treatment, 20 percent on antipsychotic, and about 9 percent medication assisted treatment.

In the previous presentation, we had talked about sleep disturbance. And I'd really like to clarify that in regards to sleep disturbance being more of a symptom than an actual diagnosis. The sleep disturbance issues that we do see are often more associated with stimulant withdrawal/substance withdrawals and are often acute. So I'm very cognizant of that in my practice and not creating safety issues of people being over sedated, but treating the underlying diagnosis that contribute to racing thoughts or anxiety that can affect individual's ability to have safe and healthy sleep pattern that's appropriate for the environment without creating risk or safety issues.

Within our practice as a whole, we have co-occurring behavioral health and medical issues, and we're able to address those within our facility with our medical doctor, with our nursing staff. And with our health service administrator. We collaborate frequently to make sure that all of their needs are being addressed. And that is definitely reflective of nursing care model, which is holistic care.

One of the newest statistics that we have and share is to expand the acuity of the patients that come in and out. 75 percent of our population, we know now is released within seven days. In less than a week, we have the opportunity to be able to ensure that they are stable and that they're safe. And that they're able to return to the community and continue treatment. So a large percentage of those services that I do provide is in the scope of acute stabilization and emergency psychiatric medication treatment. We have implemented protocols for compassionate withdrawal treatment. And our health service administrator will go into that in more detail. But the intent of that is to ensure that individuals who, you'll see the numbers throughout our presentation, those, that come into our facility or in our community that are dependent on multiple substances are safely treated and help to discontinue withdrawal or taper to an alternative treatment that is safe. We also have expanded our program, as Ms. Ryan had mentioned, for induction and continuation of medication assisted treatment.

One of our biggest responsibilities, especially with our nursing staff, is ensuring continuity of already established care. And sometimes that can interfere with our patients and their ability to continue treatment if they're not stable when they come in. We're definitely cognizant of the different factors that can affect them and their ability to respond appropriately to medication treatment. Our ability to screen their meds when they come in. We spend a lot of time verifying their meds within the community and offering them the ability to continue them and at a very minimum, a reasonable alternative if it's something we're not able to provide. And also in exiting our facility we provide a 30-day supply of any prescription medication to allow them that opportunity to establish with a provider in the community. As well as with our reentry services, if there's any issues with establishing insurance or care, they have that ability to contact us when they are released to be able to help facilitate and bridge any unforeseen events that can be a barrier to their care.

You will hear repeatedly throughout our presentation about our community providers. Albuquerque Health Services, PMS, Presbyterian Medical Health Services, New Mexico Treatment Services, Santa Fe Recovery, and LifeLink. They have all been instrumental in us being able to carry out our goals and our vision in regards to continuity of care. And have been very receptive in sharing formulary ideas and promoting similar philosophies in regards to medications and continuation of care. One big part of my practice in regards to chronic mental illness is promoting long-acting injectables for individuals that struggle with medication complaints on a daily basis. We do participate in pharmacy sample programs that will help us to initiate treatment. And I do my best in trying to promote that for medication compliance and community transition. So long acting injectable treatment is something that is a priority for us and our administration.

So I will turn the details over to Ashley Hannan, who is our health service administrator.

ASHLEY HANNA: Thank you. Good morning. Thank you again for having us here as we go through all of these lovely little details. So we'll start with some medical treatment collection data. As you can see, all of our on-site care, this is going to go through that first quarter of 2026. So we do a lot of different various, we have a lot of services that we offer. This kind of breaks down some of the totals. And you can see there are quite the totals of prescriptions that were ordered, opiate withdrawal protocols, benzo withdrawal protocols, alcohol, so forth and so on, including on-site labs. This is going to be

for all of our on-site care directly available for services at the facility. You can see right below that our nursing direct contacts. So these are individual contacts for services that nursing have provided directly to the facility or to different inmates at our facility.

Subspecialty appointments. So these are different kinds of transports for us. These are going to be specialty care. Our primary specialty cares are going to be orthopedics and optometry, but it is not limited. It could be gynecology. It could be oncology. Really any specialty care that is needed and identified if they are currently on treatment, we will continue that with whomever their outside provider is. So that's where you're going to see these are all of those off-site appointments that were kept.

So with our medication assisted treatment, what you're going to see is we kind of run the gamut. I know opioids are the big focus. They have been since 2020 with the opioid crisis. However, we do treat substance abuse in its entirety, which is going to include alcohol, benzodiazepine and stimulant use as well. You can see that with the opioid settlement funds we've spent over $884,000 to date, which includes from the 25 and 26 fiscal year. And there is an approximate budget of a little over $650,000 of overall funding available for the 2027 fiscal year. That of course will be putting good use to be able to help treat and make sure that people have access to all of the funding through our treatment modalities.

So at ADF, we offer all forms of FDA approved MOUD, which is going to be buprenorphine, methadone, and naltrexone through different pathways. With buprenorphine we offer zubsolv as well as supplique, which is going to be the long acting injectable. Zubsolv is your sublingual tablets. For methadone, it's going to be treatment through an opioid, an OTP partner with the community. So it'll be at either New Mexico Treatment Services, which is going to be our primary person that we contact with. We also offer through Albuquerque Health Services. I know that you guys saw that earlier through an MOU that we have with them as well. For continuance of care and/or induction of care when it comes to methadone. Naltrexone and Vivitrol are going to be offered as our facility as well. We either do the tablets or the long-acting injectable. This is going to be one of those programs that Rebecca spoke to earlier for samples we originally were doing Vivitrol through them. We also purchased Vivitrol now to continue treatment for those individuals who choose long acting injectables in our facility.

So for withdrawal management. Again, we offer all areas of substance use. So we're going to do alcohol benzodiazepine, opioid and stimulant withdrawal management. They're available to all inmates who are experiencing substance use regardless of whether their participation in a MAT program is current or not. And then they can, each program has its own length of time based off of the substance and extensions are available on a case-to-case basis based off of symptom management and provider assessment. We also offer a continuation of this out into the community as well as with other partnerships for MAT treatment.

One of the big things I know that our warden touched on was the Narcan. We also offer OPVEE. OPVEE is the only FDA approved reversal agent for synthetic opiates such as fentanyl. We have been using it. We've been involved in a criminal justice program since 2024 where we now purchase our own OPVEE. All of our supervisors as well as medical staff carry OPVEE on them. All of our security officers carry Narcan on them. The big difference is that Narcan has a shorter half life as well as is not FDA approved for the

reversal of synthetic opiates like fentanyl, which is we know our biggest opiate that we have it running around in our community. OPVEE has a longer half-life upwards of 12 hours and will stay in the system and work for a longer period of time. These are the two options that we have readily available and will use at ADF.

So community transition of care. I know we've kind of talked a lot about this, but just to kind of, again, underline or echo what many have already said. Part of our medical department, a huge portion of it is going to rely on these community transitions of cares and systems that we have in place with our reentry planning, the medical home with Presbyterian Medical Services, community partnerships that we have for the MAT providers with Albuquerque Health Services and New Mexico Treatment Services. Maintaining and securing those medical appointments. We also have bridge scripts for the medication coverage, which helps to facilitate that 30-day supply that Rebecca was talking about for individuals who may either not have active health insurance or it may not be yet covered. Some of the challenges is people will get out today and we had no anticipation of them getting released today. And while they are eligible and covered under Medicaid, they're not going to have coverage today. We will have coverage for them today through BridgeScripts to be able to get and pay for their medications. There's not a timeframe that they have to wait. With SureScripts, we have the ability to electronically send out their scripts to wherever their community pharmacy is going to be. Again, we recognize that not all of the people we serve live directly in the community with inside city limits. They might live farther out. They may have a different community that they are going back to. And we have the ability to send those scripts down directly to whatever pharmacy that they are going to be able to get it from. Again, sample programs and having patient access specialists through those sample programs for individuals who do participate in Vivitrol or Sublique or some of the other long acting injectables, they have patient access specialists to find providers in their respective communities to continue their care.

So we have a lot of these coordinating programs to be able to do serve the continuity of care and transition out into the community. I'll turn it over to Mark, go over more of the Mark Boschelli to go over more of our behavioral health models.

MARK BOSCHELLI: Thank you, Chair, Commissioners. Mark Boschelli, Behavioral Health Manager. Our whole program was stimulated by an article that was published by University of New Mexico 2002 talking about forced treatment. Can you do treatment on people who aren't ready for treatment? Summarily, it basically decided that yes, you can. We have already population. We have them in a controlled setting. Why don't we start?

A whole comprehensive behavioral health program now at the jail. Even though it's a jail, it's turning more and more into a treatment center in some form or fashion. Whether we like that or not. That is the national trend. We are part of that national trend as well as a leading edge of that. We have myself as a mental health manager. Across the state as well as in the county as well as nationally workforce development issues for behavioral health professionals is a big issue. We had the same issue. I was the behavioral health department in the beginning. So we put together a clinical internship program. We have relationships now with five different universities. As a result, they send their master's and doctorate level interns to us. They'll do their practicum and internship up to six months. And then by experiencing what it's like working in a jail, we've been able to attract our full complement

of behavioral health therapists on board. So we found that as a solution, it's a workable solution difficult to do, time consuming, but it is a workforce development additive aspect for our community.

Currently, we have seven licensed behavioral health clinicians located here in each unit, so no one goes needing. We added a behavioral health therapist to our booking section. We had done a study and found out that even though we're covering medical and all the back units, booking we were losing basically assessment capability in that area when people are coming in from 48 hours or less, usually 64 hours. So we added a behavioral health therapist to that so we can increase our substance abuse assessment as well as linkage services for that population that circulates through very quickly. In addition, we have the pod for the Matrix model, the pod for the reentry program. And then we started last year, the pod for the female reentry program so we can start addressing their needs as well.

We basically look at each person who's in need at the detention facility. We design around each individual. So it's not just the blueprint that everyone fits in. So sometimes we have to change it and be adaptive. We have to think about their clinical needs from their entry point, which is really a standard across the board that we are actually doing. We hold an interdisciplinary team meeting one-time per week. And that involves the administrative staff all the way from the warden, deputy warden, all the security staff, as well as the behavioral health and medical staff. We will talk about those individuals of greatest needs, the ones that we're most concerned about. What are we going to do with them? How are we going to get them out to the community? How are we going to actually do a warm handoff for those individuals? And usually these are the same individuals who are causing somewhat of a havoc within our system. Basically for their cry for need.

So we have the Matrix model originally designed for methamphetamine users coming out of Los Angeles. So that is our primary substance. Whether we follow the trends or not, this is what people bring in. So our treatment program is designed around that. Currently, we've done 20 rounds of the Matrix since 2018. It is a modified therapeutic community. In other words, we set them up in their own pod. We think about what their needs are and how we're going to drive them to treatment. Think about it, if you're in jail, you're not thinking about treatment right away. So we have to induce them. We have to make this an interest for them. We've had 129 inmate graduates out of 162 who've been accepted. We have basically, we've seen that 58 percent of these individuals go through our complete treatment program, do not return the jail. That is our primary goal is reducing recidivism and making these individuals productive members of our community.

So the program structure is clinical in nature. Each group is led by a licensed clinician. We do it 15 hours per week. So we actually are larger than an intensive outpatient program that usually runs 9 to 12 hours. We run 15 hours. Two groups a day. There is no excuse. You can't say, I don't know where it's at. I'm too tired. Everyone shows up for these groups. It's interesting to watch from the first moment that person enters into treatment. What happens and the changes that happen? Everything is evidence-based treatment. We do cognitive behavioral health therapy, dialectical behavioral therapy, motivational interviewing, which was really authored of University of New Mexico under Bill Miller's tutelage. We are one of the leading participants of motivational interviewing here. We teach skills. We try to figure out what's going to motivate them to actually want to change their ways. Not an easy idea to come across because you'd think that being in jail, people would

want to change, but that's not really a truth. So we actually figure out that contingency management is one of the ways to help individuals make changes that contingency management is you get your own pod. You make a choice to be with different peers who are not using substances. We incentivize going there. We care about them. We show care. We overenthusiastic that they come in. The hallmark of this program is sobriety. The reason that we push for this is we want people to start thinking. Over and over again we have inmates that will talk about, I haven't been in a classroom since age, since sixth grade. And these are individuals who will sit in a group setting for an hour and a half, twice a day and participate to watch that happen is kind of a miraculous event from the beginning. So the core curriculum topics are we introduce them to 12 step principles. We're thinking about discharge. If they're going to go back into the community, they have to learn how to start doing this. So we do it in a basically in a safe environment where they can learn how to participate in 12 step. So what upon release, they'll actually generalize out these skills because they've been practicing these skills. We ask them to assess where they're at. We actually treat them as human beings. In other words, we respect them and say, where are you in your recovery? And most will say, I'm not even thinking about recovery. We're like, that's okay. We accept you where you're at. By the end of this program, they're going to reevaluate where they're at themselves so they can actually take ownership of the changes that they're doing. Remember, they're in an enclosed environment that they do not have control over, but this is what they can actually have control over is there treatment and recovery. So we do audit as well as the diastasis assessments. We start talking about them, understanding what actually triggers, what causes their urges. So we go trigger thought, crave use, thought stopping, how to when they start going into that negative space, how to stop that thought process and we actually practice this with them with our licensed therapist. We talk about building healthy routines and staying busy. A lot of people who go into substance use, they're busy is chasing the next high. We're going to teach them how to actually utilize free time in a constructive fashion. In other words, have more pro-social skills. We talk about motivation and recovery. They have a relapse prevention. Just because you start treatment doesn't mean this is the end of treatment. This is the start. This is all we're providing. So we do practical skills taking care of responsibilities, managing money. Most of these individuals have never had a checking account. They don't know where the debit card is. They carry wads of cash and we're trying to explain this is how you set up a checking account. And then you actually can have a savings account. Welcome to society. And this is we actually do all this introduction for them.

So here's just an idea what it looks like on the left hand picture is an actual graduation ceremony of a Matrix class. We have the warden, deputy warding as well as participants from the correctional setting, the security all participate. It is a contingency management system. They actually get awarded a certificate of graduation. They get to meet with the warden. Any concerns that they have, they're surprised that the warden will spend two hours of his own time to be there and congratulate them, shake hands. These are individuals that have not had a lot of recognition towards change in their life and this is to actually instill that in them. Afterwards, the participants in the Matrix program kept on asking can we have graduation photos? And we're like, what are you talking about? And then we realized that these individuals have never graduated from anything in their lives. So we usually have class graduation photo. That's what you're seeing on the right hand side.

Once again, it's pride instilling a locus of control internally that they can actually do this and they are making these changes.

So when you think about it, we have in 2023 the RISE housing was designated for graduates of the Matrix program who wish to continue the inmate programming post graduation. A total of 143 inmates have been housed in reentry housing since its inception. There are currently 13 inmates housed in the units, six male, seven females. Of the 124 inmates who have been released after both the Matrix and the reentry pod, 78 inmates or 62.9 percent have not re-offended. What we're showing is a trend that if you do treatment in a jail, we can actually infect change in these individuals. So the RISE programming, this is the pods that the actual Matrix graduates came. We held a town meeting. They said, we don't want to go back to general population. We might use again. And so we actually listen to them and came up with reentry pods for both males and females. During that, we continue programming. We do seeking safety, trauma informed care. A lot of these individuals have gone into substance use due to their upbringing, due to their family arrangements, due to feeling sexual, physical abuse. So we actually address that in the seeking safety class, which is run by our certified peer support worker. So we try to make it so it's a one-on-one experience.

We teach anger management. A lot of times these individuals have been impulsive. They've come into the forefront of law enforcement. So we're teaching them how to control their anger. And then we go into parenting. The circle of security parenting is – because we're thinking about reunification upon release. And we want people to learn better parenting skills as well as be able to be reaccepted into their family system once again recovery has been shown to continue if they are able to go back to a family system that is much more healthier.

In addition, our newest component to this is our ecotherapy which is gardening. In other words, if you learn how to take care of plants, you're going to learn how to take care of yourself. And we are starting to primarily for the male reentry pod. Now we are starting it as of this week, starting with the female pod because they were clamoring for this. They're like, Hey, the males get that. We want that. So we actually responded to that town hall meeting and we're starting ecotherapy program for the females at our facility. And then once again, the introduction to 12 step groups.

Here is actually just trying to give you a visual of the resume writing. Most of these individuals have never even seen what a laptop are entered into a laptop. If they ever use the computer, not usually for the best circumstances. So learning how to write what a resume is, talk about job skills. And it was surprising how many job skills that these individuals actually had. Of course, we did formulate it for them. But this was in addition, this was helpful so they all walked away with an actual little discs that they could then apply to other positions because once again, no one's doing resumes and handing in paper. So we wanted to help them out with the electronic tool that they can actually submit for jobs.

So the women's RISE group, they're all proud of their art therapy that they were doing. They wanted me to include this in here. So you have an idea what the women are doing. And then our ecotherapy, once again, there's a bountiful produce that is developed. It's given back to those inmates who were part of the reentry program. They usually are – for the last two years they've been doing a salsa contest to see who is the best salsa that they develop from their own produce.

The scheduling, the reason we even bring this in here is we find out that individuals who don't have structure have a tendency to use a lot of substances. This comes out of a dissertation topic that I was working on. The idea that if you stay busy, you use less substances. I know it seems kind of basic, but think about it. If you have to wake up in the morning, go to a job, you have a tendency not to be drunk or invited in substance. You go to work, you're tired at the end of the day, you go home and then you want to carry on your treatment on the weekends. So we actually are practicing this skill in the RISE program through employment. They're employed in our kitchen. They earn a certificate for food handling that is employable upon release as well as they learn what the structure of treatment 12 step on your weekends. So we're actually setting that schedule up and practicing that before they're actually released into the community.

So the care to career pipeline where you have the Matrix pod, we have the go into the reentry pod and then reentry into community based services including the RISE house as well as job interviewing. We do have one individual who has successfully gone all the way through this and is employed at the County. But the primary employment has been through the RISE houses. They've been doing a great job of actually getting those individuals who have been incarcerated into employment usually starting with the Goodwill Centers and then padding their resume as a result.

So the economic benefits, why are we doing this? Well, we want to decrease recidivism, but also we want to teach pro-social skills as well as add members productively to our community. 2023 peer reviewed analysis found that substance use disorder treatment generates $26,660 in net societal benefit per individual through reduced crime, reduced health care cost and increased employment. If we want to extrapolate this applied to the ADF's Matrix graduation alone, the program has generated an estimated $5.5 million in community benefit.

WARDEN WILLIAMS: Okay, lots of information there. I could go on with this. I want to close with some highlights. Some points that I thought really need to have some emphasis to it. But the population is up 36 percent since 2021 and the facility is managing the growth effectively. And I think what we've demonstrated in this presentation is we've gone well above that. And one thing I say, and Mark mentioned something earlier about the program when you have programs in jail. It's not just the programs. It's the facilitator. It's the staff. It's not just having a nurse, it's having that nurse that has the passion, the drive, the ambition to continue. And everyone at this table, everyone here with me, it's just an amazing team. Same thing with like if you didn't have a Coy over there with community services to help with the collaborating that she did in getting partners out or they're in or Jennifer, then you wouldn't have the same success. So I just wanted to make that point. 85 percent of the intakes have substance use disorder. We demonstrated that earlier. We screen treat and connect everyone. That said, I just want to mention Armando Trujillo, he's our CQI coordinator. Armando, you guys haven't met him yet, I don't think. But I'd be remiss if I didn't bring his name up. He collects all the data. He preserves the data and he puts together a lot of this, these data spreadsheets that we present to this Board every year. So we're very incredibly thankful for him. The Matrix population, 80 percent that have a graduation rate, 58 percent in non-recidivism. The data reflects the life of the program. We've collected data from day one because we wanted to build the evidence to support what we were saying. We didn't want to get to a position where down the road we were bragging

about successes that we've seen, but we didn't have evidence to support those claims. Well, we do that and we have done that and we will continue to do that moving forward. Staffing, 96 percent filled across medical and security as the deputy mentioned earlier we were with our affiliate, the detention affiliate, last week and we sat through and listened to all the detention administrators awards from across the state to talk about a bunch of problems and issues that we have with relationships with partners in the community, staffing difficulties. We don't have any of those issues. And I kind of made a side note to the deputy and I told him, aren't you lucky? We represent Santa Fe. We don't have any of these problems. We have great relationships with all of our community partners, with our judicial system, whether it's the judges or their attorneys. Community services has helped us really build partnerships with providers. And then there's staffing. We're in a single digits most of the time for vacancies. And that is with having 100 percent County-owned medical psychiatry. It's unheard of. So I just, I can't stop bragging about that point.

And then leveraging federal grants, as you've heard in this presentation through the community, we've had MOUs, we expand services and that continues to be a cost savings to this county. So that concludes our presentation. We'll stand for any questions the Board may have.

CHAIR GREENE: Thank you, Warden. Before I turn it over, I do want to congratulate you. The whole team, but your leadership, right? And it's going to be sad to see you go. And you're leaving on a high spot and you always want to leave places better than you found it. You've done that. But you know: how about a couple more years? You're doing so great, right? Come on. You've earned your retirement, so don't get me wrong. We would love you to stay, but go do your thing.

Commissioner Bustamante just raised her hand virtually. I'm going to turn it over to her first. And make sure I don't miss her.

WARDEN WILLIAMS: Thank you, Commissioner.

COMMISSIONER BUSTAMANTE: Thank you all. I think thank you Chair. When the chair and I first started, you know, we were learning about this one new service and it was exciting because people were graduating from it. What you have done in the last three years is incredible. And I couldn't tell you how impressive this presentation is this day has been like just hearing what type of growth, the services that have been put there in the interest of someone being able to have the best chance of not having to go back to our facility. I couldn't say more. I don't even know how to commend you on this effort for the integration of using services within the County. I hope for future wardens, it's, you know, I appreciate the term partnership, but we're one agency, right? We're one state. It's a collaboration with our community services and those folks who are in our jails. So thank you very, very much. And all the good work that's being done to know there's a RISE house also for women that the training is being provided that they know they can have resources from the community college. All of that is incredibly wonderful. And I'm very grateful for your presentation and your time today. And I look forward to going to the facility. So thank you. I just really wanted to say how impressive everything has really grown quite a bit. Thank you.

CHAIR GREENE: Thank you, Commissioner. No questions. We can come back if you have any at the end. Commissioner Hughes.

COMMISSIONER HUGHES: Yeah, thank you for that great presentation

and for all the accomplishments. I think you're doing a great job. I just wondered if you could describe to me, how you treat someone who comes in on opiates. And is not getting treatment for it yet. How do you set him up to get treatment for opioid addiction?

MS. HANNAN: Commissioner, so the question is how we get treatment for individuals who enter the system with an opioid use disorders. Is that correct?

COMMISSIONER HUGHES: Right.

MS. HANNAN: Okay. So as we'd mentioned before, the challenge is definitely with this short amount of time that we have 75 percent in seven days. So our focus is safety first. And so in screening and monitoring vital signs and that they're not at the potential of overdosing when they come in. So we start off with our withdrawal management because many of our detainees and patients have multiple substances in their system. And that can complicate their recovery and safely withdrawing. So that has been our primary focus on intake is screening and withdrawal management and treatment. And for individuals that are there beyond that, we help to establish their care within the community to initiate or continue if they come in on a program upon their release.

COMMISSIONER HUGHES: So are you able to hook people up with someone who will give them methadone[1] for example?

MS. HANNAN: Yes, absolutely. So New Mexico Treatment Services one of the community providers that we utilize also PMS Presbyterian Medical Services, Albuquerque Healthcare Partners, they help us in continuing methadone, Suboxone, whatever those whatever the individual needs. So it's very tailored and specific to the needs of those individuals. And if they're returning to a home setting or if there's the risk of homelessness, those are things that are also taken into consideration in helping them to continue care.

COMMISSIONER HUGHES: Okay, thank you. I have one other question, which is how the tablets work. Like, can people just take the tablet out anytime they want and call their mom? Or how does that work?

MR. ELLIS: There's several factors that go into the operation of them. So inside each housing unit, there's a bay that houses the amount of tablets per inmate that's housed in that individual pod. The individual comes up, they type in their name, it'll issue them one tablet. It pops out and they're able to utilize it. The tablet does have restrictive hours. So at 10 o'clock they shut off so they're not able to utilize the tablets over those hours. They turn back on at six o'clock in the morning and then they shut off during some operational things such as like counts and things where we actually need individuals to turn things in and report back to their bunks so that we can actually account for the individuals there. Outside of that, the utilization of the tablets is whatever they choose in the hours that they are offering.

COMMISSIONER HUGHES: Okay. And do they have access to the whole internet during that time?

MR. ELLIS: It's not the whole internet, so it is through our service provider ICS. Actually has restrictions on what internet sites. So it's not like a Google search type of deal. They're restricted to the apps that are actually either approved by the administration and the content that is vetted through their process as well. If we need to take content out we can, if we need content added we can. Some of the things that we've done in conjunction with the tablet if we want specific surveys, if we're surveying our population or if we want

them to have access and make sure that they've read through a handbook or whatever that case, we can actually put those into the tablets and inmates will actually have to respond to that before they get access to the other apps. But it's a very useful service.

COMMISSIONER HUGHES: And then how can they contact their family with the tablet?

MR. ELLIS: The tablet, so we still have both phones and tablets. The tablets give them access to video visitation. The phones also have a video visitation feature if you wish to choose to go up on there and then the phone service itself is there. So the video visitation can either be done kind of at the little phone kiosk. Or it can be done from the table.

COMMISSIONER HUGHES: Okay, thank you. I'm just curious how that works.

WARDEN WILLIAMS: Commissioner, if I may, I just want to touch, I want to add to a point that was brought up. The deputy mentioned how we can put data on the tablets and how, you know, if the Board recalls not too long ago, we did Daniel Fresquez helped us with his expertise over there, which we appreciate, but we put together a short video focusing on reentry services. And we had, does the Board recall that? Well, anyway, we put that video onto the tablets. And now because the concern was, well, what if just the inmates from the Matrix are just inmates from the reentry are being able to have those services? What about all the other individuals? This was kind of a checks and balances for that. We put that video onto the tablets. And now when an inmate gets booked into the facility before they can access anything on that tablet, they have to watch that video, which is only a few minutes. I think six minutes, and I think they have it here in case the Board hasn't seen it. But we put that on there. They have to watch that video. So now every inmate that comes into that facility gets booked. Has full knowledge of all the community providers, how to contact them, what services they provide. And they have that information available to them up until the point that they're released from custody. So that's just one way that we really took advantage of having that technology presented to us.

COMMISSIONER HUGHES: Thank you.

CHAIR GREENE: If I can. So the tablets now serve as the major communication tool so they don't have to go to the expensive phone call system and that whole thing that folks have always complained about as a profit center for a third party vendor.

MR. ELLIS: They still have access to the phone system that they were, that is still an option if they choose to use so. But we do see much more of the visitation taking place over the tablets. Yes.

WARDEN WILLIAMS: And I think of it like you said, it's a tool. It's an added tool that they didn't have before.

CHAIR GREENE: Okay, thanks for clarifying that. Great. Thanks Commissioner Johnson.

COMMISSIONER JOHNSON: Thank you, Chair and let the record show that I arrived at 9:45. Sorry for my lateness. I did review the presentation part that I was not able to see in person. I have a couple questions. I'll save a couple for the tour as well. But, following up on Commissioner Hughes' question, so say an inmate, a detainee receives a 30 day course of treatment on exit. Does that – do we give them the medication to use or do

they have to go to a service provider to access the medication that they might need?

MS. HANNAN: The medication that we provide is the medication that they were receiving under our care. And so we facilitate, if they don't have a provider in the community, we help them to ensure that they have an appointment within 30 days. So there isn't a lapse or delay in their care. In some situations and with the struggles in getting timely visits in the community, there's been occasions where we've had to contact community provider and facilitate that to ensure that they don't leave with an actual medication in hand. We send using the SureScripts, we send electronically the prescriptions to a retail pharmacy of their choice. And the County is billed for that 30 days of medication if their Medicaid or healthcare benefits are not active.

COMMISSIONER HUGHES: Okay. So we fund basically 30 days of medication and they don't leave with it in hand. That's that is what I was asking about. Thank you.

Here's a question I'm not exactly sure how to ask it because cost is sometimes hard to quantify and distribute. But how much does it cost to detainee to have an encounter with ADF?

MS. HANNAN: Okay. Just so the Board is clear, we got rid of all copays. I got rid of copays in 2023. So that is not – for this reason specifically. There was findings that inmates were choosing to buy commissary instead of paying for a copay or paying for a medical copay for prescription manage withdrawal management. That was what really sparked the interest into looking into it. So kind of collectively with discussions with providers, we removed all co-pays from any medical services. That shouldn't be prohibitive to being able to gain care while you're there.

COMMISSIONER HUGHES: Okay, thank you. So it sounds like, and I think this was answered throughout the presentation, but I just want to clarify, because release schedules are predictable, your medical team identifies what's needed immediately and rights and kind of puts in motion the medications, the scripts that they might need upon release, et cetera immediately; is that a correct understanding of that?

MS. HANNAN: We rely a lot on our reentry staff in communicating with the judicial system and knowing or trying to predict how long their length of stay is going to be. But you're correct upon entry, we immediately start assessing and preparing for what will happen next. If they are felony charges, the anticipation of them going to prison or if their misdemeanor charges, they'll be released shortly within less than a month or so. So we definitely take those factors into consideration. Like I mentioned before, we definitely rely on our relationship with reentry staff as well as with the legal system. The court appointed individuals who helped to facilitate care have been instrumental in keeping us in the loop and to coordinate a plan both a legal plan as well as a healthcare plan that is going to help reduce recidivism and help them to comply with the court's expectations. And we've recently, forgive me for not knowing the numbers, but our participation in the AOT program. We were one of the first participants to have a petitioner in that program with the court system with the help of Judge Lidyard and his staff. And I think since then we've had close to half a dozen petitions that have been submitted and I think for active participants. It could be wrong about that. And so we've seen success in that we've not collected any data in regards to that program. But we're trying to get some traction with that and see what ways we can utilize all of our resources to help them to help our patients.

COMMISSIONER HUGHES: Okay, thank you. And sidebar. I didn't thank you all for your presentation, but I do want to and it was very well done. It is very impressive. All of the work you're doing. And I'm asking some follow-ups because it's just extremely complicated system, one that is not easy to talk about and I want to try to use delicate language. But I really appreciate your hard work. It is not an easy job.

So another question. With like the pod, are the individuals who are in the first pod Matrix, are they mostly individuals with misdemeanor charges? Or I guess what I'm trying to get at and I'm going to try to say this well, is, you know, are some of these individuals likely to end their stay and go to the penitentiary? Or are they mostly, I understand the reentry pod might be more geared towards reentry, but do we provide reentry services for people who may not reenter for a number of years?

WARDEN WILLIAMS: Yes, Commissioner, it's a very diverse population. It's not individuals who are going to be shortcoming. It is individually we anticipate being with this for a minimum of 30 days. But we've had classes where individuals are going to the penitentiary. They've already got a judgment sentence and they're going to the penitentiary. We've had people that are being released in two months in. It's very diverse. We don't segregate it in any other way. If that answers your question.

COMMISSIONER HUGHES: Yeah, that is my question. Thank you. Is there, I mean, how much coordination is there for continuity? I know you don't control the penitentiary. But do they receive a sort of interesting programming setup and then go to the penitentiary and those. I have a daughter over the school break over the summer, you know, you lose some skills. So I'm just sort of wondering how contiguous those are if they go across the street.

WARDEN WILLIAMS: I think from what you're saying, the continuation, like how is that? Yeah, I won't say, you know, when I came from DOC coming here at that time, we had what they called the RDAP. It was for the level two, the minimum restrict housing. So it wasn't afforded to, they didn't have it in all the different level systems. That's a little disheartening for me because I think about that too. And we've had a couple individuals that were going to the penitentiary that were a little saddened that they weren't going to have this same replica of program there. But I don't know, to be honest, I won't say anything despairing about DOC now because I haven't been there in a while. But the program is going to be a little different. They do offer programs. I know for certain that are specific to sober living. Go ahead, Mark, you're going to add to it.

MR. BOSCHILLI: Yes, if I can add. Due to us doing the Matrix program for a number of years, it has influenced other programming around our area. The penitentiary has changed from the other programming to starting to do the Matrix. I was at a conference presentation with them last summer and they decided that they're going to use the Matrix. So our individuals who graduate from the Matrix understand the language have been practicing how to be in a group, go through the process of treatment are now better adapted to go into the pen.

Similarly two outpatient programs have started to use the Matrix material as an evidence-based practice, both Presbyterian Medical Services and Tierra Nueva Counseling Center has adapted that as their framework of evidence based treatment. So our individuals who graduate from the Matrix are more likely to be picked up by these community providers as a result as well as they're ready for pen work for the rest of their stay.

COMMISSIONER HUGHES: That's heartening to hear. And it's also interesting and net positive obviously that by simply hosting the program by kind of preparing detainees in a specific way it has had cascading effects on other institutions that they may end up in. So, I am pleased to hear that and I commend you for keeping the ship steady.

Okay, I know I'm taking up a lot of time, so I'll keep it. So I just have one last question and I'll save the rest for the tour. So the population is up 36 percent since 2021. What factors have contributed to this? I think post COVID is one obvious factor. But is it that we are receiving more – from receiving more, you know, an increased population from other counties? Or is crime up in Santa Fe County such that we're detaining more people? I mean, I'm just trying to understand the up 36 percent number.

WARDEN WILLIAMS: Excuse me, I missed the first part of that question. Will you say that again?

COMMISSIONER HUGHES: So your takeaway slide, the final slide has you saying population is up 36 percent since 2021 or am I misinterpreting it? It's also highly possible that I'm doing that.

WARDEM WILLIAMS: Yeah, I think what you're referring to Commissioner in the slide before that we talked about the daily housing, which had actually dropped the amount of intakes coming in. Yeah, that has risen, but so has the amount of releases. I really don't have an explanation to what the rise in arrests are. All I can say is that they're being released as fast as they're being brought in for the most part. I could just. I don't know, Manager, I don't really, I don't – I hate to speculate on that, but I don't really have any data to support otherwise.

COUNTY MANAGER SHAFFER: I think that we, if I could, Chair, Commissioner Johnson, again, rather than speculating, I think we can pull some data relative to what the actual arrests are so that you can get more actual data relative to the types of charges that people are being arrested on. So we'll take that and get it back to you and to all of the Commissioners just so you can see what is driving again that increase in or the what is in fact accounting for their arrest. Obviously, if most of those individuals are being released within 48 or 72 hours, we're talking about low-level offenses and or failure to appear type warrants, what have you, but we'll get that data to you.

COMMISSIONER HUGHES: Thank you. Yeah, thanks, Manager Shaffer, and I think that's my preferred mode anyway is to just understand it in a little bit more detail and let's be factual about it. I do think I'll just use that, this is an opportunity to, I'm neutral on this now, but I think it's worth considering how the scales balance when we increase arrests for, you know, certain reasons, let's just hypothetically that may be the case. I see advantages to that. But I also see other kinds of disadvantages like advantages would be access to sort of the immediate triage treatments and, you know, medications that may be critical to an individual's wellbeing. And on the other hand life disruptions from sort of petty arrests. But I mean, we should follow the law. But I think that's something that there's a tension there. So I'll yield. Thanks, Chair.

CHAIR GREENE: Thank you. I'm going to fill it follow up on just a statistics thing and turn it over to you in a second. Those statistics that Commissioner Johnson was talking about a way to, I would wonder about what the hype – failure to appear, you know, DWIs, domestic violence, assaults, drug crimes. It would be good to sort

of see what in a report that what we have coming in. And then also a source code, right? Are they coming from the City of Santa Fe? Are they coming from Española? Are they coming from the Sheriff's Office? So that we start to see who's enforcing because, you know, we've seen reports in the past that Española has been cracking down further or other areas. And so we might be able to see some trends in how we're providing that and who's being more effective in that. So if that is more in line with that, it would be great to see that data.

WARDEN WILLIAMS: Sure, Chairman, we actually have that data. We just got to collect it. I can build, I can have a report generated that will provide that data. So I can certainly get that.

CHAIR GREENE: It'd be interesting to see. And it's good for the community to understand as well. You know, we represent the community. Commissioner Cacari Stone. Oh, yes.

MR. ELLIS: I'd like to add some information to that. But nationally, they did pass the bond reform, which is also greatly contributing to how fast people are getting released and the length of stay in which they're in. And this is speculation, but I imagine that that also leads to the vast increase in failure to appears and everything else that turns around and ends up back into the jail, causing the fast turnover. But that was a major national push. That has caused a big impact that we've been able to see within the judges.

CHAIR GREENE: What year was bail reforms?

WARDEN WILLIAMS: 2021 or so, it's been four or five years.

COUNTY ATTORNEY BOYD: Chair Greene, I don't have the number in front of me, I believe 2018 was when the constitutional amendment.

CHAIR GREENE: Yep. So it's long enough. So those data points that Commissioner Johnson was talking about were probably more COVID related, right? We were getting people in and out much faster. We didn't want to –

WARDEN WILLIAMS: We'll get some facts data for you.

CHAIR GREENE: And hypothetical thought process of why maybe not real data driven. But your experience driven why 2021 was different in these trends and things like that. Commissioner Cacari Stone, please.

COMMISSIONER CACARI STONE: Thank you, Chair Greene. I want to just appreciate each and every one of you including Gloria, right sitting –

WARDEN WILLIAMS: Gina.

COMMISSIONER CACARI STONE: Gina, thank you. Our community services and our deputy manager Elias, who's here, as well as many others. I appreciate the work you've been doing.

And I want to highlight what I see and hear as strengths. And that would be. Number one, what Mr. Boschelli talked about human dignity overall about what you're trying to implement at each step of the way in your programs from intake to release to reentry. I want to highlight that there's been a sense since I've been sitting here in 2025 January the improvements and the response with transportation being available to decrease the number of accidents, deaths of people walking on Highway 14. So I want to highlight that for the public as a huge strength.

Also the HRSA grant, although I have a question about sustainability after a grant. The MAT program, the Matrix program. Just also want to highlight that the women's response to the women there, we brought that up at last year's site visit. And I think that you

guys are really trying to make progress with that, even though they're small in numbers. I remember last year's data talked about they had the highest proportion or background of trauma, rape, sexual assault, violence. So thank you for starting to work more tentatively with the women.

Thank you Commissioners for asking great questions. I'm going to keep my main questions and discussion to around intake prescription drugs and substance use severity, as well as reentry. And then thank you Warden for betting 31 questions from a constituent, Mr. Roman Garcia. He said he couldn't be here today. But I really think those questions were excellent categories. And I think that you and I have discussed while the media only highlights what happens that's wrong. We need to highlight more of what we're doing right. We're going to miss you. And my first question is, so what's the succession plan? You leave September and I want the public to hear the leadership plan maybe just even if general. And while you might be thinking you're done today, I welcome a memo upon your exit on systems improvement that you recommend of your eight years serving as the warden. And I really mean that. That would go to the County Manager and the BCC and possibly we make public because we need that continuity of vision. So what's a succession plan?

WARDEN WILLIAMS: Well, thank you for the compliment. It's a bittersweet. I am leaving a career. [expressing emotion…]

COMMISSIONER CACARI STONE: It's okay. Just breathe. And you don't have to answer it. It's big. When you leave something that you put your heart and soul and life into, it's grief. So I see that.

WARDEN WILLIAMS: Well, you got me choked up on my last presentation. And we're going so smooth before that.

CHAIR GREENE: We won't tell any of the inmates.

WARDEN WILLIAMS: I'm going to spend time with my grandkids, for one. And I'm going to, I started an LLC. I'm going to do some consulting. And I think between the two of those, I'll have some positive new memories to look forward to in my next chapter.

MANAGER SHAFFER: And if I could, Chair and Commissioner Cacari Stone, fortunately Warden Williams is consummate professional and obviously has invested a lot of his professional career and efforts in the success of the Adult Detention Facility and that continued through his decision to announce and plan for his retirement. So I believe we are actively recruiting for the position of Warden and the hope is that we will have a not insubstantial amount of overlap between the next warden and Warden Williams so that there is a very robust and smooth transition in terms of the top leadership with regard to the facility. So again, the Warden's professionalism and willingness to work with the County to plan his retirement and departure has given us the luxury of filling the position hopefully again well before his actual retirement so that we do have that overlap and that smooth handoff. So I hope that answers your question.

COMMISSIONER CACARI STONE: Yes, Chair, Warden, County Manager, thank you. I have been thinking about this for the last year and a half sitting here and I would like to recommend that we have a committee, external advisory members, to help with the review of interviews, maybe two to three members from the community, someone like Adam John Griego, people with lived experience, others who have been very interested in the success of the ADF. And so that's my recommendation today that they be

part of that interview process. I think the public welcomes transparency and they need to, if they're a part of it, I think they're more invested in the success rather than the failures. So that's my recommendation today.

I'm just going to move on to some two general areas regarding intake. Commissioner Johnson raised the number of increase. But the question is how the system is under pressure at intake. And I want to know if there's enough intake staff or screening, medication verification, detox withdrawal management, discharge planning, court coordination because we're at our ICIP time, we're at our budget time. And my question to you today, do we need more intake workers to absorb that increase, to manage the pressure, but also help be more responsive to inmates and do prevention around withdrawals or deaths and substance use.

WARDEN WILLIAMS: Right now, I believe we're at a comfortable level and I think Elias will agree with me on this, we've been very proactive the last few years thinking about the future and trying to anticipate increase in needs and services and personnel that's going to go along with that. So as this Board's heard, we've started early planning as far as expansion of ADF, not just the facility, but also staffing that would come with that. So I think as long as that planning continues, I think we're in a good place.

COMMISSIONER CACARI STONE: Okay, so if you do need more, speak now or forever hold your peace. I think that kind of increase in staffing does raise an eyebrow and making sure there's adequate because there's a lot that happens at intake. And I want to recognize that you guys are managing a lot and I don't know if anybody else on your team want to have insights on that since they'll be carrying on the legacy here.

WARDEN WILLIAMS: So just one thing to keep in mind is, of course, adding, I do see in the future behavioral health therapists and reentry personnel and probably medical or all areas that I do see are going to need to expand. However, right now the physical plant does put some restraints on how far you can expand staff because you just don't have the space. We're stuck with the physical plant the way it is. So that does make some complexities in doing that now. But as I said, I do feel comfortable that as we've requested additional FTEs as we identified a severe need for them. And we've been fortunate enough to get those FTs when we've asked. So as of today, I feel very comfortable with that.

COMMISSIONER CACARI STONE: Thank you for bringing up space, Warden. And do we need an external pod just dedicated to intake space? So it's focused and all of that. Again, this is precedent, right, nationally when we're at National Association of Counties, it's the trend. Adult detention centers and facilities are becoming the behavioral treatment centers. So it's across the board. And we want to be sure that our populations are best served. Do we need, do you need a separate space just for intake like a temporary pod?

WARDEN WILLIAMS: Yes, absolutely. I think moving forward that's definitely part of the focal point of the expansion is the intake as well as MAT programming space and then also expansion of medical. And those are the top three priorities that we focus on when we have our planning meetings for the expansion.

COMMISSIONER CACARI STONE: I appreciate that. Chair, Warden, again, I'm asking that you do your eight years of success as the warden, write an exit memo laying out what you think is the future direction of growth and what is actually needed for our ADF to be successful. So please include that in that. I'd like to see that too. The BCC through the County Manager and Deputy Manager Elias. Thank you.

WARDEN WILLIAMS: Yes, ma'am.

COMMISSIONER CACARI STONE: So as we think about intake and prescription drugs and prescription drug controls, what is the protocol for medication verification at intake? Especially for people released within 48 hours?

MS. GRANGER: So one of the things that we have recently employed is SureSrub patient medication history management.

COMMISSIONER CACARI STONE: Could you repeat it and speak into the mic a little bit louder? Thank you.

MS. GRANGER: Can you hear me a little bit better?

COMMISSIONER CACARI STONE: Yes, thank you.

MS. GRANGER: So one of the new things that we have employed is Sure Script patient medication management history. It's a component that is embedded into our electronic health record. So at intake, we get a release signed from each individual to be able to obtain their medication history. And now we have the luxury of at our fingertips, we can run a query and SureScripts partners with most major retail pharmacies as well as most hospitals. There are some barriers which we are aware of and are constantly working to bridge them. However, we have the ability to real time see what medications you're on and have an immediate clarity of what is current.

And so our procedure has always been to as soon as we have a medication verification that is approved, to go ahead and order it for continuity of care. That is never, since I have been there, we've always done that. The big bridge was being able to verify medications. And now we have a system in place where we can in real time at our fingertips by the click of some buttons with the magic of the internet. We can now have that information right at our fingertips. Which we've also used in conjunction with PMP for controlled prescriptions. And that's primarily on our MAT side. That's something that we've also always, always had access to and utilized our facility.

COMMISSIONER CACARI STONE: Thank you so much. I'll say my other questions around for our site visit with you. I'm just going to for time sake jump to reentry because reentry, reentry, all caps is screaming and lit up neon lights to all of us. And I think this is important. And I want to thank the community services program, the deputy warden, the warden. We had two reentry meetings that I was able to convene one in February, one in April's excellent. We had Department of Corrections there. We had Representative Lujan. We had stakeholders. We had City councilors and more. And it was great because we ended and I'd like to ask Olivia Padilla to share with the other Commissioners our landscape analysis that was done. It seems like we're doing well internally with reentry. But as we think about the growth in the future, I'm looking for you to have this quick discussion. But what came up was the need for statewide reentry summit. I'd like to just start with the regional and I'm looking to our community services folks and to the County Manager. I'd like to help convene that. For the County to be a convener around reentry because here's what came up in the landscape analysis and gaps. It wasn't necessarily with us in the County, but as we think about all these partnerships and the continuum of care. About half of weekly releases leave without stable housing. There's a need for stronger handoff between jail, medical services and community providers. There's a need for employer advocacy board. And we saw that employment and reentry for the inmates themselves was huge in their top two, right? The need for educational continuity from the

jail to community and this need for statewide reentry summit. I'm happy with the regional one. I think we need to start with a small win to allow policy and practice. And there were specific recommendations that came from these meetings. But regarding reentry, the need to centralize reentry resources and improve jail to community coordination. So we were part of those two meetings. I think it was excellent. The partners all walked away. So let's talk about reentry. And what would be needed in the next year to strengthen those with the external partners and let's identify if you can name two to three. I'll take a response from anyone on the team because I do want to initiate and plan on initiating a reentry summit that's just regionally.

WARDEN WILLIAMS: I don't know where to start with, I'm just trying to think, I don't know. Anne, do you want to help me with this one? Because I guess the ultimate question you're asking, is what ideas do we have right now to help with that initiative? Is that kind of what you're asking?

COMMISSIONER CACARI STONE: Yeah, I think with those gaps in the landscape analysis, we identify gaps. And most of those gaps are when folks leave, right? And so we know that the group that receive over 11 million, is that correct, County Manager, from the state. Is around reentry, but that's focused on the prison. And what they have given me feedback with, I've had about five meetings with them including Adam, John and Malcolm and others, is they want to see, and they've met with you, I know, is how do we beef up the reentry in a similar model but with the adult detention facility. So this is a general conversation now, but I'm looking for some vision because this is my last of my questions and how we can keep that vision going.

MANAGER SHAFFER: So if I could, Chair Greene and Commissioner, yes, there was approximately $11 million slightly north of that, that was reauthorized for transitional housing. As I read the appropriation, at least it is not limited to those who are being released from the state penitentiary. It can be read fairly, as anybody who's being released from a correctional facility. I don't believe it's fair to say that the entire amount of those funds were earmarked for any given service provider. Certainly that is not required by the legislative appropriation language. And in our discussions with one of the primary sponsors of that reauthorization as well as with EINNM New Mexico. I believe that there is a recognition of two facts. One, that whatever is being pursued with any provider has to be sustainable. And that the capital is an important and necessary component of building out reentry capacity. But ultimately it's going to be the operational cost that need to be really front and center. Because building anything or acquiring anything without a very robust and sound model to sustain ongoing operations isn't a path to long-term success in that space.

Secondly, at least the internal discussions and again with representatives of EINNM is that I don't believe that there is a plan for them to utilize all of those resources period, let alone operational models that are sustainable. And so I believe the working understanding which gets to the point of ensuring that the needs in this space are duly considered by all potential providers would be to do a solicitation of some sort to see what other providers working in the transitional living/reentry space might have to offer relative to those capital outlay funds.

So the short answer relative to those resources again is that they're not earmarked for any particular group. And that our discussions have been focused on sustainability and making sure that there's a sound operational plan to meet the ongoing operational needs of

any entity receiving the benefit of those capital outlay appropriations. And that finally we would anticipate, at least for a portion of those funds, a solicitation to help identify providers working in that space who would be able to again put their best proposals forward to help meet those needs.

COMMISSIONER CACARI STONE: Thank you, County Manager.

MS. RYAN: Chair Greene, Commissioner Cacari Stone, thank you so much for all of this. You might recall that reentry was in fact one of the priorities identified by the region. So I think that this is something absolutely for the region to consider and developing a small subcommittee. We just need to figure out the budget first. But because the demographic at the jail is 100 percent regional population, it certainly ties and times well. And the last thing that I will say as it relates to the County Manager's comments, there are a number of providers out there, each with their own specialty service area and really pulling them all together so that everybody benefits and everybody wins and so for example one has a business model where they are not a Medicaid certified provider, but they actually collect rent as part of the vocational training, et cetera. And so that is their sustainability revenue source, whereas others will bill Medicaid for some of the services that then help to then support the sustainability. So we look forward to additional conversations. Thank you.

COMMISSIONER CACARI STONE: Thank you Chair. Thank you, Warden and Anne and County Manager. So I'm going to use this time because we're doing right. You demonstrated we're doing great with reentry, but we need even more with that handoff to the community. Our landscape analysis, the meetings we had in February and April established the gap analysis. We had New Mexico Corrections Cabinet Secretary there Melanie Martinez. What I'm going to ask today is that the Warden with the Community Services via Deputy Manager Elias Bernardino and County Manager that we reconvene a working group that would be a design team that would operationalize, what can we do with the funds that's there along with Representative Lujan. I'd like to join you. Any other Commissioner that is very interested because I think we really need that group really was a stronghold asset to identify how do we fill the gap and if funding is there, let's reconvene that group as a focus design team on operationalizing that funds.

And then you had identified that there was 500k that are unused yet from the opioid settlement. Can opioid settlement funds be used for some reentry? And if we're not going to use the 500k in the last six months of this annual year, how much time we have to use it, can some of those be used for community reentry? I'm throwing out some ideas only because reentry seems to be the priority and we can beef up the systems approach. Any thoughts and that would be all I have Chair.

MANAGER SHAFFER: Chair and Commissioner, with regard to the opioid settlement funds, they're on a recurring basis not very much. And so you're not going to build much around those. So our expectation is to continue to use them to purchase MOUD in the facility. Ultimately, that will need to be supplanted with general fund money because the amount coming in per year again is less than what we reasonably anticipate spending in that area. And we wouldn't again envision that they're significant enough to make a meaningful dent in the operational needs of any significant reentry programming. We'll certainly work with all stakeholders relative to what the solicitation might look like being cognizant of the fact that we also don't want to allow would-be providers to tailor make the criteria. There is that component as we think about how those monies might be

deployed.

And as Ms. Ryan said, this is a priority of the First Behavioral Health Region, which has its own working group relative to planning and prioritizing those expenditures. So it is very much regional based model as I understand it in terms of looking at those at those needs.

COMMISSIONER CACARI STONE: Thank you very much. And I'll just summarize again phenomenal work. Thank you for your service, Warden. Thank you for making so many systems improvements that really promotes human dignity of people and treatment and them being the best that they can be. I'm going to highlight my request before you leave a detailed memo, particularly around staffing and what would be needed to carry out and sustain the vision as we grow and behavioral health becomes more of a need in one year and what you see maybe in three years.

The second request is that we immediately reconvene the group that met in February and April that include Department of Corrections. Representative Lujan and many others as well as a leadership here and with the City as well because they play a big role and that was part of the gap analysis and other nonprofits and providers to talk about operationalizing the $11 million and how the County can play a role of focusing how to do that as a design team very quickly, right? So those are my two requests. I know the Commissioners had requests around data analytics, but thank you so much.

WARDEN WILLIAMS: Thank you Commissioner. Appreciate that.

CHAIR GREENE: Thank you, Commissioner. Just to follow up on that, I think, one, I want to give you credit for starting reentry from day one, right? The moment you check in, you're on your way out and to meet people where they are and not only make it for the 30 day long term people, but the folks that if we recognize that once somebody has entered the ADF, they're eligible for this. Right. So if we look at folks that come into your facility and are going to be on their way out in 48 hours. And they need housing. And that becomes the big stressor point that might make them a repeat offender recidivism and all those issues, that maybe those are the folks that we should be building a facility for; right? We've got $11 million. Why aren't we looking at transitional housing for, hey, you've gone in, you're in, you're out, but we're going to get you into medical treatment, into behavioral health, we're going to get you into all of these things. And if you're ready, willing and able, we can't hold you here nor do we want to. But we do want to give you a stable place to land after 48 hours.

And I think the fact that we have $11 million, I get the operational issue to this. But looking at the cost benefit analysis, I mean, the cost of somebody coming back to your facility month after month for two days at a time has a big impact in our cost of. So there's a systemic and a holistic look at ways of doing this. I do like the idea of having a summit on this. Knowing that the first summit, the first summit won't answer everything, but we certainly want to pick that brain before you leave. So I would recommend that we try to get that summit before on your way out.

COMMISSIONER CACARI STONE: Are you volunteering to co-chair, Chair?

CHAIR GREENE: Absolutely.

COMMISSIONER CACARI STONE: Let's do it.

CHAIR GREENE: Let's do it. So, thank you for working on this. I think this

is important to get moving on that.

One of the other statistics that I would like to be able to see related to this is when people check in, euphemism of sorts, get detained do we have statistics about where they're coming from, not where they're being arrested. But also what is their zip code of origin? Like are they coming from out of state? Are they coming from other parts of the state? Are they coming from other parts of the county? And can we track that? And then also for those that don't have a zip code as to what, where they live, maybe classify them as homeless. And then, so we start to see statistics about where they're going to go back, where these programs are going to be needed on those follow-on programs. Do we need more programs in Edgewood? Do we need more programs in Española? Do we need more programs in Santa Fe or do we need them in Cerrillos, Madrid, Pojoaque, wherever based on where people are going to be going once they leave your facility, sort of reentry statistics into that so that we can start to target community services where they are because travel is, you know, not your problem, but they all flow through you. It becomes our problem on the outside. And we'd love to have that statistic.

Also, on the recidivism part, do those statistics track outside of our system or those just, they came back to our system here at Santa Fe County? So for instance, if somebody gets arrested in Rio Arriba County or in Torrance County, do they count in the recidivism statistics or is it only when they come back to our program?

WARDEN WILLIAMS: The recidivism that Mr. Boschelli was referring to from the Matrix specific to our facility. They haven't returned to – I have no way of knowing if they're getting arrested in another county or not. We're just speaking specifically to ADF.

CHAIR GREENE: It'd be interesting to know, right? I mean, if somebody, you know, it's great if they don't come back to our system, but it's even better if they don't come back to any system, right?

And then in the folks that do reoffend, and especially the ones that reoffend into our system, are we looking at what I would call a failure cause? Are we looking at them and saying, can you please tell us how we could have helped you better? Is there any –

WARDEN WILLAISM: We don't – I know for example, I don't know how far to expound on that. There are individuals that I see that come back to the Matrix and being that I'm at the graduations and if I see or staff will tell me, hey, this guy, he attended a Matrix before and they re-offended out of habit. I usually will have a sidebar conversation with them and ask them what happened. And Mark can probably add to that. But what I've been told so far from the few that I've met with is just they've had some type of incident at home that just kind of either had to do with residency or some other problem that made them relapse. And they go through this and Mark can probably elaborate through the Matrix. That's part of the training they get us talking about as an addict, you're always going to be an addict. You're always going to have things in life that could – but the point to it is really to teach them to be able to be resistant and have other techniques and tool sets to work away rather than going back and reusing. But do you want to add it to that, Mark?

MR. BOSCHELLI: Yes, if I can. Commissioner, to address that. That's one of the reasons why we're looking at the recidivism so closely. We do interview them because we do a functional analysis what fell apart for you. Now, what skill set should we bolster up? Should we practice more? Or what should we eliminate that really doesn't make

sense? Most of the time what we're seeing is that after one year the effect of our treatment does diminish greatly. And it seems like they go back to their peer group. And that's what we're seeing as the trend.

So once again, I agree with you regarding some type of housing to change that peer group would make sense because that's what we're seeing across the line for these individuals.

CHAIR GREENE: Create a new peer group that is supportive and to break the links to the bad habits. I mean I've heard that repeatedly where it's the old friends that get you back into trouble.

WARDEN WILLIAMS: At DOC this was a big issue with them forever as the parole, you get parole to have your parole plan approved by the parole board, you've got to have usually someone that – you're going right back to the same neighborhood because you got to have someone that's going to vouch for you to reside with them. And that's usually where they came from. So that kind of is the problem we talk about that in the Matrix. And yeah, I don't know how to cross that bridge. But yeah, they're going to have to get to a point where you got to learn as you're getting older especially some of those substance abuse you got to start cutting ties with people that you realize you may care about but they're unhealthy for you to be around because they're not in the best position to encourage and support your sobriety. But finding residency is already a difficult task for people and then on top of that to say that some of those places you may have a place to go probably aren't the best places. That even compounds up probably even more. But step by step, I think, you know, day by day we go through it.

CHAIR GREENE: I think that there's some systemic concepts in this. They're very complicated and nobody sits there and says, I want to host people from other communities. But it's sort of a trade, right? You know, you say come on down to Las Cruces and we'll give you some supportive housing and break those links and we can trade for some folks down there and to try to find a way to give you a fresh start. Right? That's the main issue there is a fresh start. I think about even internally like when we started the Matrix and they went through the program by the time they were graduating, they were like, I don't want to go back to general population where I have a lot of friends, but I don't want to go back because they're going to influence me or encourage me or, you know, try to push me back into using with them and I don't want to do it. It's the same analogy.

CHAIR GREENE: Yeah, thank you. Thanks. We should recognize that in the reentry program when we have that summit, you know, to say how do we find ways to keep people in a safe, secure and to give them the support that they need, but find other methods other than their buddy that they used to use with.

I'm interested in repeat offenders. Right. Those seem to be, you know, it's the 80/20 model: 80 percent of probably your folks that come in and out come in and out, come in and out. And we need to find an off ramp for them. Because that's how we stop that. You know, folks that come in once that never come back again, great job. But it's the folks that have been there five, six, seven times. That ain't going to stop at five, six, seven. It's how to find a way to get them on an off ramp.

WARDEN WILLIAMS: Our reentry team actually gets a list automatically sent to them every day that shows people who have came back in that were already identified as being somewhat problematic before. So they have right from the point of

intake, they have an opportunity to start trying to go through and dissect and figure out what's going out there. So we are thinking about that too.

CHAIR GREENE: Thanks. And in your some of your early slides, you showed detention time and how 50 percent were out within 48 hours. And you showed that for the adult detention facility. Those same statistics, if that can be applied to the youth detention model. So that we could start to look to see if somebody's going to be with us for 48 hours, why are we driving them all the way to San Juan? Right? They're going to spend more time and more of our deputies commuting them back and forth. When maybe there's a short term solution that we can do here locally for those before they get that first arraignment.

WARDEN WILLIAMS: So juveniles are just much more complex. Unfortunately. Juveniles for the most part aren't getting warrants and then just because with the adults that happens a lot. Right? Someone doesn't appear for court. The judge is like, I have no other alternative, you're not showing up. Get a warrant. That way I force you to go to jail long enough for me to see you, then I'll release you. But juveniles, usually their new crimes. Usually there are new crimes. They got to go in front of a judge. And I just don't see any way of really trying to prevent that. They don't come in and usually get released the next day. They're just a very unpredictable population, but they're mostly new charges coming in with those individuals.

And usually because CYFD works with the courts diligently to make sure they're only taking into custody a juvenile if the circumstance is really warranted. So there's a lot of vetting that goes into it. So for those reasons, I don't see that turnaround the same way as you do with adults.

CHAIR GREENE: Okay. Well, it'd be interesting to see that, like are they in for 48 hours? Great let's be able to see apples to apples, the same sort of pie charts and statistics would be useful for me. Probably for all of us.

WARDEN WILLIAMS: Sure. We have, we have that down. I can put it together for you.

CHAIR GREENE: I'm sure you do. And then lastly, we see now on social media mug shots out there that are obviously being somehow released by the ADF very quickly. Like within 24 hours. I don't know if that is intentional or if at what level we can -- how is that being facilitated? Or should these things be – like at what level; do we have to release it within 24 hours? Do we have a two week, what's the IPRA rule for this? You know, these folks are innocent until proven guilty. This is stigmatizing some folks very quickly. I'm just wondering where we can potentially protect our citizenry from like literally showing up to work on Monday and going look what happened.

WARDEN WILLIAMS: Yeah, I was just, I'm sorry, I'll let Walker –

ATTORNEY BOYD: I can certainly chime in, but I'd like to let you.

WARDEN WILLIAMS: So we provide there's certain information that is public information that we have to provide to the public. It is available on the website. Individuals can go there and access information to however there are times where a media outlet will submit an IPRA or they'll send some type of email correspondence to the County. That information gets trickled to mean that they're making a request. Our practices, we provide it back to the Manager's Office and then through Legal it gets vetted. I don't really keep track what happens from there.

ATTORNEY BOYD: Chair Greene, under the Inspection of Public Records Act the County does have up to 14 days to respond, but the Act encourages records custodians to respond to requests as soon as possible. And so certainly that's also a direction that, you know, I think that the Board of County Commissioners has encouraged the County to be as responsive as possible to media inquiries. And so if a media inquiry comes in, we do try and respond to it as fast as possible can. So that's what the statute provides.

But on another subject, I just wanted to go back to my earlier statement about the bail reform constitutional amendment. That amendment was passed in 2016, not 2018.

CHAIR GREENE: Thank you. You know, I don't know that given due process and a level of, yeah, just making sure that people have their time. Charges are dropped frequently. I know somebody who was detained for rescuing a dog. And they said that you treated them great. Very professional. But nonetheless they were splashed all over social media within 48 hours. I think all charges will be dropped in this case. This is just inappropriate to me to be just somebody's making money off of this, right? Whether it's social media or a company that is choosing to build a community, we should find a way not to encourage that.

MANAGER SHAFFER: Chair and Commissioners, I think that those are the type of comments that counties and others are raising through the IPRA task force. So there are two separate issues. One, it most certainly is a public record and there's no way not to release that information. And I think that with regard to photos that are taken upon intake, I think those are routinely and I mean rightfully considered public record. So if you're going to approach it on a systematic level, it's really going to have to be through the legislature. And it will be through the task force.

A separate issue is what do you provide readily to the public. And there's tension there between the public's right to know and making information available in a way that minimizes the cost of responding to request. And I think that if anywhere is where there might be some effort or ability for the County to influence the speed with which things are released. But the trade-off there is using AI and other means you're just going to get an IPRA request every single day. So you're not really going to stop anything. You're just going to make it more cumbersome to respond. So I guess my point is really the issue is at the legislature and is with regard to IPRA and working collaboratively with policymakers again to revisit the balance between the public's right to know and the exploitation for profit of some of this information. And again, that's not a county-level decision.

CHAIR GREENE: I understand that. There's some county mechanisms in there that we could discuss. But I do hope that we, you know, this has been one of my concerns that we don't work the interims on these bigger issues that are statewide issues like I think we should. And if this is something that is a priority of the Board here, our lobbyists and our policy people should be working the IPRA task force and the legislature during the interims so that we have a way decisions aren't made in January. Votes are made in January. All the work gets done in the summer. We know this. We just don't work it like we should if this is, you know, something that we have as a result.

ATTORNEY BOYD: Chair Greene, I'm preparing a written comment for submission to the IPRA task force that will outline the County's many concerns with the current substance and process that's set forth in IPRA. It will be – I'm intending to submit it before the task force meets in Santa Fe in August. And certainly, I would encourage the

meeting is happening in Santa Fe, I believe on August 4th.

CHAIR GREENE: And are you going to present that to us that we can help you because yes, go prepare it. Brief us. We can all show up and say –

ATTORNEY BOYD: Certainly I can, if any of the Commissioners are interested in seeing the draft comment and providing their input, I can certainly please reach out to me and I will happy to work with you on that. And again, I'm working with the records custodians who are the ones who are on the front lines of processing all these requests to make sure that the County's concerns are heard. And certainly any concerns that the Commissioners have and input they want to have on the comment, I'm happy to receive that and work with you all.

CHAIR GREENE: Great. And if nothing else, watermarking the images. And with something that says, folks, one, this is property of Santa Fe County, two, these folks who are innocent until proven guilty. They were just detained. Whatever we can do so that these do not become things that just they're beyond our control. We get IPRA works for a reason, but there's opportunity here to protect our citizenry.

Commissioners, anything else? Yes. Commissioner Bustamante, please.

COMMISSIONER BUSTAMANTE: Yes, thank you. I have to concur with our Chair. Thank you, Chair Greene. If we're putting something out that's going to be requested policy for IPRA, I really do ask that we see it before it goes to the state committee. I think it's appropriate. We will hear about it. And this is exactly the type of thing that if we know what's coming in advance with regard to how IPRA is going to be managed, I respectfully ask that the Board be made aware of these types of requests and to see this letter prior to it going to its final destination. Thank you.

CHAIR GREENE: Thank you, Commissioner Bustamante. Any closing comments before we go on our tour?

WARDEN WILLIAMS: I'll open up for the team if they have anything. Gina, you want to say something? Thank you. Just thank you for having us.

B. Adjourn for Site Visit and Inspection of the County Adult Detention Facility Pursuant to NMSA 1978, 33-3-4. (The Board of County Commissioners will travel to and from, visit, and inspect the facility with limited County staff only.) (Action Item)

CHAIR GREENE: Thank you very much. Yeah, we look forward to seeing the full tour, lunch, you name it.

And with that, we will stand – what is the protocol here? We are not in recess, but we are –

COMMISSIONER CACARI STONE: Make a motion to adjourn.

CHAIR GREENE: Is it a motion to adjourn?

ATTORNEY BOYD: It's styled as that on the agenda. I think that would suffice.

COMMISSIONER CACARI STONE: I make a motion to adjourn.

COMMISSIONER JOHNSON: I'll second.

CHAIR GREENE: We've got a motion from Commissioner Cacari Stone, a second from Commissioner Johnson. All in favor say aye.

The motion passed by unanimous [5-0] voice vote.

Chair Greene declared this meeting adjourned at 11:40 a.m.

Approved by:

Justin Greene, Chair
Board of County Commissioners

ATTEST TO:

KATHARINE E. CLARK
SANTA FE COUNTY CLERK

SFC CLERK RECORDED 07/28/2026

COUNTY OF SANTA FE)
STATE OF NEW MEXICO) ss

BCC MINUTES
PAGES: 37

I Hereby Certify That This Instrument Was Filed for Record On The 28TH Day Of July, 2026 at 03:03:10 PM And Was Duly Recorded as Instrument # 2088514 Of The Records Of Santa Fe County

Witness My Hand And Seal Of Office
Katharine E. Clark
Deputy _____ County Clerk, Santa Fe, NM

COUNTY CLERK
KATHARINE E. CLARK
SANTA FE COUNTY NEW MEXICO