SANTA FE COUNTY

BOARD OF COUNTY COMMISSIONERS

SPECIAL MEETING

May 20, 2025

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

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1. A. This meeting of the Santa Fe Board of County Commissioners was called to order at approximately 9:01 a.m. by Chair Camilla Bustamante in the County Commission Chambers, 102 Grant Avenue, Santa Fe, New Mexico.

B. Roll Call

Roll was called and indicated the presence of a quorum as follows:

Members Present:	**Members Excused**:
Commissioner Camilla Bustamante, Chair	None
Commissioner Lisa Cacari Stone, Vice Chair	
Commissioner Justin Greene	
Commissioner Hank Hughes	
Commissioner Adam Johnson	

C. Approval of Agenda

The agenda was accepted by consensus.

2. Miscellaneous Items.

A. Presentation on Adult Facility

DEREK WILLIAMS (Detention Facility Warden): Good morning, Madam Chair, Commissioners. We're glad to be here today if it's that time already to for our annual tour of the facility. We're excited to give you that opportunity. We've got a couple presentations and I will jump into them.

This is just an outline of topics that are going to be covered: population data for the Santa Fe County Adult Detention Facility, medical support data, mental and behavioral health, programming, security operations within the facility some of our personnel data, a little bit about our juvenile detention and where and how we house them and then of course the collaboration with Community Services Division who we partner with primarily.

Within the population data this slide here just gives you an indication of the

amount of intakes and releases that come into and out of the facility. This is broken down in a three-year span. There has been, you'll see a little increase from 2024 moving up and the releases usually match pretty much what the intakes are and the increase I identify that as being contributed towards our homeless, substance abuse, and mental illnesses that are a contributing factor within our community and other communities around the state.

This is our average daily population, it stays primarily around 300 as the high sometime and it fluctuates depending on the time of year. Obviously when it's colder and the people who are homeless and out on the street they tend to become incarcerated a lot more frequently of course they're getting released as frequent also but primarily we stay around 300. Just giving you an idea of the male versus female what that population looks like, primarily it's male, of course, so 73 percent. Our female population is always much lower.

Length of stay as you can see on here anywhere between zero and four days is primarily the amount of time the vast majority of people stay in our facility, those that stay past that are those usually dealing with competency evaluations, going through that process, and/or going through trials which you know can last a lengthy time period.

Classification, so every individual that gets booked into our facility they get initially classified, this is basically our threat assessment and it helps us identify an appropriate and safe location for that individual to be housed within the facility. So we do the initial classification and then we do a reclassification which is for those individuals who stay in our custody for up to 60 days or longer, we reclassify them to make sure we have a stable threat assessment on them moving forward if they continue to stay in the population fitting to their threat assessment. You will see in the initial classification that 91 percentile, that those are minimum custody individuals; people who are classified as minimal custody. The reason, right, when you look to the right and you see the reclassification, that number drops a lot that is because the vast majority of those individuals coming in that are minimum custody are getting released because they're not there on severe charges. So that kind of explains why you see the custody level change a little bit when you look at the 60-day mark versus the initial classification.

Court Hearings: I just want to give you an idea of who we deal with, District Court of course, Rio Arriba, our City of Santa Fe and our magistrate and then the City of Española. This just gives you on a quarterly basis an idea of how many video hearings that we do versus how many transports, physical transports, that we do for court.

Substance abuse: We initiated a process back in '23 to get a better handle and idea of what was coming into our custody so we knew how to focus our programming needs specifically towards substance abuse. As you know, we have the Matrix, we'll talk about that a little more, but this was pretty alarming to us and those of us that are from this community know it's not necessarily a surprise as this epidemic of fentanyl and meth-amphetamines. So drug script, what we did is everyone that comes in our effort is to try to get a drug screening on that individual so we know how to best, what they're going through and then how to treat them while they are in our population and hopefully if they're here long enough we can help them get some help while they're in custody and then help set them up with our re-entry team before they leave so they go back into the community a little better than what they came in as.

In 11,000 intakes that came into the facility we were able to successfully test 8,410 and out of that you see 87 percent of those individuals tested positive for at least one drug. Out of those positive screenings we broke it down a little further there were 76 percent of those who tested positive tested positive for two or more substances. And then fentanyl to itself 48 percent of those people that tested positive for a drug tested positive for fentanyl.

Medical provider encounters: Santa Fe County we're unique and very fortunate compared to any other facility in the state in that we have our own providers that are county invested professionals. So we have this slide here is talking about Dr. Oliveras, he is our medical doctor. He, personally, these are individuals that he has seen. So you see he sees a vast majority of people coming, over 50 percent of the people coming in to our facility our doctor is personally seeing which I think is a great indication to the above and beyond methods and efforts that we take to take care of our population.

Medical transports out of the adult detention facilities, so I just wanted the Board to get an idea of how active we are. So this indicates people that the doctor when the doctor comes across individuals that he identifies have a higher need of care particularly in a hospitalization type of area, these are individuals that he sends out. Referrals come from him, we set up a transport team, and we send these individuals out. So again this just shows above and beyond efforts that we take to take care of the people entrusted to our custody.

Emergency response: so you think of dispatch on the streets a call comes in from the community it goes to dispatch, dispatch will assess the type of emergency and then they will alert the proper emergency responders. The same thing happens internally in the correctional facility. We have what we call master control; master control is essentially the dispatch unit. These calls in the blue are any kind of emergency call; it could be a call for a medical emergency, it could be a call for security response, it could be resulting to a heart attack, it could be something responsive of an assault. So in the yellow, you'll see those are the calls out of those that were believed to be an overdose concern, fortunately for us, those numbers remain fairly low and that has been very, they've been getting progressively lower I think in the last, when you look at the last four or five years which is you know a great sign of the team that we've put together in this county.

Psychiatric provider encounters, so Ms. Granger she's our nurse practitioner and just as I was mentioning earlier we are the only facility in the state that has our own County nurse practitioner, just like our doctor. And this indicates individuals that are seen personally by Ms. Granger, so it just gives you an indication of how much we utilize and are thankful to have her with us.

Programs, so this is the highlight of some of the programming that we focused on, you'll see most of its related to substance abuse, narcotics anonymous, alcoholics anonymous, parenting we focus on, we work a lot with CYFD trying to make sure that we have family reunification, helping parents who need parenting skills enhancements, get those, obtain those skills while they're in custody and hopefully when they get released they have a better opportunity to connect with their children and be able to parent in a way that's productive for the family.

Religious studies: we offer opportunities for any type of religious needs that they have within the facility and we're thankful to have volunteers that also come in

throughout the week to participate and offer those services.

Substance abuse therapy: Mr. Boschelli will speak about that a little bit more in a following presentation.

Food handlers course: individuals who work in our food service department they obtain training while they're in custody; hopefully, that training can help them get jobs at restaurants and other places within our community upon release gives them a trait.

Our Matrix, again, Mr. Boschelli will speak more about that later but that is our, that is our substance abuse program and then we have our re-entry both male and female program, which we will speak more about later too.

Re-entry staffing overview: we have four dedicated re-entry specialists; two of the four have lived-experience that's something we're very proud of. Not only do they have lived experience but we're very selective in who we put in those positions. I'm proud to say that all four of those individuals are very passionate, they're very sincere and they have a personal desire to help others who they recognize have had the same issues that they had at one point in time in their life. And they're really dedicated about making a change in that. The re-entry team focuses really on anything with substance abuse, they help with the Medicaid enrollment, access to AA and other substance abuse pogramming. They help the inmates find the appropriate program that they're going to need upon release from custody. And then the graph there just kind of shows the numbers of how busy they are in what they do. As time evolves I foresee the re-entry team continue to expand and I think that's going to be something that's just the way things are headed.

I think re-entry and behavioral health therapists, which we have also, I think those are two areas that are just going to continue to expand and the more we do, honestly, it's just going to continue to improve services that we provide.

Re-entry linkage: this is just an a couple examples of partners that our re-entry team focuses and deals with on a daily basis: Hoy recovery, Santa Fe Recovery, the Lifelink, Four Winds, Santa Fe engage, and then one of our newest partners is New Mexico Re-entry, who I will say I'm really excited about. In fact, just this, about two weeks ago we had a female that was released from our custody, Ms Granger had been working with her quite a lot before she got released and she was able to call us in distress because she couldn't follow up on her meds and she didn't have a place to go and she was in need. We were actually able to call the New Mexico Re-entry they found her a place to live temporarily, they got her safe housing and they got her back on her MAT and they got her scripts filled all within like maybe two hours. It's really impressive so we're really excited about that new partnership.

This is our, so currently we have Albuquerque Health Services and PMS, these are partners that we have right now. As you see PMS, we were just awarded a two-year grant with them, they provide two full-time employees. We actually staff them at the facility Monday through Friday and what they do is they assess in the individuals coming in and out of the facility. They make sure that they're aware of their services that they can provide outside of custody, they can help with dental, primary care, behavioral health and then Medicaid assisted treatment and so they just try to link them up with that and let them know where they're at. And then of course we do support and make sure that they have transportation to that location in the event that they want to participate.

Albuquerque Health Services, that's another MAT clinic, they also have an office

here in Santa Fe, that's why we say local MAT clinic. They come in weekly and similar to PMS they provide Medicaid assisted treatment they also focus on mental health services.

And then assault data, so I usually have this slide in all of our annual reports just to give the Board an idea. You know, anytime you have a vast majority of people from diverse backgrounds in a confined area you're going to have unfortunately you know tension RISEs. But one thing that I'm excited about this slide and what the stats are showing us now is you'll see from, particularly the third quarter, the assaults have declined. They've continuously declined going up until present time. What we contribute that to is recently we implemented inmate tablets, electronic tablets. Every inmate in the facility has an electronic tablet, those tablets so far we've seen that they've ran over 10,000 hours of time that they've spent on those tablets. And the time that they're investing in those tablets, because we're able to see the breakdown of what that looks like, what they're using them for; life skills, academic courses, re-entry services, religion, they can watch sermons or things of that nature, family reunification, and what I mean by that is video visits are more available readily available to them around the clock, and they also have substance abuse support. And they've been using those tablets for those services and I think the fact that they're using over 10,000 hours of service on those tablets is occupying their time, it's helping prevent boredom, it's keeping them constructive and a result of that is you're seeing a decline of inmate mischief and assaults that could occur.

Going into our personnel: we're very excited; you see we're under the two-digit percentile there for vacancies in our detention officers which a couple years back that was a much more serious concern. Santa Fe County has worked very hard and we've had lots of support from not only the Board and the Manager's Office but all the way down to making sure that we have fair and actually above fair salaries to keep good quality employees invested in working with us and we have zero vacancies and the supervisory positions going up in the security side for officers.

Going into our non-security personnel, same thing, you see great percentiles in there our physician, our doctor, he's been with us for years. I can't think of a more stable, as far as coming to work and focused on priorities doctor that I know of. That man is there every day Monday through Friday doesn't miss a beat. Most of the time he gives away his sick leave when he sees others in the county need it. And all of our staff in those professional categories fall in that same category from our health services administrator, Ms, Hannan, to her registered nurses, to her LPNs, and our therapists, our behavioral health therapists. And, again, I have to keep reiterating it because I'm excited but those are all County employees none of those are contracted. Then going into our other staffing our case managers, booking clerks, maintenance, etc, you see that those numbers remain pretty positive also.

Juvenile detention: I only have I think the one slide on here because we do partner with San Juan County that is where we have partnered with since 2020. The chart reflects the numbers of beds that we use for juveniles who are arrested and remanded into custody. It fluctuates, there's no pattern of rationale to that it just kind of goes up and down and those individuals when they're arrested and they're Santa Fe County, they're brought to our facility, they are medically assessed and then we transport them to San

Juan County. San Juan County operates a very safe and profound juvenile housing so we're very comfortable with that.

I'm going to hand this over to Ms. Ryan and she's going to talk a little bit about our collaboration.

ANNE RYAN (Community Services Department Director): Chair Bustamante, Commissioners, good morning. Anne Ryan representing the Community Services Department, really pleased to be here. I was asked to share more about our collaboration between CSD and the jail and also to talk about more specifically, Chair Bustamante, that continuity of care piece that you so aptly raised last week. In addition to this larger challenge that the Santa Fe County Jail and many jails face so the Board just heard the Warden talk about a number of statistics the one that is the bigger challenge is what's referred to internally of that 4848 and even though this particular slide, I think it looked at 44 percent it fluctuates but that references the fact that 48 percent of those who enter the detention facility exit within 48 hours. So within 48 hours to establish continuity of care proves very, very challenging when you look at the presenting behaviors of many whom are being booked. In addition to the art of engagement and establishing trust. So that is the bigger challenge.

You are going to hear throughout the morning and certainly when you tour the incredible efforts made by this body the County Manager's Office and everybody sitting beside me for what they do so well with that small percentage that are here for 15, 30 much longer it's that 48 of 48 that I was asked to really focus.

In terms of some of our collaborations one of the first things that we did is worked with Deputy Director Jennifer Romero to personally take one of our lead navigators and retrain the re-entry team and the jail staff on the Connect system. As a reminder to members of the public this is a City-County collaboration which contracts with over 80 different public health and social services local providers to connect folks in need with social determinants of health. So whether that's housing, whether it's behavioral health, whether it's transportation -- you name it. And anybody knows within behavioral health that you really begin with the end in mind and so upon booking is when you really need to start thinking about then what is that discharge plan going to look like. Very hard to do in 48 hours. So we did that retraining so that the re-entry team presently of four and we concur with the Warden that that likely is going to grow, that the continuity of care to at least inform them of what's available with those linkage opportunities so that they are aware. Secondly, the Behavioral Health Leadership Council, we know the BCC is aware, but again just a reminder for your constituents. that has been an informal body of local providers hosted and managed through the Community Services Department for the last many years formalized by this body. I think it was February of this year maybe last -- time gets away from us – and so this is a formal body that is comprised largely of behavioral health subject experts and includes so many of those contracted through the Connect network. We continue to invite the jail who has been non-cloistered and very transparent and I say that as a former practitioner predominantly in central New Mexico sort of hearing about some of the things up north. This present leadership at the jail is not that way at all. I can text the warden give a big ask we're very different people. He's very open. So I just, you know, want to reassure this body of, if I may, the mentality of the new day here.

The Behavioral Health Leadership Council, Commissioner Cacari Stone generously presented at and attended at the last meeting. And we have the jail presenting at the next meeting to really talk about our current system of care here within the County. And so when we talk about the system of care. we're talking about that safety net and when we are looking at tasking the Behavioral Health Leadership Council to look at those gaps, we're really looking at the gaps as it relates to the level of care continuum. So outpatient services, community-based, intensive outpatient, which is still community-based, in home services, community-based. residential treatment services, partial hospitalization, hospitalization and then it kind of comes back down whether that's long-term RTC or more. The level of care continuum there are providers who are excellent with the standard outpatient. The demographic for whom the jail serves can present with some very, very, very challenging high acuity SMI indicators that you will hear both Rebecca and Mark talking about. And if somebody is not stabilized some of what they present with can include symptoms such as unpredictable physical violence. And so having providers who can specialize in certain demographics and certain populations so that we really look at the needs throughout the county and then our level of care within the system of care. And that's great if we have a system of care with so much outpatient. That's wonderful. But what if those ratios really are not adding up so. So one of the conversations that we're going to have at the next meeting which is a public meeting a really candid conversation about the jail being able to express, you know, look it's you know we're crying sometimes begging please, please, please take Mr. Jones and finding that there's no room at the inn. And I've been there too. And it's very, very frustrating especially when you go online and read their mission statement.

That said, I've also been a provider and run clinics and you've got to be protective of staff and careful with staff and so to be able to have these very, very candid conversations so that our provider base can better understand the needs of the jail I think is going to go a very long way and I want to mention the Warden's point about re-entry services. So Chair Bustamante, you certainly know Monica Abeyta very, very well she was one of the reasons why they were recruited up this way. So one of the other things that we want to talk about at the next meeting is how can we more wisely incentivize the providers out there? Everyone knows that economic development can create healthy communities. What are we what can we do better to give them greater incentives and that's exactly what happened through the COG to bring them up to Española and they specialize in this population. So that's just one example.

Also as it relates to this second bullet, and I promise I will speed it up, is the fact that we have some of our CSD contracts and intend to amend all of the applicable others to ensure that they are prioritizing those being released from detention or Christus or any other institution. So that's another mechanism that we can focus on.

Other collaborations: the Building Bridges grant originated in and was initiated by the Community Services Department and the jail has done an outstanding job with rolling this out. Three prongs: number one, first and foremost managed withdrawal aka detox for those with substance use disorder. So doing that on-site. Secondly offering onsite induction of MAT services and then finally, Chair Bustamante, that continuity of care. That continuity of care specific to MAT not every provider offers MAT so what can we

do then to incentivize others to provide that service. Regrettably we learned yesterday that this particular grant is among those being cut by the current federal administration but not before the jail's outstanding progress has landed them as a national model flagship site for peer-to-peer learning by other jails across the country. So this body, community services would go around and tour other model sites as part of this roll out and now the Santa Fe County Jail is among those. So certainly applause there.

The HRSA Grant,that is another federal grant. It's relatively new and the recipient is Presbyterian Medical Services the largest federally qualified health care center in the state and they have been a stellar partner thus far and the whole point of that is for that continuity of care and the medical home model to ensure that folks have a medical home opportunity it's certainly not forced as we talked about last week. These services are voluntary. One thing that I do want to say about Dr Oliveras is that as part of this grant we had to, the jail and CSD, do resident or inmate surveys so that there was detainee voice in what was designed and established. So one of those questions was do you have a PCP, primary care provider, and overwhelmingly the answers were yes and saying very innocently with a straight face Dr O And so when you have the jail as the medical home for so many of your constituents that is a very, very, very telling indicator. Jails as we know were designed for two reasons: detention, deterrence; detention, deterrence. And they have been challenged with becoming so much more. And meeting those challenges don't occur overnight.

We also have the Engage program our law enforcement assisted diversion program and we did go bags which we've talked about doing for the entire jail population right now because that's 100 percent grant-funded. We've got to stay focused on those particular clients but those go bags include hygiene kits and essential items upon discharge including a cell phone that we program to our engage community-based case manager so they can call as soon as they're exiting. The RISE grant all of you are familiar with and Chair Bustamante, we'll have them come present again they've presented annually. They're going into their third year here. Some lessons learned and some growing pains no question. But they have now opened a second RISE house and they are prepared to open a third that is specific to women should we be able to come up with the funding. And, Commissioner Greene, just to briefly address one of your points last week it is the you know more scattered site model embedded within neighborhoods, smaller scale, small census but 90-day transitional living.

Standing meetings so as I shared the receptivity of the Warden I asked him could we start meeting on a regular basis he was very open. It's not just the two of us but it's our respective teams and those happen consistently. We also, the jail they're going to talk more about commence with re-entry fairs which I don't think anyone else in the state is doing and they will talk more about and we coordinated the provider base to come in. And the reason why that's relevant is those of us who have run nonprofits it's a big deal to take people off the line to do something that's not a Medicaid billable service because that's 100 percent tied to salaries and payroll. So to have them come in for hours of a day is a big deal but they were privileged to do that and the jail did a great job.

The re-entry center exploration as the Warden mentioned that is something that the County is continuing to consider and explore. Bernalillo County has probably some of the largest complexities and challenges as it relates to detention facilities and all that that

means and so the Metropolitan Detention Center, middle of nowhere right by the city dump, what do we do, what do we do, you know, folks along I40 even in some of the most dangerous spots and it took years but they took the old Darth Vader jail down off of Roma and repurposed it into a re-entry center and that is staffed 24-7 there is transportation from MDC by the county to the county re-entry center for that opportunity. And we have as a county toured and between CSD and the jail we are following up with the person who's presently running it I think next week for greater consult and that person ironically runs their connect program and they don't call it that but it's still the Unitus platform.

CCBHC's, the certified community behavioral health clinics, as many of you know this is the healthcare authorities' biggest, greatest initiative that commenced in 2025. This is a new category in behavioral health clinics. So you've got community mental health clinics, you've got core service agencies, you've got FQHCs, all of these, and this is a new category. CCBHC with nine core services that I won't belabor but one 24-7 face-to-face. That is a big, big deal so when I shared earlier about those levels of care to have a face-to-face 24-7 is so essential when you know you have a community with certain indicators. So can we push for more?

And then what I refer to as the medi-medi-evaluation so Medicare Medicaid through federal -- Center for Medicare and Medicaid, we are going to be looking at exploring as a county conducting a cost benefit analysis; does it make sense to potentially become a Medicaid provider? If we opt to do that, it could generate revenue that would offset certain service costs and allow for certain expansions that could focus more on re-entry or transportation or, or, or. So that is forthcoming.

The Medicaid 1115 waiver has been talked about quite a bit I never want to misrepresent another entity so it's straight from the state website but it is quote, removes the inmate exclusion to allow Medicaid to pay for select pre-release services which includes a minimum set of three mandatory services of care management, MAT and a 30-day supply of meds upon release. Other services such as HepC treatment, community health workers, peer support are or anticipated to be approved in addition to those mandatory minimum three within the near term. And the reason that this is so exciting is that if we were or the County were to consider billing for Medicaid that would be front-end efforts. The 1115 waiver would be then back-end efforts because it's up to 90 days prior to release and however they define that. But the most exciting thing is because of the collective work of the County. it's been selected as a pilot site to ultimately roll this out. The next state meeting is in June and the deputy warden can talk more about the next pilot meeting and then finally EMR, electronic medical records, so there is an opportunity right now the jail uses one called Sapphire and that's a an excellent system. EMRs have advanced considerably over the last 20 years with a lot of built-in protections but it will, Commissioner Cacari Stone, really lend to your instruction last week about those crossover cases. And so can we look at extending that to CSD and EMS for standardization but also data analytics on and on and on and you know really raising our game with best practices so the Warden is cutting me off, thank you.

CHAIR BUSTAMANTE: Thank you, Ms. Ryan. Do you want to take questions now or would you prefer to wait till the end of the presentation?

WARDEN WILLIAMS: I think if we wait till the end, that will be appropriate for us. There may be questions you have now that are going to be answered in the next couple presentations. And I'll go ahead and introduce Ms. Granger she'll go ahead and start her presentation.

REBECCA OTERO GRANGER: I'll do my best to maintain the energy that was exciting just to be able to step back. Madame Chair, thank you for having us, Commissioners.

We are equally excited just that you are interested in what we do and what we do every day. We do it every day not to be recognized but because we the our patients have entrusted us their care. And so that is extremely humbling and motivating and just to see that the synergy that's come from our administrative team over the last five years of my employment with Santa Fe County it's just extremely exciting.

My name is Rebecca Otero Granger. I'm a psychiatric nurse practitioner. I have 20 years or more of correctional experience both in prison and in jail throughout the state. Native of New Mexico, five-year employee County employee of Santa Fe County. Thank you.

So just to really kind of hone in this has really influenced our practice over the last two years from behavioral health, nursing, security, community perspective that 48-48. Forty-eight percent of our population is released within 48 hours. What I love most about this and what just energizes me is that this is a perfect setting for a care nursing model, which is holistic care, in that we are able to use those 48 hours as an advantage because my fellow colleagues who work in the emergency room they don't get that. They don't have that opportunity. We get to see our patients and they establish trust not only with us but with our custody staff who support and believe in what we're doing and that also gives us an advantage. They're vested and passionate about their jobs so it really is just an exciting environment.

What we have done is that we have begun to plan for discharge upon intake. And just to be prepared, expect prepare for the worst and you hope for the best and we have done an amazing job with our all of our entities to be able to provide holistic care and services. What we do provide most of, what I do and a lot of my practice is. is emergency psychiatry. Our numbers have increased drastically, our nursing staff is amazing. our custody staff is just on-point to be able to help us to pick out people who may have slid through the screening process or started to manifest symptoms that may have not been caught immediately upon intake.

This is always just a eye-opening statistic for a lot of individuals. It shows that the number of or the percentage of inmates on medications is always above 85 percent. But I think it requires a lot of explanation because it does not indicate that 85 percent of our population are mentally ill. It is a good indicator and I'll go through that in a little bit more detail in dealing with adjustment disorders, acute psychosis, acute mental health and psychiatric imbalances because of the stressors of their environment and their situation. So as time goes on and for the individuals that we can trend this number definitely drastically decreases.

This is a breakdown in percentage of medication and just again reflecting on

that 4848 concept, the majority of them as you can see sleep disturbance, anxiety medications, anti-depressants, those are, and mood stabilizers, are some mostly acute situations. As you look at the PTSD MAT antipsychotics, that 20 percent is a good reflection of our seriously mentally ill population which of course fluctuates and is still significantly lower than that. The MAT the 8 percent is growing and it's growing rapidly as we expand our program, analyze our trends, look at our data and see our success. Again, focusing on that 48 hours, I have the ability to assess where they've been and to help to rule out co-occurring disorders to see why is this not working and what can we do to help it work better and longer. And to even to celebrate their success/my patients success when they come in and say, Miss Granger I only relapsed on meth this time. That's a win; that is a win for us. And so that they acknowledge that and that they want to get better. They're asking again please get me back into the Matrix, I want to try again. So they come back with that hope and every entrance into our care is an opportunity just to fertilize and water that seed and watch them grow. I really wish I could capture their excitement because that is really what's so motivating to be in this specialty with these experts that have humbly come with their expertise and have had very uncomfortable situations and conversations to help each other to grow so super grateful for that.

Again, acute stabilization is one of our greatest priorities. As they come in with that population of 48 percent emergency psychiatric medication treatment with that I have made it a priority to try to introduce long-acting injectables. Monthly injections of antipsychotics for individuals that it's appropriate for working closely even with the providers in Vegas to share what our plan of care is and hope that it'll continue upon release from the state hospital.

One of our greatest accomplishments has been our compassionate withdrawal treatment program. We have really pushed the envelope in this and have gathered as much information and data because we are the pioneers of this. We are the pioneers of opiate and fentanyl changes in our community. We are now seeing more fentanyl powder as opposed to the fentanyl pills which is a combination of meth and fentanyl. We have very specific substance specific withdrawal protocols to be able to address those very specific symptoms and Ms, Hannon will go into that in more detail but we're extremely proud of that because we have seen amazing outcomes and the willingness to seek it independently our patients ask for that upon intake. And then being able to extend that and share that with our community partners who are the providers that I have collaborated with within our community are just equally as supported supportive and excited about our treatment modalities that we've been introducing and supporting.

The induction and continuation of MAT: our collaboration again with PMS with Santa Fe Health Services, it is it's imperative that we acknowledge where they're at, poly substances/multiple substances that they're withdrawing from making sure that they're withdrawing safely before we prematurely introduce something that could be detrimental to their health. So we're very mindful of those who are compliant and offer that continuation but we also take that opportunity when it's failed to see why and to explore what we could do better and what they're willing to do keeping in mind sobriety is a very personal and individual experience we try to give them multiple modalities to be able to address what their priority is at that time.

Ensuring continuation and established care through the re-entry: These guys have been instrumental in our success in being able to establish trust with our patients making themselves available offering that transparency. It's unheard of but I do offer my office number patients use it very appropriately when they're struggling they will call we will do what we can to facilitate that transition and to overcome and navigate some of those barriers that they're having in the community.

We do teach them social appropriateness because sometimes it's not realistic to assume in jail we have the luxury of the kiosk system and the tablets where they have almost immediate response from us. Understanding that that's not realistic in a community and that we try to bridge that and help them to understand we will give you this to help you to prepare for those you know potential roadblocks when you manage and navigate your own care in the community. So special kudos to CSD and our partners for helping us to ease that transition and to express grace upon our patients when they struggle with that social aspect.

This is what we're looking at 67 percent of our population come in under the influence of two or more substances. So that is definitely what is alarming for us in just trying to help them to address what their specific needs is/needs are according to their medical and mental health needs. We have seen a slight increase in the amphetamine and methamphetamine but now we're seeing the mono substance use of fentanyl and opiates alone which is proven to be deadly. The stimulant has the effect of countering the depressant aspect of opiates and so without that there is a higher incidence of overdose and so that's what we're seeing in the community. We're recognizing the struggles with using Narcan as an effective rescue medication and Ashley's going to go into that even more. So these are just these are some of the really novel ideas that we've been and and not necessarily standard practice but have extremely beneficial outcomes for us and our patients and our community.

As you can see we have benzos, cocaine, ecstasy, marijuana those numbers kind of influence and are co-occurring with the major influences of opiates and stimulants. I guess that's it. Thank you.

CHAIR BUSTAMANTE: Thank you.

ASHLEY HANNAN (Health Services Administrator): Hello and thank you for having us. My name is Ashley Hannan. I am the Health Services Administrator for the Adult Detention Facility. Myself, I have had 13 years total in corrections and different facilities but my primary background is in emergency and critical care. So we are looking at this from both angles and what we can do. I want to talk a little bit today about the MAT program that we have, the different programs and what all we offer.

We have done a lot for overdose prevention our data collection, I think that that's pretty evident to you guys at this point this morning. We're going to discuss our Zubsolv, our 7-day induction which is a buprenorphine oral sublingual tablet especially formulated for daily dosing. Sublocad it's buprenorphine long acting injectable; it's every 28 days. Methadone the oral naltrexone tablets that we offer as well as Vivitrol which is naltrexone and a long-acting injectable. All of the different withdrawal management kits or protocols that we do offer as Rebecca was saying they're substance specific so that we can target all of the different symptoms associated with different types of withdrawal and as well as our continuation of care.

Like Rebecca was speaking about, Narcan is not formulated specifically for synthetic opiates such as fentanyl and that is the big opiate that we're dealing with in our community due to this opiate crisis. So the jail has actually participated in the incarcerated program for OPVEE which is a drug that is created by [inaudible] it was FDA approved in 2023 as being the only approved medication for synthetic opiate withdrawal. The wonderful thing about it is that it also acts on naturally occurring opiates so it's dual acting. So we can use it in place of Narcan. Currently, our facility carries both we have transitioned to our Narcan being part of our release program and not being used for rescue purposes. But the OPVEE, one dose of OPVEE lasts for 11 hours versus having to use six seven doses of Narcan to potentially achieve the same response that you get in two minutes with OPVEE. So this is one of our initiatives to help prevent overdose in our facility with the idea that we know that fentanyl is going to be our primary culprit and it's going to be our biggest barrier.

Also to mention one of the things, and I think that I've mentioned this before because this isn't new but we also have trained all of our security staff on how to utilize both Narcan and OPVEE – [slide show issue] I meant to say so we have trained our security staff on how to utilize and use the OPVEE and so they actually do carry it on them it's part of their uniform with the exception that they would be our first line. They're going to potentially be there before medical staff. Our response times are impeccable but time is life in a situation like that so that's one of the additional initiatives that we have going on.

This slide shows our data collection for medical treatment: As you can see a lot of prescriptions are written. This is including prescriptions for release. So we have programs that I'll discuss a little bit more in depth for that all of our withdrawal management protocols, laboratory services, actually we are I think the only CLIA compliant and certified laboratory inside a correctional facility in the state. So we have our own laboratory where we're able to actually run, draw samples, run them, have real-time results to help with our ability to diagnose and treat in real time. We do X-rays in-house. Those medical admissions and beds are referring to more off-site treatments and the amount of time for our inmates that are spent there. We have in-house dental twice a week where they come in they can perform services. You can see more of our nursing direct services down at the bottom. These are all things that we track and we look at to see where can we improve.

Again, this kind of touches on our off-site appointments but based off of some of the programs, the fact that we have laboratory services in-house, a lot of those have reduced the need for off sites and it's also reduced the need for transports when it comes to blood draws, things of those natures we can do all of that in house.

So Zubzolv: Zubzolv is a buprenorphine and naloxone combo similar to what you might know as Suboxone. The preparation of this is going to be in a sublingual tablet. It is specifically formulated for daily dosing which is ideal when you think about the fact that we do have a high number of inmates, we have a population of people, I don't have that many nurses so we can do daily dosing and be able to get individuals induced on this taper. It's a 7-day taper. This is one of our challenges. Like we discussed earlier with that 48 percentage of people that is released within 48 hours it goes up to 65 within 96 it allows us to be able to have an option for withdrawal management and withdrawing

symptoms. Sublocade is again, buprenorphine only. It is an extended release. It's every 28 days. This drug is particularly costly but it has been a huge portion of our MAT program for continuation of care to be able to offer this for individuals. It is covered under Medicaid and so there's we have lots of partners out in the community who are able to give this medication to continue care. The ideal portion of this medication is that it's continuously slow released. So unlike some of the other medications where you would have to take multiple times a day, we have continuous release into the system all day long for that satiation of cravings. Our detention facility is REM certified which you have to be in order to purchase this medication. We have our DEA certification for this medication. We are able to carry it in stock so at the point that Ms. Granger prescribes it we are able to give it. So this is another initiative that we're working with. It's real time. It's right now kind of thing.

Methadone, so one of the things that Santa Fe County has done in our MAT programming to be able to continue those individuals who are on a methodone program already is we work with New Mexico Treatment Services we also work with SOTA, the State Opioid Treatment Authority, to be able to have a partnership. There is some programs out there where they can give you seven days of a take-home as a detention facility to be able to administer them. Since we don't actually dispense in our own facility we utilize them in a partnership. We have also contacted SOTA to be able to get onto the Falling Colors Registry which is specific to methodone to be able to verify individuals who have been in a program what their last dosing was, when was it. The milligram amount so that we can better have the information we need to continue it in a timely manner. All of those things are really important for continuation of treatment.

Naltrexone/Vivitrol, we discussed this a little bit earlier. We do offer both versions oral as well as the injectable version. Typically, when you do the injectable we'll do a 3-day oral challenge as per the manufacturer's induction on it. So we do offer both and in some cases individuals will want to stay on the oral version and that is something that we have available. Treatment does require that they be off of opiates which goes into some of our withdrawal management in order to be able to go onto this medication. We have quite a few people who utilize Vivitrol again out in the community we have lots of providers who are willing to continue this treatment for them.

Withdraw management being specific to the substance. We have specific management for alcohol and benzodiazepines, opiates and stimulants. As far as I'm aware at this time there isn't another facility that is specifically offering a stimulant withdrawal management protocol, something to help specifically with those symptoms.

Myself and Ms. Granger went to the American Society of Addiction Medicine conference for the last several years. Last year at that conference this was a really big topic is the fact that stimulants are so heavily present with opiates and I know that she touched on that too -- they're co-occurring. However, there are symptoms and side effects to that stimulant withdrawal. That was one of the topics. We have since brought that information back to our facility, have implemented it and have seen the phenomenal results of being able to offer such a type of protocol and the reduction in stimulant the induced psychosis as well as the anxiety all of the things that go along with that type of withdrawal.

Additionally, one of the other things that we're pretty proud of is that regardless of MAT treatment and the participation in it again you know we discussed this that about how sobriety is a very personal choice you have to be ready for it regardless of where you are in the process, we do offer the withdraw symptom management protocols to anyone who qualifies. Meaning that you use, right. So that you're going to potentially withdraw regardless of being in another program we still offer that to you; you still should you know compassionately, so to speak, withdraw or have the ability to have those symptoms mitigated.

One of the continuance of care I think we've kind of touched on most of these so I won't go into that but one of the big things that I want to bring down and make sure that the Board is aware of is we do participate in a program called BridgeScripts. It's through our EMR which is Sapphire they're kind of a collaboration with them as well as Diamond Pharmacy who is our pharmacy distributor. BridgeScripts allows a program for us to give a voucher out to individuals who don't have prescription coverage. It essentially bills us so we're paying for it. But it allows them to have a prescription card so to speak that's what it looks like they can take it to the pharmacy and actually get their medications covered. Again, like I said, it's billing us but it gives them that coverage so they get that 30 days worth of medication when they get out in their community. We do recognize that not everybody who's incarcerated in Santa Fe County necessarily lives in the county or they might live in a more rural area of the county where there is a limited number of places that they could potentially go get their prescription. There might be only a couple pharmacies. This allows them to have that option before when maybe their Medicaid isn't yet available. That does happen where we do turn it back on our re-entry services are amazing with that. But sometimes they get out today and that wasn't a pre-thought situation you know that that those surprise releases do happen and we have an option to be able to mitigate that and not have a delay in care.

The other thing that we participate in is SureScripts it is an electronic system so that again for those individuals who maybe don't live in Santa Fe County or in the community or you know regardless of where they are we are able to electronically send their prescriptions out to whatever pharmacy of choice in their community so that they can continue the care in the community that they live in.

We also participate in sample programs. We have a couple different ones with different pharmaceutical companies so that we can actually continue to expand and support the work that Ms. Granger does as well as Dr. Oliveras and those are a couple of things that we do as well.

Also specific to Sublocade as Vivitrol, we do have patient access specialists that work specifically with those manufacturers. So it would be Indivior and Alkermes, and if there is a need on top of the wonderful support that we have from the Community Services Department, but again if there's a remote area potentially a very rural area, they actually will go out and find providers in that particular part of the either county or state and find a provider to be able to continue services for an individual if they aren't in an area that already has coverage.

And that's it for me.

MARK BOSCHELLI: Good morning. Mark Boschelli, Behavioral

Health Manager. Thank you, Chair, Commissioners, thanks for listening to our presentation appreciate that.

Here's the treatment part: behavioral health treatment at the jail is as you heard a lot about medications but medication assisted treatments actually the joining of medications for combating opiate abuse plus therapy. Those give you the best outcomes. Luckily, we've been able to devise that up here and hopefully this is a demonstration of that. So we do a combined behavioral health and primary care services. We're co-located together so we're in each other's business. What that means is we get to know the clients together not in a siloed-type of situation.

We have a mental health manager who is myself. And I was tasked with bringing up a behavioral health system. Like any place else in the state of New Mexico we had behavioral health provider issues, in other words, how do we attract these individuals into basically a very large edifice that has concierge wire and big gates and kind of scary for most providers. So we came up with the idea of setting up an internship program. Currently, I have a relationship with six different universities throughout the state of New Mexico, offered our clinical expertise to bring a master's level/doctorate level people into the fold to help them get licensed. They spend almost a year with us. They get to know us they get to see all of our services. As a result, we are able to attract those behavioral health clinicians. I found it the easiest way to sell the program to everybody and as a result the majority of our behavioral health staff have gone through clinical internships with us and then joined the County facility as a paid employee.

We have seven licensed behavioral health clinicians. They are located in each unit so they're not segregated away. They do their rounds to each unit so we find the pulse of those individuals and their needs. We first focus on suicide assessment and interventions and prevention. Coming into the jail can be extremely stressful event for people just to be taken off the streets coming into a large facility and that is when they're at greatest need and possibility of trying to commit suicide because they're overwhelmed. So we focus on assessing each one of those individuals. See, you know, past histories of behavioral health issues as well as suicidal behaviors.

We specialize in crisis interventions. We assess -- we do the frontline assessment for our psychiatric prescriber assessing whether they've had behavioral health services, medications or they're showing symptoms of a behavioral health crisis. So we can readily make a referral to our psychiatric prescriber. We save her that time so that she can be much more specific in giving her care.

Additionally the behavioral health staff we are in charge of the behavioral health programming that's the mental health and substance abuse treatment at the facility. So under our auspices is the pod for the Matrix model. In addition the pod for the Re-entry program. Currently we had started with just a male Re-entry program but in the last month we have expanded to female re-entry services. This was a request by the females throughout our facility. We've responded to that and we've initiate really our first female Re-entry program.

We have an interdisciplinary team meeting weekly. I get to chair that. I don't know if that's a privilege or a punishment at times. The weekly meeting includes the correctional officers, the administration, the behavioral health staff, the re-entry staff, the medical staff we are looking at those individuals of high need. The ones that we have the

greatest concern for. It might come from the correctional side, the security side, or it might come from the mental health side we're trying to make sure that we mitigate the suicide risk, start addressing the mental health issues as well as the medical concerns. And we start coming up with an interdisciplinary team approach so that we can actually have an outcome as this person is released so it's a solid outcome not just we don't just talk about it we actually are acting on this on a weekly basis.

We run the Matrix model which is specific for a criminal justice setting. It is an evidence-based program. By definition that means if you do the same behaviors, you do same type of teachings you're going to get the same type of results. It was instituted in 2018. We started out with just one male pilot project it comes off the idea of a therapeutic community which was really in development since the 1950s but coming out of the prison setting . We were able to set this up and say, Hey, we can do this in a modified therapeutic community. In other words, it's more of a condensed version because sometimes we only get people for 30 days if they stay on board. Prisons have 18 to 12 month programs. So we have we have to do this very concentrated. This module covers 30 days and it's additional services on top of what the behavioral health staff does on a daily basis. So we take great pride we think about this before we even jump into this we send out a call on everybody's tablet, hey, we're going to do a whole new Matrix program do you want to be involved in this? The clinical intervention is sending out that notice. Then all of a sudden there's electricity throughout the facility people going I want to get in that pod. They don't have an idea why they want to get in that pod but all of a sudden we start sending setting up the idea that change can occur and usually we get 80 individuals who voluntarily want to come into the program and we have to cull that down to usually 13 individuals that will go through the program. During the program we use all these lovely specific terms of cognitive behavioral therapy, dialectical behavioral therapy, these are skills. We teach skills. We challenge their thoughts. We start mindfulness practices, actually, all that woo-woo stuff and we actually do yoga. It was a fun introduction to the Warden when I had to say, I want to do yoga, boy he accepted that right away. No, we had a long discussion but the idea of yoga is that you have to think you have to slow things down. All of a sudden all these individuals coming off of substances their muscles start tightening up they start feeling what are they going to do, you know, they're starting to feel pain. Yoga allows them to stretch out those muscles in a non-substance related fashion. So they start learning new skills as well as the it's the whole introduction of here's a new peer group that you can actually follow upon release.

We use motivational interviewing: motivation interviewing comes out of University of New Mexico where I come out of in my doctoral studies. It's internationally recognized now as one of the systems to use with people who are starting to battle substance abuse; how to make changes in their life. We do trauma-informed care it's very gender specific for both males and females throughout our program. We use a lot of a contingency management what that really means is we are going to reward people when they start doing the correct behaviors that we're looking for for recovery. So you can't just tell people stop using - don't you know. It just doesn't work. No, Nancy Reagan here. But we have a separate pod specifically they are isolated from the general population so that they can focus on their treatment. Upon completion in this pod they actually go through

a whole ceremony. They have to talk about what their experience was. These are individuals who couldn't even talk. Ninety percent of them tell us in the first session I can't read by the end they're reading their scripts. They are talking about their experiences. They're expressing what they've known. They're sober. So these motivational enhancements basically end with a graduation ceremony, applause, correctional staff are all there all different levels. They are recognized for their change that they have done in their lives.

Institutional sobriety is our hallmark which allows our inmates to clear thinking and greater ability to practice and to learn new skills. So the Matrix relapse prevention, each session's led by a licensed behavioral health clinician. A lot of times we have interns partnering up with these individuals. We do 15 hours each week. This is a greater tendency – this is bigger than an IOP, IOPs are usually 12 hours a week. We are doing 15 hours a week one and a half hour sessions: one in the morning, one in the afternoon and everyone has to participate who's chosen to go into the Matrix program. There is no excuses. No one can come up and say I couldn't find the building. We're there. We introduced them to 12 steps, in other words, the idea of self-help. Here is a new peer group to hang with upon release you learn how to go into 12-step groups instead of saying go follow up we start practicing while they're in this in carceral setting. We help map them. What we mean by that is this is a Prochaska and DiClemente model of stages of change. At first they say where they're at: I don't think I want to change. I have no reason to change. I have fun getting high. We go through this program at the end of the program they map themselves going, well maybe I do have some issues and I got to make changes. So we ask participation from day one for these constituents who are our population that comes back into the community. We use standardized tools such as the audit and the DAS just to see where they're at in their substance usage so I have some idea where to tailor our treatment program. Throughout the Matrix we cover topics such as criminal triggers to criminal behavior, thought stop, craving use, thought stopping techniques, how to stay busy. I don't know if anyone realizes but sometimes using substances is a full-time business. You have to catch the next high as they would say and all of a sudden we take that away and we say we can't just leave it a void we gave them new skills to fill that void. Staying busy for all of us we're all busy therefore we can't use so many substances. This is how this works. We start introducing that concept. We introduce motivation recovery, total abstinence, when you don't use substances you can think and remember to use these skills.

We talk about what are the triggers for relapsing and then we then we go into the next subject a little dicey subject here taking care of business and money management. We start talking about how do you get a credit score. I mean sometimes this is a foreign concept for these individuals. How do you set up a bank account? Why do we care about setting up a bank account? A lot of these individuals, very impulsive, they've gone throughout their whole life just spending whatever comes in whatever goes out the idea of saving money not always top of a priority. So we start introducing that subject to them.

We've had 148 males who have graduated; 61 percent have not returned to jail. That's a big statistic compared to no treatment at all, 100 percent come back to jail, think of it that way. Twenty-three females have graduated; 65 percent of those females

who've gone through the female Matrix program have not returned to jail. I'll just picture of the Matrix during the graduation ceremony the inmates will usually work on some type of banner it's a joining process but it's also a proud process. They like to show it off this is what we've done this is what we've accomplished. Before I came into this program I didn't know how to do any of this. And a lot of times during the graduation process which involves having the Warden give out the diploma to each individual a lot of times they'll tell the same story: I've gone through all these rehab programs. I've never graduated. I split. It didn't take hold but this is the one that I actually feel proud of and I finally graduated for something. So we're basically instilling a greater sense of self for these individuals during this process.

Once again, this is a classroom model. This is just a picture of the individual going through recounting what their experience was coming before the Matrix program during the Matrix program and what they have learned. They have to get up and give a little speech. These are individuals who started out slumping. They've never sat in a chair ever in their life for 15 minutes let alone an hour and a half twice a day. It's a moving experience going through their graduation.

And as we've talked about our Re-entry program we do have re-entry specialists specific to this they link people up for court-ordered individuals to go to the next residential treatment program not an easy task. I've sat in many of these interviews talking to these outpatient clinics or inpatient clinics as the clients saying, I don't know why I'm on this phone, and the re-entry specialists are coaching them saying , Please tell them you have a substance use disorder and the judge said I had to go. Just watching them do that in a very professional really respectful fashion has been just a joy to watch here at our facility and then the next part to this is they make sure that the Medicaid is reinvigorated again because we want the outpatient programs or the residential treatment programs to get paid. It makes these clients, interesting clients that they want to bring into their programs. They found out that they've gone through the Matrix they start to have some of this knowledge they're in recovery and they have a funding source. So we just try to make this continuum of care service delivery much more inviting for everybody to be able to go into the next program.

When you start thinking about this in 2023 re-entry housing was designed for graduates of the Matrix program who wish to continue the inmate programming post graduation. This was a result of a town hall meeting that the Warden held at the jail and we never thought that the inmates coming out of the Matrix program would say I want more we're like what. So we instituted the re-entry pod. We responded to that feedback from those individuals. A total of 85 inmates have been housed in the re-entry housing since its inception. There are currently 22 inmates housed in the unit; there's 12 in the male re-entry unit as well as 10 in the female re-entry unit.

When you start thinking about this here's our progress, we know what the stat is for individuals recovering and not coming back to jail just going through the Matrix program but we finally put together that there's an additive effect of the 63 inmates who have been released from both Matrix and the Re-entry program 43 inmates or 68.3 percent have not reoffended. So there's an additive recovery effect of having the Matrix program and the Re-entry program together.

So in the re-entry pod we are doing such evidence-based program trauma-informed care such as seeking safety we use the SAMHSA anger management. A lot of these individuals have had anger problems hence using massive amounts of substances . Then also the Circle of security parenting program. We have found out that if an individual learns how to parent a little bit better they usually have been estranged from their children being reunited with their children, being accepted back as a parent, decreases relapse; therefore ,decreases recidivism. So that's why that's part of that. And then our newest program is our Eco-therapy program quite an innovative program they do run one at the prison we run our own self- sustaining one. This is where they're learning a horticulture, growing plants and vegetables. It seems like a simple concept but actually when you start to learn to take care of a plant you start to understand you can take care of yourself. It also decreases impulsivity because you plant a seed you have to wait for that thing to grow and it takes a long time and you can't just harvest immediately it takes a long time to cultivating, care, nurture they get to reap the harvest of these plants as well as in the Re-entry program once again they continue to practice 12-steps. We have an outside 12-step group that comes in so they learn how to do it. Basically, we want to build muscle memory for these individuals so that they will go to 12-step groups upon release.

Just a view of one of the harvest from the eco-therapy program. The inmates put together all the materials of the eco-therapy program; all the bins there stand above ground. This is an idea of the re-entry pod is structure. Just like any of us who are in recovery or not using massive amounts of substance we go to work. So we introduce them they work three days a week but in partnership with this is they have to continue to do their treatment so it's not just all work it's paid work in our kitchen -- so they work in the kitchen they get a Food Handling license. So actually they can be employed from the kitchen upon release into other jobs in the restaurant business.

Re-entry pod some other ideas - there's actually joy throughout this process. It's kind of interesting. We're in a jail but we know that it was set up as a jail but actually it's turning much more into a psychiatric and substance abuse stabilization facility whether anyone likes to hear it or not actually it's working quite well. As a result you see assaults going down because people are happy, they're feeling better. This is our continuum of care to Santa Fe County employment you start on the Matrix pod you graduate go into the re-entry pod, in the re-entry pod we have innovate and educate one of our community providers helping out when they go into the RISE house which is another community program. Two weeks in the RISE house instead of going back into homelessness, two weeks into that they get referred to Innovate and Educate. Innovate and Educate will do the keys tool if you don't have a graduate from high school to help them basically qualify for hard to fill County positions . So you start seeing a continuum of care right into employment, to become a taxpaying citizen, to get benefits, they have administrative leave upon employment so they can continue to work on their substance abuse issues. So it's not just go into employment and we forget about you. This is really one of the innovative programs going on here at the County.

And we talked about our continuum of care. Some of the economic benefits of substance use disorder treatment in an in carceral setting there was an article from the *Journal of Substance Abuse and Addiction Treatment* in June of 2023. The

economic benefits of substance use disorder treatment, it was a systematic literature review from 2003 to 2021 basically said a reduction of recidivism equals a reduction of criminal activity. Substance use disorder treatment in a jail causes a reduction in criminal activity, a reduction in health care costs because they're following up in their health care it's not just emergency room being addressed in emergency room, a reduction in criminal justice contacts coming in front of the judge and an increase in productivity, in other words, employment. The inability to find steady employment as a common cause of recidivism and they put a cost estimate to this that the net benefit per client that you do treatment on in a jail facility is $26,600 per inmate that we address.

[A video of Project Ready was shown.]

WADE ELLIS (Deputy Warden): Thank you, Chair and Commissioners for having us today. In light of the recent concerns that were brought up, I'm going to cover the mitigating risk associated with the release of inmates and transportation out of the Santa Fe County Jail.

Currently we just want everyone to be aware of what the jail is doing right now as our practice. Every inmate that is released from our facility is offered the opportunity for a ride. It's important that everyone's aware of that, Prior to that we give them the opportunity to make a phone call to any of their loved ones to try to secure their own ride after they're done with that phone call we offer the transportation. We offer the front lobby currently as a waiting area as it takes time for us to get someone freed up to provide that transportation. We'll talk about that process here in a minute.

Dedicated facilities: so we do partner we've got the blue bus, the RTD bus that comes out. They come out in the mornings at 6:00 and at 7 and again in the afternoon at 4:24. The Department of Transportation, the Park and Ride, the bigger buses do offer transportation. They come in the mornings at 6:57, 8:03, 9:17 and then they come again in the afternoons at 4, 4:47 and 5:27 and they offered rides from the jail to the Rail Runner for public transit at this time. So all these opportunities are afforded currently in our operations. Some of the challenges that we face from just being the jail is the Warden is prohibited from detaining individuals beyond their court-order release time and from once they're released he no longer has the authority in order to mandate any type of transportation upon their release as well. So we can't hold them to different release times because once we've verified their release we have to afford them the release and likewise he can't force them into any type of particular transportation even though it is offered by the facility. This makes it hard for him to coordinate the releases with public transit. Former inmates may choose to walk rather than wait for transit even if they are unable to secure right outside of the facility and he has no authority to prevent that.

Another challenge that we currently face is that Highway 14, the biggest long stretch of the road, that was brought up as a concern is not a County road. It is a State maintained and operated road which makes it harder for us to kind of address some of the issues on the route that was brought up.

In the current pedestrian landscape unfortunately Santa Fe County., we mirror much of our state, if you weren't aware our state is the leading state in pedestrian accidents with vehicles. Our county isn't an exception to that. This information is actually gathered and you can find this information UNM and the Department of

Motor Vehicle Transportation actually collaborate this information it's located on their website but the County has averaged about 34 vehicle collisions involving pedestrians and 20 involving cyclists over the last five years. A lot of this is due to the lack of infrastructure; lighting, sidewalks, proper trails things like that and the location of our facility is also subject to the lack of lighting and the lack of trails and proper walking paths for pedestrians. The facilities isolation when we go out there if you haven't been there before we're located about two miles away from any kind of public -- it's actually a gas station that is the closest kind of public place there is about two miles away and we're almost 5 miles away from the city limits. Just to give you some perspective this is just to show the location the star at the bottom of the chart where it says Santa Fe County Sheriff's Department that is actually where the jail is located. Highway 14 is that long stretch the next star up Highway 14 is the closest gas station. The next closest public transit is just about another half mile away from that and that is going to be the Rail Runner and as it gets to public trails it's all the way up there closer as you get to I-25 Dinosaur Trail, as it's commonly called, it starts the closest trail proper walking situation for pedestrians.

Some of things that impact the time frames in which individuals are released from the facility: just as a quick overview and this is a very broad overview/condensed but courts operate from 8 to 5 Monday through Friday. We receive the majority of our releases following each time frame in which the courts see them. Once that release comes in it's usually either setting orders of release, own reconnaissance whatever that is, of they might set some kind of conditions of release in which we receive that we review that information and we start releasing that current charge. If the judge sets a bond, bonds have a different impact we'll cover here in a minute but the judge may also set a bond which requires the family to come up with some kind of monetary funding in order to get that individual released. Once that paperwork comes from the courts then our clerks obviously have to verify that we're releasing the right person that usually comes with identifying two or three indicators; proper name, date of birth, social security, maybe docket number if some of those don't exist or aren't available. Once the clerk verifies that we have the right individual because we do have people several times where same names it can't be just the name, then they have to check for any additional holdings whether that's another court case. Many people have charges maybe out of municipal and then again out of district or maybe out of another county or any type of other active hold they usually run them through the NCIC system to verify that there's no active warrants that maybe weren't served at that time of release. Once they've cleared that then we have to check to see if they have any kind of probationary holds. If probation or parole has any type of holds on them, then we then have to send that notification over to that department in which that department has to issue another release. When it comes to any kind of documentation whether it's from the court or from probation if any of that comes in with any kind of clerical errors we have to resend that back to that agency in order to make those corrections, in order to get it resent back to the facility.

After that the inmate then begins processing for release. At that time -- so once they're into the processing for release then they're bought down, they're sent back to their

Unit, they acquire the stuff that was issued to them, they bring it back down to booking. they go through the change out process, they sign for their release and at that time is when we offer them a phone call in order for them to try to secure a ride. If they're unable to secure a ride, we offer the ride/the transportation from the facility where we actually load them up in our transportation vehicles and we will transport them into the bus stop in town. Often times, unfortunately, people reject the ride because we get all of our releases from the court usually in big groups and so even if we ask them if they've secured a ride, oftentimes, the ride that they think they secured doesn't show up or they choose not to take our ride in lieu of the option of walking down to the Allsups.

Just some of our data: oftentimes people are concerned about our release times these are what our release bands look like from the early morning from 12:00 a.m. to 6:00 a.m. in the last since January of this year we've only had 10 people released during those times. In the mornings from 6:00 a.m. to 12:00 p.m.., 294; from noon 12- 6, 926; in the evenings from 6:00 to 9, 179; and in the late evenings from 9:00 p.m. to 12:00 a.m., we've released 80 individuals.

So as you can see our mass/our bulk or the majority of all the individuals that we release are actually coming from orders of releases through the court system or the families paid the bond at the court system. As it pertains to the late evenings and early Mornings, one of the biggest contributing factors to that is if bonds are set so as you can see if the judge sets bonds they're allowed to pay it either at the court or actually come to the facility and the facility does accept bonds at the facility. And when it comes to bonds they're not always just set by the court some people upon an arrest depending on what the charges are the charges come with a bond already preset and at the time that they pay those bonds if they've come to the jail we can't hold them until the morning so if they get arrested on a DWI at 1:00 in the morning and the family's out there to post bond at 1:30 then we accept that bond and they're going to be released at 2:00 in the morning because we can't detain them to the morning.

So bonds are a big contributing factor to that 90 people that were released in that middle of the night time frame and then the majority of the case with bonds we're not really concerned from the facility standpoint because if they come in the middle of the night to pay the bond it's at the facility so their ride's usually waiting for them in the parking lot.

There are other contributing factors if we're in booking and there's an emergency or we have some type of incident that causes us to stall the release process to take care of other priorities in the jail at the time those arise every once in a while and may go into those night time frames that early 9:00, 9:30 time frame sometimes have pushed things over as well.

Transports from the facility: so these are the transports that the facility has conducted. When we offer that transport on release every individual has to fill out a form and it is put in their file that they either accept the release even if they've told us that they've secured a release or we know that there's a release in the parking lot. Every individual is provided the form saying, Do you require transportation from the facility? That form is filled out, it's recorded, it's documented, it's signed by the individual. It's placed in their file. Since January you can see that we've did 12 transports in January we did 10 transports in February 13, in March 30, in April and if you look around April we

had a lot of rain and thunderstorms during that time a lot of individuals were opting for the ride during the inclement weather and then in May we had five transports.

Some of the short-term considerations that we're looking into right now and I thank the community that's reached out to me and the Warden I'm sure too, you guys as well, for just their concern in this. But we are looking into maybe enhanced visibility through reflective vests, maybe bands, vests, maybe blinking lights whatever that may be. Maybe looking into some kind of ride sharing; maybe Uber vouchers or Lyft vouchers or something that might be able to pick them up and bring them in. Public transportation maybe transport to the train and have them take the train into stops inside the community.

Alternative release drop locations: those can be challenging. We've tried several different alternative for these drop locations in the community and oftentimes we get complaints when we just drop 15. 20 people off in a central location in someone's neighborhood or whatever that may be. But currently right now we are using the drop the bus station that's located right across the street from the police department Camino Entrada, that is the bus stop that we are currently using as transportation.

Continued collaboration with partners: Presbyterian the HRSA Grant that y'all heard about today if they are scheduled we are trying -- part of that program is scheduling them for follow-up medical services immediately after the jail is agreed that anyone that is willing to participate in that program. We will do the transport to them initially right from the jail.

Release process optimization: things that we can look at is maybe coming up with ways to streamline our release process in order to get some of the late time bands and get them released closer during the day. At least closer to the 6:00 hour trying to shorten those time bands through optimization. Other things that we're trying to do is again with Anne and the Community Services Department we're trying to really enhance our re-entry services mainly so that people have a place that they want to go. A lot of times people just don't have anywhere they necessarily want to go so they opt to walk because they were planning on walking through the community anyways. So getting a more robust re-entry system and having a place that's willing to accept them on site. As our re-entry services expand will definitely give more opportunities for us.

Currently the ADF remodel and expansion project we plan on helping to address that with some of our requests this year. The revenue bonds for ADF mature on February 1, 2027. County staff has proposed issuance of new revenue bonds to fund substantial remodel and expansion of ADF to meet the increased focus on re-entry services, medical and behavioral health needs of the population. The current request is $250,000 for FY26.

What this is going to do is it's going to send someone out to design what we're envisioning this expansion to be. The project's going to include some kind of modernization by undertaking facility improvements to create a more welcoming and supportive environment, specifically including the enhanced waiting area of individuals awaiting transportation. So currently we talked about we've opened up our front lobby when we do the tour today you'll see that that's a very small location with two little benches. Part of the expansion plan is to actually have a more welcoming I guess more comfortable place for them to wait so that we can get that transportation that we are offering from the facility and maybe they'll be more apt to wait in those areas The project

will also include dedicating resources and re-entry so we envision part of this expansion as part release process walking through an area of a lot of the services that are provided within the community trying to link them up as part of the release process so they can walk through an area with the services that can get them connected and then we actually have a place that they're willing to go and we could get them more linked into the community that way.

Some potential things that we could look is the strategic expansion of transportation partners to create opportunities to collaborate with a broader range of transportation agencies to diversify and enhance the transportation options for individuals upon release. What we're thinking is maybe contracted services, whatever that might be, to come up during specific influx -- like we you as you saw in our charts we got it kind of narrowed down to where the majority of our releases are getting out – maybe we could contract some services. Maybe we can pursue some alternative streaming funds to support or expand re-entry initiatives to include transportation of the services that we're linking them to. Maybe we can expand some funds for them to actually provide transportation so if we have identified an individual they can contact the service that they're going to and the service will come and be that ride for them. Identify some strategic discharge locations, much like what Anne was talking about in Bernalillo County how they've re repurposed the old BCDC that's located downtown to actually be a re-entry center. And maybe what we do is we transport them to, as part of our process, to a specific location located into the community before they're actually discharged from custody. And then another one is just the infrastructure we could partner maybe reaching out to the state or getting some more ideas with that to where we can improve the pedestrian; add lighting, add sidewalks, partner with the Rail Runner, get the trail systems built up further closer to the County along that state road. But these are things that we propose that we could look into further. At that, I think that concludes all of our presentations.

WARDEN WILLIAMS: So I know we have the tour scheduled before we prepare for that, this panel will stand in place if the Board has any questions for us.

CHAIR BUSTAMANTE: Yes, thank you, Warden Williams and Deputy Warden Ellis and everyone else who presented. I am so encouraged to see and hear of so much collaboration both internal to the County as well as to our external partners. It's exactly what we need and it's I'll just say I was always impressed with the Warden's willingness to work with new programs. To look at, well let's see if it'll work, let's do what we can to try to do better and especially when it was evidence-based and making the move to make something happen. So I'm grateful for this initiative. Nothing's perfect but I do see a team that's really working to better everything in the interest of serving our community and helping people change their lives and get into a different system which is a phrase I like to hear.

When we met last week we stopped at the time when we were going to also ask questions about budget. So I'm opening this to the Board of Commissioners to ask questions that you may have had from the budget process as well as any questions that you have from today. And thank you for your patience.

Commissioner Hughes.

COMMISSIONER HUGHES: Yeah, I have a just a couple questions. One is how many people do walk home each month or each year? Is it large number of them or is it one or two?

MR. ELLIS: It's hard for us to identify how many people walk. What we do know is we release roughly about 500 people a month. As you can see we end up with about 10 requesting rides from the facility. How many actually walk or have rides waiting for them or they choose one of the options of public transit, we don't track. Once they're released from the facility they're out of our custody and the mode of transportation that they choose we're unaware of.

COMMISSIONER HUGHES: Okay. It'd be interesting to know because is it one or two people that
are in danger or is it hundreds? I guess we don't know.

MR. ELLIS: We don't know but we do release about 8,000 people a year come out of the facility and I understand that over the decade there's been five incidents that were brought up that are unfortunate and anything that we can do to even stop those five, even just one, we're open to ideas and we're excited to try to prevent that.

COMMISSIONER HUGHES: Yeah, well, your idea of building a trail or a sidewalk is a good idea. I drove on 14 the other day and it's not friendly to pedestrians. It's got a very narrow shoulder and so maybe a sidewalk or something. But obviously that's going to take a while to get in place.

My other question is how long the Medicaid assisted medical treatment. did that change in the last few years? Do we now provide people with methadone?

MS. HANNAN: Actually, no, there's always been a policy in place for continuation of care for at least the last seven years that I've looked back and I've been here for three years myself. So it's always been an option for continuation of care. We don't specifically dispense that's the big difference is that we don't actually hold any of the medication methadone medication at our facility. We partner with New Mexico Treatment Services.

COMMISSIONER HUGHES: Okay, so only if they come in with a prescription for methadone we y
can continue taking –

MS. HANNAN: Yeah, a continuation of a program.

COMMISSIONER HUGHES: Okay and then I just had one other question, how many, I saw lots of people were referred to youth but we don't have very many staying there I mean how many for example how many are in youth detention now?

MR. ELLIS: Commissioner, currently right now I don't
got the exact number but we do average around six every month.

COMMISSIONER HUGHES: Six and then do they stay very long or do they short term?

MR. ELLIS: It depends on what the courts are doing with the individuals some of them stay longer some of them usually are released within their next court hearing.

COMMISSIONER HUGHES: That seems like more than we've had in previous years; is it or is it not?

MS. RYAN: Chair Bustamante, Commissioner Hughes, I'll just say briefly the San Juan County Correctional Facility and their Youth Detention Center just like Bernalillo County's Youth Services Center is among the [inaudible] model site programs and with highly, highly, highly regulated conditions and factors including education on and on, as I reviewed the contract I think it was originally for six beds that were contracted for and then the amendment I think upped it to maybe seven or eight because the state is moving towards regionalized youth detention centers and I think they're only you know three or four maybe these days and so we wanted to ensure that we had that space but we can certainly get that information and provide it with their average lengths of stay, etc.

COMMISSIONER HUGHES: Yeah, I know we visited that facility in San Juan County and it's a very impressive facility. They've got a nice staff and everything that seemed very dedicated to helping the youth you know get on the right track. Okay, that's all for me.

CHAIR BUSTAMANTE: Thank you, Commissioner Hughes. Commissioner Greene.

COMMISSIONER GREENE: Thank you Madam Chair, thank you all team. It's an impressive array of services and support and security to bring this all together. So I appreciate this report. I appreciate the work you do the other 364/365 days of the year.

Something that I think that we could do up here is prepare a letter just to sort of touch on the subjects that were brought up by Commissioner Hughes, is prepare a letter asking NM DOT to look at a trail. It's not only for the folks that are being released it's going to be the folks that live down Highway 14. And I've driven Highway 14 with a lot of bike riders and so whether it goes from the jail into town or it extends all the way down to Cerrillos, I it's definitely necessary and I think that we could probably get behind that pretty quickly. So it's not going to build it very quickly but it at least get it into the cycle and we can put some pressure on NMDOT to take care of that.

I brought, I have a delivery company as many of you know and some of you don't, I supply bracelets to my staff in the winter because it gets dark and we work at night in the dark – I brought some extras and so if you're willing to accept them and hand them out you can use that in your toolkit until you find another solution. It's only a dozen but if you're talking about one or two a week. I'm sure you can probably procure more as that comes up if that's suitable everybody's got to sort of decide those things but I brought some with me and I'll bring them to the jail today so try to help where I can.

The other aspect you know I really like the eco-therapy concept there was a I think we brought this up last year maybe it was or maybe it was the year before but there was definitely a value of cultivating something and watching it grow and having that long time scale and then also the sort of failure rate of something in there and so people learn how to deal with failure in a new and sort of maturing sort of method. So I really like that you've adopted that and I really appreciate that.

In the two or more drug space, if it would be possible to get a report that you screen out cannabis. Cannabis is now legal so I don't think that that should be considered as something that becomes a two or more. But definitely on the illicit side we should

have the two or more data but screen out cannabis as one of those if it's possible.

MS. GRANGER: We also screen for alcohol which also is legal so we just take that into consideration in our treatment plan not identifying it as an illegal or illicit substance but just in regards to what we need to do to help them overcome and ensure their safety and understand what their baseline is.

COMMISSIONER GREENE: It's great and it would be good to sort of see alcohol and cannabis sort of as different substances. They're legal. It gives us an idea maybe that that's a contributing factor to their situation but also when we see the dramatic number of people on two or more substances definitely the two or more substances in the illicit side of things sort of raises a red flag and you know there's all sorts of ways to parse that data so a snapshot's great but there's an opportunity too.–

MS. GRANGER: Absolutely we do have that information and it is specified more. We kind of narrowed it down just so you could just see a quick capture but we'll definitely take that into consideration next time we present we'll show the non-illicit substances that we're also monitoring for. Thank you.

COMMISSIONER GREENE: Great. Thank you. Another one is seeing that very high rate of prescriptions that you're giving people so in the 90 percent, I get it when people might have underlying conditions that are really, really, you know, acute and they've been going on forever or for a significant amount of time that they need whether it's antipsychotics or things like that, but when you're prescribing sleep medications and things that might create ongoing dependencies. I wonder if that's, and you know I get the stress of being in jail for your first night ever in your life and that's not you know that's probably a stressful situation and people probably can't sleep, I just really hope that there's some level of maybe follow up or acknowledgement or making sure that people who are going, you know, being prescribed these things that we really look at we're not creating a new dependency in that space and it was such a high percentage of people that were getting that. I get it. It might seem necessary and it's something that you're allowed to do. I just think that there's a sort of obligation on our side to sort of really double or triple check the necessity of that and if you have a comment about that –

MS. GRANGER: Absolutely, thank you so much for acknowledging that. It is an alarming number we do pride ourselves in that our formulary is non-addictive, non-habit forming and we do educate on that. The substances that are reported can be as minimal as hydroxyzine which is maybe one dose or a couple of doses just to help them during that transition phase. It definitely is all voluntary in regards to those acute management of symptoms. But it gives us some time and opportunity as well if they're interested in it we're addressing those needs as well as with behavioral health and the other means of coping. So it is very short and acute. I don't have the duration of treatment but this also includes upon intake continuation of the medication that they were already on. So it is balancing those numbers and what we initiate and what we do continue.

COMMISSIONER GREENE: Okay, that number was large enough for me to be concerned about and it seems to be some in an area where people are probably not involved in that ever and this is the first time on it and so that sort of you're introducing something new into their life and I'm not the biggest fan of that you're the doctor/you're the nurse practitioner, I get it, but not all tools need to be used.

MS. GRANGER: Absolutely, 100 percent. I agree.

COMMISSIONER GREENE: To Commissioner Hughes's point following up on the juvenile detention. San Juan we went up there and toured that about two years ago it was an impressive facility the staff seemed super professional. I'm not going to say they're fancier or any more professional than you. You guys are really professional but they were on an equal par so that was great to for us to see.

One of my concerns is about the transportation time. And so if somebody's on – if most of our folks that come into our facility are 48 hours or 72 hours or less are we transporting people up to Farmington if they're in a 72-hour hold or do we have a sort of hold situation where we know they're probably going to get out in that 72 hours are we spending deputy time driving up there and back for somebody that's on a very temporary time line?

MR. ELLIS: Yes, Commissioner, to answer your question already Santa Fe the judges kind of mitigate the only the ones that they're going to hold for any kind of length of time. I did actually just request the information that Commissioner Hughes was asking earlier. We have seven up there their average length of stay is about 15 days. So if the judges feel that they're going to get released earlier they work something out with the current arresting agency. If we bring them back and we know that they're going to be seen in court very soon we actually do partner with Bernalillo County as well in order to predict the ones that we feel are very short term so that they're not making that long trip.

COMMISSIONER GREENE: I have a concern about separation from families, right. If you're from a family that might not be able to take a full day off to go all the way up to Farmington to visit your youth, right, your kids that you take care of that that is really far away and that contributes to a level of estrangement that I would get a little concerned about. But also the amount of time that a deputy needs to spend doing that, that's probably you know six hours of travel time there and back plus time you know transferring and doing that that's a full day, right, and that's a deputy whether your staff or whether it's a Sheriff's deputy, that's a full day/full shift.

WARDEN WILLIAMS: Commissioner just to add there's a lot of collaboration behind the scenes between CYFD and the arresting agency prior to the arrest. There's proactive efforts along that collaboration at that time too so we haven't seen any cases where there's been an arrest and then as soon as we get there we got to transport back. Generally by the time they've been accept -- they've been the decisions been made between CFD and the arresting agency for the arrest they get to the facility, get medically assessed, by the time they're transported up they're usually there up until the time that the deputies mentioned up to about 14 days.

COMMISSIONER GREENE: Okay, yeah, I would hope that we would if somebody's in that low two, three day span that maybe we have a way to hold them here locally or especially if it's lower than that if they're just going to be released within 24, 48 hours to spend two days of deputy time and all of that time basically in transit just to me seems excessive.

WARDEM WILLIAMS: Commissioner, statutorily we are limited to how many hours we can house/we can hold a juvenile at an adult facility. So unfortunately that is outside our means.

COMMISSIONER GREENE: I would just say like you know it's especially because we're really at a small number I mean that number may be one or two

at most at any given time so having a unit that is specialized or whatever it needs to be for those very short amount of time, I can't imagine that spending the time in a car and all that -- anyway it's definitely a factor to me in resource management and humane treatment of our youth there.

So I don't know if this is something that you keep track of or whether this is a courts issue here but I'd love to know you know what our breakdown in who comes into our system with violent charges against them, drug charges, property charges sort of gross categories of things so that we start to know a little bit more about who we're dealing with. Property crime is different than violent crime. I mean, some people do both and some people have property crime and drug crimes at the same time and some people have everything. But it would be interesting to sort of see that breakdown, maybe just for me, but I'm think – you're giving him the microphone I get to ask some a few questions.

MR. ELLIS: Yes, we do collect that data Commissioner we can -- and it's generally provided in the report that the Board gets or in our CQI report but I can actually put that information together and get it back to you. I don't have it with me today but I have that data for you.

COMMISSIONER GREENE: Ongoing question, and then it's great to see that no overdose deaths; have you had to give folks Narcan? Has that been a tool to keep people from overdosing in the past?

MS. HANNAN: Previously, yes, before we have utilized OPVEE now we use the OPVEE. But, yeah, if we're using it interchangeably then yes we have utilized it.

COMMISSIONER GREENE: And is and is OPVEE now being used in other situations outside of the jail or is this –

MS. HANNAN: So I'm I know that there are places that do utilize it it's not as widely available as Narcan. But it is the only FDA approved drug for the reversal of a synthetic opiate like fentanyl so that is why we've opted to use it.

COMMISSIONER GREENE: That's great and but great for keeping people along a chance, you know, a second or third chance.

So, you know, going on to sort of some recidivism stuff, you know, it'd be great to really amp that up. I love the Matrix program. I love these Re-entry program things Trying to figure out how to deal with sort of post release homelessness there are other spaces in this that I think that we can sort of – where it gets out of your hands and that we can support sort of your success rate but it's sort of in our hands and so please ask for those or if you have some best practices when you go to a conference on these things tell us, Hey if we only had this we'd probably be here to help you on that.

And then you know one of the things I want to give you a shout out to is like you know you're part of a big network of folks that do this and the fact that you're working the two of you Ms. Ryan and the Warden are sitting next to each other here, CSD on the outside understanding that and then the Warden on the inside. I'd like to see if it's possible to start to really look at you know the Sheriff's Office to be at the table when this happens , somebody from the DAs office. They deal with this, right, they're sending them to you. And really a judge, right, I want to hear from the judge, right, to say, you know, when we have this presentation I think there's an opportunity, you know, they don't have to come here of course but it would be nice of them to come here and say, From our perspective we see this and we think they could advocate to us on your behalf or on the on the

Sheriff's Office or on the DA's behalf and that we have that full comprehensive look at the criminal justice system where you're just you're very important part but you're just a small part of it. And there's a lot of things that happen way before you get them and things that happen after you get them and it's nice to see you starting to break down those silos but I think that there's more integration to happen.

WARDEN WILLIAMS: Commissioner, I'll just make a brief comment then I know Miss Ryan has some comments she's probably going to add regarding the involvement with the judicial community particularly like the district attorney's office and the courts. And we do maintain monthly meetings with the courts and the district attorney's office. But just to add quickly on that re-entry you know Mark talked a little bit about the re-entry fair that we started not too long ago and he gave you a brief summarization of what that looks like but that is the intention of the re-entry fair is bringing outside folks and programs into the facility and having like a job fair concept where you saw in the video quickly but we basically they all set up booths and they all provide different types of services mostly focused at homelessness, substance abuse, MAT and even some mental health services. Each inmate from the Matrix and the Re-entry they go to every single booth and they sit down and the intent is they say, Hey I'm John Smith these are the problems or issues that I have or lack of resources that I have when I get released from custody how can you help? And then it's not just to give them a brochure and say this is what we is to actually have individual treatment plans or ideas or concepts for them before they before those partners leave the facility. And we've only had our second fair but the plan is that there's going to be of course a follow up after the after the initial fair all the partners who came in to the facility and met with the inmates will come back and say, Hey. John. last time I was here you graduated this program you see you said you needed A B and C help; well here I am today to follow up on those services. Because I think that is going to continue to build the recidivism goal that we are after and I'll let Ann jump in a little bit.

MS. RYAN: Sure, Chair Bustamante, Commissioner Greene, thank you. So several things number one in June you're going to hear about a City County collaboration that's been ongoing for the last four years it is the Violence Protection Unit and that includes all of the stakeholders that you just mentioned and more. There's also the Criminal Justice Coordinating Council that is in statute and in Santa Fe County it is contracted out through Krista Kelly of Motiva Corporation and it requires that multi-disciplinary team that you mentioned and quite frankly it's been maybe a little bit rudderless in years past but because of Senate Bill 3 it really is gearing up and as promised when we met last week just a couple of those updates that they are going to be looking at probably judicial districts and relying heavily on those criminal justice coordinating councils as part of the eventual mechanism. There's going to be an executive committee of seven that will be assembled to then really oversee what's going to be rolled out specific to the intent that you're mentioning and four of those are state heads, three are subject expert citizens and that first public meeting is going to be on June 24th that's not yet published but we will make sure that the BCC has all of that information.

COMMISSIONER GREENE: Thank you. I'm always pretty sure you're on it so I'm not so worried it's just a question of like asking a few more questions just because you're like, Oops I forgot here's your chance to tell us all about it.

In the military they had an analysis of by the time the IED explodes it's too late right, you know, now you're dealing with putting people back together it's the idea of how do you get to the root causes right before the blast. And so before the arrest before the crime before the drug habit before these things. And so before the Warden gets involved and before our jail but to start to look at CSDs side of this equation to sort of say can we start looking at root causes of these things and this can be multigenerational domestic abuse in a household and that just sets kids off in a really bad space and they are going to be troubled for the rest of their life because of this but maybe we can either intervene with their family or intervene with –

CHAIR BUSTAMANTE: Commissioner Greene, I'm going to point out and I apologize for this, but these people do this every day all day long. That is their profession. This is what they think about. In the interest of time I hope that we can respect their professionalism if you have any other ideas or comments that might be out of their training and their expertise we'd be happy to hear them but at this point I think it's important to acknowledge that they are professionals and this is what they do.

COMMISSIONER GREENE: I will take this offline and I'm sure we can have a conversation about this in less public but thank you for everything you guys do.

WARDEN WILLIAMS: Thank you.

CHAIR BUSTAMANTE: Did you have anything else? Commissioner Cacari Stone.

COMMISSIONER CACARI STONE: Thank you, Chair Bustamante, Warden Williams and all of you sitting at the table, thank you for your service.

Today you know we've listened to two hours of your presentation and clearly you have dedicated along with many others to advancing inroads on reform as we know it today. Treating people with multipoly substance issues, long-term trauma and trying to do that within a detention facility and I just want to acknowledge on the lines of what Chair Bustamante just mentioned, the expectations are high and the time is limited when you quoted 48 hours as the average length of time people are in. The expectations are high for the staff, for the providers, but for those living there in the facility to have such a short time frame to get clean, to get sober. I heard and I just want to reflect back because we know this is open to the public. I heard u a mix of expectations that you're truly dedicating your efforts towards 24-7 and I know when you go home you don't stop thinking about where you work. And I want to appreciate that some of us can go home and stop thinking about where we work for a little while and rest. So I hope you're also doing self-care. I'm sure you are.

And I heard we want to increase mental health as an expectation improve the mental health, decrease recidivism. I heard safety. I heard about stabilization, psychiatric stabilization, enhancing and ensuring safety, again, decrease cost and I think a question I have as a policy maker an elected official but I think not just those of us in the room we need to ask our Santa Fe County community as well as our multi-governmental collaborators is what is considered a win? And I think the reason why we're sitting here today we're not going to solve it all today we're just scratching the surface and I think the *New York Times* piece really highlighted the compelling lived experience of those who might ask that question what's a win when they feel they've lost so much and I know you asked that too.

And finding solutions together isn't pointing fingers. I think it's really looking at both short-term wins and long-term wins. I just want to mention for the sake of as we think about wins and solutions to really honor those with lived experiences; Carmella Vargas, George Montoya, Mr. Vigil, Andrew Ortiz, Dominic Livingston, Alan [inaudible], Rebecca Jaramillo, Kevin Perea and many others. Those are the ones who've died and many of them actually had, when I looked at their histories, alcohol or substance use. You know this more than me so I'm basically also speaking on behalf of the public to the public. And I think some of those solutions we have to look at and I want to ask you, Warden, if you could say today are there any state policies or statutes that are inhibiting us moving towards a win quicker, that inhibit the processes of re-entry, that inhibit us releasing people safely because I think we need to also call on the collaboration and partnership of our state legislators and other local officials and our congressional members. So are there any statutes in the way?

WARDEN WILLIAMS: Commissioner, not that come to mind. Again I think our biggest struggle is always going to be that the length of stay. They come in with their bodies unfortunately already polluted with dangerous drugs and we have a very short window to identify what is in their body, how can we treat it, and how can we help them? And that's why the Matrix is difficult because we need individuals who are going to be here long enough to be able to go through that program and retain everything that they're going to get from it so that that is our biggest struggle. But I appreciate very much the comments that you made, thank you.

COMMISSIONER CACARI STONE: Thank you. I also want to thank you, County Manager, I understand we do have a resolution on the books it's number 2012-149 that calls for a corrections advisory committee for Santa Fe County and that was established then and I think it's according to what's reported to me it might have dissolved a bit in 2015. And I'm asking my colleagues here other BCC leaders and the County to reconsider could we look at revamping that not as an oversight and monitoring but as a collaborative partnership team that would include members as it's listed they do have members from the mental health community, but to also include members with lived experiences and those who have been previously incarcerated, judicial officers, clearly that process of release involves the judicial system. I think this is already on the books so wouldn't be a huge step. There are models in other states and counties called Jail Population Review Teams and this would be critical to focus on solutions without pointing fingers systems based solutions, root cause analyses could be involved in that, data driven analyses looking at all the data you showed us but we have programs that are model programs here in Santa Fe County and could that team also look at how can we invest our County dollars. Commissioner Bustamante asked us to reconsider our budget process here; how can we invest reinvest our County dollars into model programs which only have grant funding right now that really concerns me that makes these model programs vulnerable the Matrix or the MAT and we're in the midst of the 10 or how many billion dollars of state general funds are going to behavioral health reform. So it's really a window of opportunity to look at investing state and county dollars into that. We spend millions of dollars on data analytics and data systems, we buy land to spend millions of dollars on land, and open spaces all these are great things but this seems to be the crisis of the day.

I'll end there out of respect for everybody's time but to only say that this isn't enough. Today I sit here very, very saddened and I can imagine and I put a heartfelt reflection honoring the families of those who have died in the facility and those who have walked that road. I drove out there and walked out there on Saturday for this Santa Fe fire mitigation day, Commissioner Hughes was there, County Manager was there – others too. But walked it a little bit took a photo we could ask for a speed limit just to start with I think we need some short-term solutions while we're figuring out long terms. But to just say I think we can find solutions together. I am personally and professionally feeling very accountable and obligated that we don't come back in another year and by the end of my term that we're not dealing with the same issue. That would be a true failure of all of us if we don't find some solutions quick and build on things that work.

Thank you for your service and again let's also remember those with the lived experiences and one death isn't a win for anybody, thank you.

CHAIR BUSTAMANTE: Thank you, Commissioner. And I do want to clarify, if I led to we needed to do any kind of revamping of our finances I did not. I would say that we want to be cognizant of anything that would be federally funded and make sure that we're able to cover those but I don't have any intention or desire to fix something that I don't see as broken. But I just wanted to correct that and make sure that that is for the record.

COMMISSIONER CACARI STONE: Thank you, Chair Bustamante, I didn't take it at that but was really thinking about how we invest our funds and things that work and think about solutions of what's sitting here today. Thank you.

CHAIR BUSTAMANTE: Okay and I also want to be clear with when money is spent on public lands the voters created the open space fund it's something that we have we that money coming from a different pot. So it's not competitive it's something that the voters asked for and that's a difference between the two pots of money and how we move forward.

COMMISSIONER CACARI STONE: Can I just respond since you're addressing my comments, Chair. It's not tit for tat. The point is how do we think deeply around solutions and investing what our taxpayers put out and I think that again talking towards the public with an outward view and an inward reflection of how do we prioritize in this again behavioral health is a public health crisis of our time, thanks.

CHAIR BUSTAMANTE: No, I appreciate that completely, thank you, Commissioner. I just want to make it clear that these are two different funds and that the voters go to the polls and determine so it's not about us taking monies that have been allocated for public under the open space allowance, if you will, and then say well we want to spend it differently it's just a different and I don't know that we need to continue going back and forth on this there are separate funds that the voters vote for to be used for specific things. So yes absolutely we want to make sure that behavioral health is something that's high on our agenda. But they are separate pots and it would be illegal for us to take funds that are allocated specifically for open space and use them for something else. I just want to make sure that -- that's it there's nothing here that's saying we're taking away from behavioral health this is critical. I completely agree with the Commissioner. But I want to make it clear that these are different budgets and that there are different allocations that have been voted on and we just passed one last Tuesday with

regard to selling the bonds that would allow us to move forward on a voter's choice. I just want to make sure that you understand that your budget is not cut into because of other budgetary allowances that the voters have created.

COMMISSIONER GREENE: Madam Chair just to clarify that on that point please.

CHAIR BUSTAMANTE: Go ahead, Commissioner Greene.

COMMISSIONER GREENE: There's two different pots of money here and in support of Commissioner Cacari Stone's point, we're taking money that is not bond money to buy a ranch.

CHAIR BUSTAMANTE: I'm sorry, we're not going to get into this conversation at this point. Thank you. Commissioner Johnson.

COMMISSIONER JOHNSON: Thank you, Madam Chair and thank you Warden Williams and everyone who works with the Adult Detention Facility. I just have a couple of questions. I see a re-entry bump in January 2025 is that because two more dedicated re-entry specialists were brought onto the team? Seems like there was significant bump in which maybe almost every person is receiving re-entry services or close to; is that accurate? So I'm on slide 16 of the first presentation.

WARDEN WILLIAMS: I'm sorry, Commissioner, I'm not sure –

COMMISSIONER JOHNSON: So there's a there's a table it says 2024/2025 October, November, December blah blah blah inmate contacts with the four dedicated re-entry specialists. It jumps about 200 from December to January in a positive way. I'm just what accounts for that?

WARDEN WILLIAMS: Yes, Commissioner. Yes, to answer your question the enhancement of our re-entry personnel is a contributing factor to those numbers rising.

COMMISSIONER JOHNSON: Does every inmate receive re-entry services or is or those who are in the facility for quite a short amount of time?

WARDEN WILLIAMS: The short answer is no, Commissioner, because again we have there's four dedicated full-time FTEs for this so they do focus specifically on those with the highest needs. We do have a system set up now to where our electronic jailhouse management system is alerting staff in our programs to individuals who are returning to custody who have been identified in prior incarcerations as having those needs. And the re-entry team is focused on addressing those individuals as soon as they come into custody. So that is primarily what they're focused on right now.

COMMISSIONER JOHNSON: Okay, thank you.

MS. HANNAN: I just wanted to kind of add a little bit. For those individuals that then that 48 and 48 we do have Presbyterian Medical Services set up in our booking area so that those individuals are getting something. So even though those re-entry contacts are specific to our re-entry staff with the title of re-entry specialist the individuals are getting some sort of re-entry service even if it's coming from somebody other than our re-entry staff.

COMMISSIONER JOHNSON: Is that like a information sheet or –

MS. HANNAN: No, it's an actual person. It's the personnel, one of the navigators from PMS we have two of them. They work in our facility. They have their own office space. They get to meet with individuals in that booking area upon intake and

release. So right as they're coming and going. So there's individuals there Monday through Friday. So there is some type of you know sort of connection to the service in the community in some way and I just thought that was important to make sure that you guys knew that even though they're not coming from ours from our re-entry staff specifically.

MS. GRANGER: We've also enhanced our communication with PMS by allowing them read access only to their records. They will also provide transportation to individuals that are released to take them to PMS so at that time they can review their duration of care for their stay and continue at where we left off.

COMMISSIONER CACARI STONE: Okay. I think it's really learning more about the Matrix model is really interesting and it seems really promising are there intentions to expand that program that sounds like 80 apply 13 come into a 30-day program; is there room for a second or third if there are that many applicants?

MR. BOSCHELLI: Some of the difficulties are that, Commissioner, to answer your question, some of the difficulties are that it's labor intensive. And all of my behavioral health staff we are doing our primary functions of keeping people alive. We do this on top so we are currently doing a quarterly basis. It's because some of our population does switch off so quarterly basis does seem like it's appropriate for the males. We want to do a Matrix again for the females. We have successfully done five rounds with the females. But our population is so low with the females that we have had difficulty attracting enough of those individuals that want to come into it but the females have entered into the re-entry pod so it's going to probably be a backwards model from the re-entry pod into more of a Matrix model for the females. That's where we're seeing that expansion is going to take place.

COMMISSIONER CACARI STONE: Okay, thank you.

WARDEN WILLIAMS: I was just going to add the Deputy mentioned in his presentation earlier about the future plans of expansion that you know because the one thing that the two things that do impact the growth of the Matrix at least at the same time having you know multiple Matrix programs go on is space and the personnel. So as we've indicated earlier and we are the only facility that I know of that has a licensed therapist in every housing unit. But that still is very staff intensive for them to run that program. But the plans moving forward the expansion the goal would be that there would be amplified space and of course as I mentioned earlier in my presentation I do envision the staffing with therapy and re-entry growing in the future. And I think those are things that we can look forward to.

COMMISSIONER CACARI STONE: Yeah, thank you for that. And so I'm heartened by it and it's kind of there's something that you come across as not being part of the system where you sort of realize that there is a really, I would say promising program inside of a system but it requires initial incarceration for some of these like life events to start unfolding so that people make positive improvements. I mean that's something for us to reflect on and I know that Director Ryan does all the time how we can sort of provide that without incarceration being part of that. But the recidivism rate seems much lower than in the in other cases so I think it's something that you know we should consider ways that we can help you as a as a detention facility to improve those because that's where your labor goes.

With the re-entry pod, I guess I was a little confused; is the re-entry pod internal to the jail?

WARDEN WILLIAMS: It is.

COMMISSIONER CACARI STONE: Okay, I thought so but I also think that that is you know such an amazing opportunity for someone who has entered the system to make positive improvements upon re-entry.

So with the release of inmates and the processing, it sounds like the court sends a batch of release orders all at once is there a way for coordination to sort of ensure that there is timely release? Are there steps in that direction because as with the other Commissioners I'm concerned? I understand that the main you know it's sort of 9 to 5 is the main time that release happens; but is there a way to coordinate that so that you know a) you're respecting the rights of the inmates for release but also coordinating with another bureaucratic system that can sometimes cause hiccups in the system that would maybe inspire someone to take a walk instead of to wait for services later on? I'm basically asking about coordination with the court release orders.

WARDEN WILLIAMS: Commissioner, we've been in good communication and partnership with the judges, particularly with our magistrate, regarding this topic the court clerk of course understanding the state with magistrate they have limited administrative personnel also. They're not faxing over court documents as soon as one hearing is over. They're continuing through their docket when they get done with their docket then they start processing and we start getting the faxes and those documents coming in. So that that's just kind of the issue that makes it a little more difficult. I hope that helped.

COMMISSIONER CACARI STONE: So when -- it sounds like there's some sort of form that the inmate that the detainee then signs to be released that includes question about transportation; is there a question of if do you intend to not make use of any of these services and essentially walk back to town in that release form?

WARDEN WILLIAMS: I'm sorry say that one more time.

COMMISSIONER CACARI STONE: So you provide information about the release and there is option for ADF transit, I wrote down that there is a release form and that they the inmate, the person being released can opt for a ride although that number is quite low; is there is there an opportunity let's put it that way to collect information about the person's intentions if they intend to walk, if they intend to catch a ride, you know, they may not fill that information out but it seems worthwhile to at least sort of see how many people are sort of using that option and even considering it in advance of their release?

MR. ELLIS: Commissioner, currently that question isn't on there but notoriously in the past at one point in the time the jail has tried doing like mandatory rides and what we find is a lot of people will tell us that they have rides and then we release them out to the parking lot and from our perspective we don't know if maybe someone said they would pick them up and they just didn't come or if they just weren't completely honest with us just to avoid the ride from the facility in our van, I guess.

COMMISSIONER CACARI STONE: Yeah, I guess I'm trying to figure out a way where we could collect information on how many people actually walk because

I think that would be useful information for us to know about what kind of solutions we apply to that. So I think that's something that we can contemplate.

Thank you all so much for the presentation and it's very informative and I you know this is a hard subject and something that I think Santa Fe County is doing a good job in a field that is very hard to do a good job. So thank you.

WARDEN WILLIAMS: Thank you.

CHAIR BUSTAMANTE: Thank you, Commissioner and thank you all. I think the two exciting things that I'm hearing about here is a Santa Fe County re-entry center. It's long overdue and I'm grateful to hear that it's in the scopes of what we need to focus some time on. I think it'll help with a lot of things as well as the request and I was thinking along the same lines Commissioner Greene of the walkway along Highway 14. I don't know if the letter -- I don't know if it's it is the highway that is the DOT's but then there's an easement and I don't know if that easement is something that would be in ownership of the DOT but I think we should look into that ownership and what it would mean to put something there that would make a walk and frankly even the cyclist it's just a dangerous ride. So I think the most and -- I mean that I talk about people just driving faster than that it's a 55 mile an hour and people drive much faster along that highway and to open up something that says this is clearly the walkway for people to get into town. So let's look at doing that and I think there's an opportunity there. Thank you all and did we have something else?

COMMISSIONER CACARI STONE: Thank you, Chair Bustamante, since this is for public record I want to be sure to clarify that the County Manager has confirmed that the resolution number 2012-149 was repealed in 2015 this is the Corrections Advisory Committee, and, again, as an elected official and because there's such grave public concern and because you're working so hard we have models but we still want to look at a win that we consider revisiting that that has a mix of members to be a solutions action team with you. And that we look at a population review team. Thank you, Chair Bustamante, thank you.

CHAIR BUSTAMANTE: All right. What time would we be meeting at the jail?

[Time and transportation logistics were discussed in getting to the ADT]

ATTORNEY BOYD: You should adjourn the meeting because the tour of the jail is not a meeting subject to the Open Meetings Act.

B. Adjournment

Commissioner Johnson moved to adjourn and Commissioner Greene seconded. With no further business to come before this body, Chair Hughes declared this meeting adjourned at 11:50 a.m.

Approved by:

Camilla Bustamante, Chair
Board of County Commissioners

ATTEST TO:

KATHARINE E. CLARK
SANTA FE COUNTY CLERK

Respectfully submitted:
Karen Farrell, Wordswork
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COUNTY OF SANTA FE)
STATE OF NEW MEXICO) ss

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Katharine E. Clark
Deputy Celeste Garcia County Clerk, Santa Fe, NM

SFC CLERK RECORDED 06/26/2025