

SANTA FE COUNTY

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RESOLUTION 2017 - 136

A RESOLUTION REQUESTING AUTHORIZATION TO MAKE THE BUDGET ADJUSTMENT DETAILED ON THIS FORM

Whereas, the Board of County Commissioners meeting in regular session on _____, did request the following budget adjustment:

Department / Division: Community Services DepartmentFund Name: (242) Detox Program FundBudget Adjustment Type: Budget IncreaseFiscal Year: 2018 (July 1, 2017 - June 30, 2018)

BUDGETED REVENUES: (use continuation sheet, if necessary)

FUND CODE XXX	DEPARTMENT/ DIVISION XXXX	ACTIVITY BASIC/SUB XXX	ELEMENT/ OBJECT XXXX	REVENUE NAME	INCREASE AMOUNT	DECREASE AMOUNT
242	0495	380	01-01	MOU/City of Santa Fe	150,000	
TOTAL (if SUBTOTAL, check here)					\$150,000	

BUDGETED EXPENDITURES: (use continuation sheet, if necessary)

FUND CODE XXX	DEPARTMENT/ DIVISION XXXX	ACTIVITY BASIC/SUB XXX	ELEMENT/ OBJECT XXXX	CATEGORY / LINE ITEM NAME	INCREASE AMOUNT	DECREASE AMOUNT
242	0495	465	50-03	Contractual/Professional	150,000	
TOTAL (if SUBTOTAL, check here)					\$150,000	

Requesting Department Approval: [Signature]

Title: CSD Director

Date: 11/18/17Finance Department Approval: [Signature]Date: 11/15/17

Entered by: _____

Date: _____

County Manager Approval: [Signature]Date: 11.28.17

Updated by: _____

Date: _____

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RESOLUTION 2017 - 2018/36

ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT: Name: Gina Capener Dept/Div: CSD Phone No.: 992-9830

DETAILED JUSTIFICATION FOR REQUESTING BUDGET ADJUSTMENT (If applicable, cite the following authority: State Statute, grant name and award date, other laws, regulations, etc.):

- 1) Please summarize the request and its purpose.
The Behavioral Health Program received funding for enhanced social detox services from the City of Santa Fe via an MOU. CSD is seeking to increase the total budget. \$300,000.00 is budgeted in (242-0495-380). CSD is requesting \$150,000.00 be placed into (242-0495-465). This will increase the total budget for detox services of \$450,000.00.

a) Employee Actions

Line Item	Action (Add/Delete Position, Reclash, Overtime)	Position Type (permanent, term)	Position Title

b) Professional Services (50-xx) and Capital Category (80-xx) detail:

Line Item	Detail (what specific things, contracts, or services are being added or deleted)	Amount

- 2) Is the budget action for RECURRING expense ___ or for NON-RECURRING (one-time only) expense X
The salary and wages line items would be recurring expense. The indigent claims would be for non-recurring expense.

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Gina Capener

Dept/Div: CSD

Phone No.: 992-9848

DETAILED JUSTIFICATION FOR REQUESTING BUDGET ADJUSTMENT (If applicable, cite the following authority: State Statute, grant name and award date, other laws, regulations, etc.):

- 3) Does this request impact a revenue source? If so, please identify (i.e. General Fund, state funds, federal funds, etc.), and address the following:
 - a) If this is a state special appropriation, YES NO X
If YES, cite statute and attach a copy.
 - b) Does this include state or federal funds? YES NO X
If YES, please cite and attach a copy of statute, if a special appropriation, or include grant name, number, award date and amount, and attach a copy of a award letter and proposed budget.
 - c) Is this request is a result of Commission action? YES NO X
If YES, please cite and attach a copy of supporting documentation (i.e. Minutes, Resolution, Ordinance, etc.).
 - d) Please identify other funding sources used to match this request. N/A

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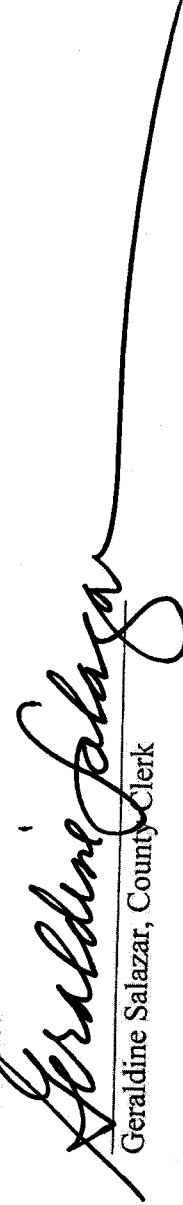
NOW, THEREFORE, BE IT RESOLVED by the Board of County Commissioners of Santa Fe County that the Local Government Division of the Department of Finance and Administration is hereby requested to grant authority to adjust budgets as detailed above.

Approved, Adopted, and Passed This 28th Day of November, 2017.

Santa Fe Board of County Commissioners


Henry P. Roybal, Chairperson

ATTEST:


Geraldine Salazar, County Clerk



COUNTY OF SANTA FE)
STATE OF NEW MEXICO) ss
BCC RESOLUTIONS
PAGES: 9

I Hereby Certify That This Instrument Was Filed for
Record On The 29TH Day Of November, 2017 at 03:56:39 PM
And Was Duly Recorded as Instrument # 1842533
Of The Records Of Santa Fe County


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



SFC CLERK RECORDED 11/29/2017

**MEMORANDUM OF AGREEMENT
BETWEEN SANTA FE COUNTY AND
THE CITY OF SANTA FE
REGARDING *ENHANCED SOCIAL DETOX SERVICES***

THIS MEMORANDUM OF UNDERSTANDING is entered into on this ____ day of _____, 2017, by and between SANTA FE COUNTY ("COUNTY") and the CITY OF SANTA FE, a municipal corporation ("CITY") and collectively referred to as the "PARTIES".

RECITALS:

WHEREAS, there is a need to provide *enhanced social detox services* to the Santa Fe community; and

WHEREAS, the County initiated a collaborative effort to create an *enhanced social detox service* with various public and local organizations

WHEREAS, the State of New Mexico has the second highest drug overdose death rate in the nation and the consequences of drug use continue to burden New Mexico communities; and

WHEREAS, drug use can result in overdose death and is also associated with other societal problems including crime, violence, homelessness, loss of productivity and spread of blood-borne disease such as HIV and hepatitis; and

WHEREAS; deaths due to prescription drugs (particularly opioid pain relievers) have increased dramatically;

WHEREAS, during 2010-2014, 53% of drug overdose deaths were caused by prescription drugs, while 33% were caused by illicit drugs, and 14% involved both types; and

WHEREAS; medical examiner data indicate that the most common drugs causing unintentional overdose death for the period were prescription opioids (e.g., methadone, oxycodone, morphine 48%), heroin (34%), tranquilizers/muscle relaxants (23%), cocaine (17%), methamphetamine (16%) and antidepressants (12%) (not mutually exclusive); and

WHEREAS, according to the New Mexico Department of Health 2.5% of adults 18 and over in Santa Fe County are needing but not receiving treatment for illicit drug use; and

WHEREAS, the treatment model for the use of such substances needs to be expanded; and

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WHEREAS, the City of Santa Fe's Human Services Committee has consistently supported funding substance abuse treatment programs; and

WHEREAS, the City of Santa Fe's Human Services Committee has agreed that addressing such issues with *enhanced social detox* will benefit the community; and

WHEREAS, the County and the City desire to collaborate to provide funding for expanded services under the *enhanced social detox* model.

NOW, THEREFORE, IT IS MUTUALLY AGREED BETWEEN THE PARTIES:

1. DUTIES OF THE PARTIES

A. The City shall provide the County with funding for *enhanced social detox services* in the amount of \$150,000.00.

B. The County shall:

1. Work collaboratively with the City of Santa Fe, CHRISTUS St. Vincent and others to fund Santa Fe Recovery Center to provide enhanced social detox services to residents of Santa Fe County.
2. To provide funding to support approximately 700 residents to receive enhanced social detox services in Santa Fe County.
3. Indicate by name or use of the City logo on publicity statements public awareness products or other documents, City of Santa Fe's support and participation in the *enhanced social detox services*.
4. Provide a progress report or documentation on the services provided by the funding for presentation to the Human Services Committee.

2. OTHER REQUIREMENTS:

TERM. This Memorandum of Understanding shall remain in effect until terminated by either party, pursuant to Article ___, below.

TERMINATION. This Memorandum of Understanding may be terminated by either of the parties hereto upon written notice delivered to the other party at least 30 days prior to the intended date of termination. By such termination, neither party may nullify obligations already incurred for

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performance or failure to perform prior to the date of termination.

LIABILITY. Each party shall be solely responsible for fiscal or other sanctions occasioned as a result of its own violation of requirements applicable to the performance of the Agreement. Each party shall be liable for its actions in accordance with this Agreement.

NEW MEXICO TORT CLAIMS ACT

Any liability incurred by the City of Santa Fe in connection with this Agreement is subject to the immunities and limitations of the New Mexico Tort Claims Act, Section 41-4-1, et. seq. NMSA 1978, as amended. The City and its “public employees” as defined in the New Mexico Tort Claims Act, do not waive sovereign immunity, do not waive any defense and do not waive any limitation of liability pursuant to law. No provision in this Agreement modifies or waives any provision of the New Mexico Tort Claims Act.

THIRD PARTY BENEFICIARIES

By entering into this Agreement, the parties do not intend to create any right, title or interest in or for the benefit of any person other than the City and the Contractor. No person shall claim any right, title or interest under this Agreement or seek to enforce this Agreement as a third party beneficiary of this Agreement.

ASSIGNMENT

Neither the City nor the Authority shall assign or transfer any interest in this MOA or assign any claims for money due or to become due under this MOU without the prior written approval of the other party.

AMENDMENT. This Memorandum of Understanding shall not be altered, changed, or

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amended except by instrument in writing.

NOTICES

IN WITNESS WHEREOF, the parties set their hands.

CITY OF SANTA FE:

JAVIER M. GONZALES, MAYOR

DATE

ATTEST:

YOLANDA Y. VIGIL, CITY CLERK

DATE

APPROVED AS TO FORM:

KELLEY A. BRENNAN,
CITY ATTORNEY

DATE

APPROVED:

ADAM K. JOHNSON,
FINANCE DIRECTOR

DATE

SANTA FE COUNTY:

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KATHERINE MILLER,
COUNTY MANAGER

DATE

APPROVED AS TO FORM:

GREGORY S. SHAFFER,
COUNTY ATTORNEY

DATE

COUNTY FINANCE DIRECTOR

DATE

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