

**SANTA FE COUNTY
RESOLUTION 2023- 110**

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

Whereas, the Board of County Commissioners meeting in regular session on November 11, 2023, did request the following budget adjustment:

Department / Division CSD\Health Services Division

Budget Adjustment Type (drop down): Other Fiscal Year: 2024 (July 1, 2023 - June 30, 2024)

BUDGETED REVENUES: (use continuation sheet, if necessary)

FUND CODE XXX	DEPARTMENT/ DIVISION XXXX	ACTIVITY BASIC/SUB XXX	ELEMENT/ OBJECT XXXX	LINE DESCRIPTION	INCREASE AMOUNT	DECREASE AMOUNT
223	0497	371	27-00	State Grant / NM Human Services Dept	\$ 200,000	
Total					\$ 200,000	\$

BUDGETED EXPENDITURES: (use continuation sheet, if necessary)

FUND CODE XXX	DEPARTMENT/ DIVISION XXXX	ACTIVITY BASIC/SUB XXX	ELEMENT/ OBJECT XXXX	LINE DESCRIPTION	INCREASE AMOUNT	DECREASE AMOUNT
223	0497	465	10-26	Salary & Wages/Term Employees	\$ 150,250	
223	0497	465	50-03	Contractual/Professional Services	48,250	
223	0497	465	30-03	Travel/In-State	1,500	
Total					\$ 200,000	\$

Requesting Department Approval: Gina Capener Title: Operations Manager Date: 10/30/2023 Log # 10

Capital/Grants Approval: [Signature] Date: 11/6/2023

Finance Dept Approval: [Signature] Date: 11/6/2023

County Mgr Approval: [Signature] Date: 11/6/2023

Budget Administrator: [Signature]

Entered by: _____ Date: _____

Updated by: _____ Date: _____

**SANTA FE COUNTY
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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 in the area below.
 The Community Services Department received a grant in the amount of \$200,000 from the Comprehensive Opioid, Stimulant, and Substance Abuse Program (COSSAP) utilizing the LEAD model within Santa Fe County known as engage. COSSAP federal grant funding ended September 30, 2023 and BHSD is providing New Mexico State General Fund monies to continue program development and to pursue program sustainability continuing October 1, 2023 through June 30, 2024. There is no match requirement. The funding can only be used for the Pre-Arrest / Diversion Program activities.

	Recurring	Non-Recurring
Is this Budget Action for a Recurring or Non Recurring Expense(one-time)	X	X

2 Does this request impact a revenue source?

	Yes	No
X		

3 A. Is this a State Special Appropriation? If Yes, cite Statute and attach a copy

	X
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B. Does this include state or federal funds? 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.

	X
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C. Is this request a result of Commission action? If YES, please cite and attach a copy of supporting documentation (i.e. Minutes, Resolution, Ordinance, etc.)

	X
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D. Is a match required? If Yes, please identify funding source in the line below.

	X
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PLEASE PROVIDE THE LINE ITEM OF THE MATCH BELOW

FUND	DEPARTMENT	ACTIVITY	ELEMENT	CATEGORY / LINE ITEM	AMOUNT	BUDGETED (Drop Down)

**SANTA FE COUNTY
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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 14th **Day of** November, **2023.**

Santa Fe Board of County Commissioners

Anna Hansen
Anna Hansen, Chairperson

ATTEST:

Katharine E. Clark
Katharine E. Clark, County Clerk



COUNTY OF SANTA FE)
STATE OF NEW MEXICO) ss
BCC RESOLUTIONS
PAGES: 12

I Hereby Certify That This Instrument Was Filed for Record On The 6TH Day Of December, 2023 at 04:33:20 PM And Was Duly Recorded as Instrument # 2024562 Of The Records Of Santa Fe County

Witness My Hand And Seal Of Office
Katharine E. Clark
Deputy *[Signature]* County Clerk, Santa Fe, NM

Michelle Lujan Grisham, Governor
Karl Armijo, Secretary
Alex Castillo Smith, Deputy Cabinet
Secretary



Nick Boukas, Division Director

August 8, 2023

Santa Fe County – Community Services Division
Greg Shaffer, County Manager
C/O of Elizabeth Peterson, Program Manager
Email: epeterson@santafecountynm.gov

Hello-

The New Mexico Human Services Department, through the New Mexico Behavioral Health Purchasing Collaborative, on behalf of the Behavioral Health Services Division (BHSD), is pleased to advise you of its intent to award a contract to Santa Fe County-Community Services Division through our Administrative Services Organization (ASO) Falling Colors Corporation (FCC).

BHSD is projecting to offer a nine (9) month award effective October 1, 2023, and expiring June 30, 2024, in an amount up to \$200,000.00.

Funds may only be used for the Pre-Arrest/ Diversion Program activities outlined in the FY24 Scope of Work that is to follow this award notification. Continued participation and its accompanied budget are subject to the terms and agreements set forth in the approved Scope of Work, and any contractual agreements provided through Falling Colors, HSD/BHSD administrative services organization.

While this award notification is being provided, please note it is subject to change and may change in the future contingent upon, but not limited to, funds availability, expenditure rates and contract compliance.

Please contact Anita Mesa, Justice System Program Manager at AnitaM.Mesa@state.nm.us with any questions.

Best,

Jacqueline Nielsen
Deputy Director, Policy and Prevention
New Mexico Human Services Department
Behavioral Health Services Division

SFC CLERK RECORDED 12/06/2023

Type of SOW: NM Jail Diversion Program

Scope of Work

Santa Fe County Community Services Department

Lead Agency: BHSD
State Fiscal Year: SFY24 (July 1,2023 - June 30, 2024)
Services: Client Services
Billing Type: Encounters
Funding: SGF State General Funds
Fund Pool: BB10 : SGF: Substance Abuse (State)
Project: Jail Diversion – NM LEAD
CFDA# (If Applicable):
Or
Funding: SA Special Appropriations
Fund Pool: ZH5124: MH Special Appropriations ZH5124 (State)
Project: Jail Diversion – NM LEAD
Budget/Allocation: Up to \$200,000

The Santa Fe County Community Services Department shall perform the work outlined in this Scope of Work and, when applicable Appendices, which are hereby incorporated and made a part of the Agreement.

When applicable, all vendors/providers who receive funds from the Behavioral Health Services Division (BHSD)/Behavioral Health Collaborative and provide behavioral health services must be enrolled as an approved Medicaid provider in order to receive funding. The BHSD/Behavioral Health Collaborative is the payor of last resort for behavioral health services for adults and children covered by Medicaid. When a Medicaid covered service is provided to a Medicaid eligible client, those services must be billed to Medicaid.

This does not mean that programs and services that are require anonymity (e.g., domestic violence, sexual violence, shelters, etc.) will be billed to Medicaid. This does not apply to providers and agencies receiving funds under BHSD Prevention programs. There are no changes in billing for these providers or agencies.

I. PROGRAM/PROJECT DESCRIPTION and TARGET POPULATION

The Behavioral Health Services Division authorizes the Santa Fe County Community Services Department to utilize State General Funds specifically for support of a diversion program, rooted in harm reduction, in which public safety entities divert individuals to intensive case management in lieu of alternatives for low-level nonviolent crimes driven by substance use disorder and other unmet behavioral health needs. Intensive case management creates meaningful opportunities for those struggling with substance misuse and other adverse circumstances to access the support and services they need to achieve behavioral change.

In diversion programs prosecutors, public defenders, police officers, behavioral health and social service providers may work together to create diversion criterion that addresses the needs of their community, improve public safety, decrease drug overdose, and support a coordinated collaborative response to behavioral health disorders among the criminal justice, social service and public health systems in tribal and non-tribal jurisdictions in NM.

The target population is comprised of persons struggling with substance misuse or substance use disorder and/or other social barriers who may be placed at risk of becoming involved, or are already involved, with the criminal justice system, or carceral system. Involvement entails low-level nonviolent crimes driven by substance use disorder (SUD) and other unmet behavioral health needs.



II. PROGRAM/PROJECT REQUIREMENTS

Provider Shall:

- a. As a BHSD funded vendor and a provider in the 988 Crisis Now continuum of care, the vendor is required to enroll and become a part of the Open Beds platform in order to receive and administer referrals (as applicable).
- b. ALL staff having direct contact with children (ages 0-21) in state custody at least 50% of their work time and their supervisors/managers, should have a minimum of 6 hours of Trauma Informed Care Training, with specific focus on The Effects of Child Traumatic Stress, especially in context of the Child Welfare System and The Effects of Trauma on Child Development, behaviors, and functioning. All other staff, including administrative staff and Management or Executive level position ("leaders") are required to attend at least two (2) hours of trauma-responsive training annually.
- c. Comply with all financial, administrative and programmatic matters as approved by BHSD.
- d. Ensure services are provided by adequately trained, licensed and qualified staff as appropriate and as stipulated by the New Mexico Licensing Board.
- e. Provide trauma informed, trauma responsive and culturally sensitive systems of care across the array of program services.
- f. Identify and support activities and resources that may minimize risk of negative impacts to participants' mental health and well-being.
- g. Identify and support activities and resources that may increase protective factors to foster recovery and prevent recidivism including access to food; clothing; crisis shelter; temporary housing; education; employment; transportation; treatment and positive social interaction.

Type of SOW: NM Jail Diversion Program

- h. Maintain a case file on each individual served with Wellness funds, to include documentation of eligibility and any financial assistance provided to individuals for housing, medications, clothing, food, transportation.
- i. Provide diversion services to include assessment of eligibility, case coordination and **monthly** multidisciplinary team meetings for program oversight.
- j. Submit for reimbursement those services deemed reasonably necessary to support the protective factors referenced above. All submissions must be accompanied by copies of receipts. Access to receipts must be made available to BHSD for review/audit when requested.
- k. Maintain a program coordinator to facilitate diversion multidisciplinary team meetings with key stakeholders to include law enforcement, district attorney, public defender, behavioral health provider(s), City/County/Tribal leadership, and elected officials as appropriate.
- l. Participate in program specific technical assistance as arranged through a BHSD approved contractor.
- m. Participate in Learning Collaborative discussions as agreed upon through BHSD for the remainder of the project period beginning October 1, 2023, and ending June 30, 2024.
- n. Participate in the BHSD cross site evaluation and project final reporting processes.
- o. Conduct data analysis, asset mapping, and community readiness assessments as needed for program purposes and project final reporting.
- p. Provide access to program personnel and all relevant programmatic and administrative data, as specified under the direction of BHSD or BHSDSTAR, as legally attainable.
- q. Maintain ongoing communication with BHSD liaison (or designee) throughout the course of the project period, to include obtaining prior approval to change any portion of the approved budget and plan.

SFC CLERK RECORDED 12/06/2023

Type of SOW: NM Jail Diversion Program

- III.** Trauma Informed Care Training must be completed within 90 days of hire by new staff. Providers must make reasonable efforts to train existing staff to these standards as quickly as possible. For existing staff, 70% of the staff must meet these training requirements by December 31, 2023 to comply.

Please click on the link for Provider Alert for Trauma Informed Care Training:

[BHSD Required Trauma Training \(constantcontact.com\)](https://www.constantcontact.com).

For Claims Providers

- a. State general funds are available for claim providers until the funds allocated for the fiscal year have been completely utilized. When funding is no longer available, claims will no longer be accepted for reimbursement.

IV. DELIVERABLES AND REPORTS

Goal: Reduce criminal behavior, decrease criminal justice and emergency public health service utilization, and improve public safety in NM by supporting diversion services in their respective community.

Tactic: Maintain and enhance the diversion/deflection program in **Santa Fe County**.

Performance Measures:

- a. Maintain a diversion/deflection model program tailored to local culture, needs and capacity and incorporate the core principles of a LEAD model program. Program services to be ongoing beginning October 1, 2023 and ending June 30, 2024, which is the remainder of the project period.
- b. Coordinate training of case managers as appropriate. Coordination is ongoing beginning October 1, 2023, and ending June 30, 2024, which is the remainder of the project period.

Tactic: Reduce drug overdose and SUD and improve the quality of life among people with a SUD who are diverted into a diversion program.

Performance Measures:

- a. Maintain a referral process capable of delivering services to 100% of new individuals referred.
- b. Ensure intensive case-management services are offered to 100% of enrolled program participants.
- c. Ensure and offer harm reduction services for 100% of individuals enrolled in the program.
- d. Utilize Peer Support Services to 100% of willing participants, when appropriate.
- e. Maintain a tracking system for drug overdose morbidity and fatality. Documentation must be available for review by BHSD, as requested.

Tactic: Support a coordinated collaborative response to SUD among the criminal justice, social service and public health systems.

Performance Measure:

- a. Facilitate and document at least a minimum of **two quarterly** multidisciplinary committee meetings that include program and case oversight for program participants throughout the grant project period.
- b. Maintain relevant data sharing agreements to better coordinate care for program participants throughout the project period.
- c. Ensure local evaluators are engaged in data sharing activities to support deliverables as indicated for the duration of the project period.
- d. Maintain educational materials for the public, program participants and key stakeholders summarizing diversion eligibility criteria and procedures throughout the grant project period.

Tactic: Provide progress on the project through collaboration with BHSD on a cross site evaluation and performance measure reporting.

Performance Measures:

- a. Provide narrative and data reports to BHSD program manager by December 15th, 2023; April 5th, 2024; and July 7, 2024. Information on the report to include program data and status updates on each deliverable listed in this scope of work **and** the activities that local site evaluators have accomplished in relation to their Scope of Work.
- b. Evaluation data that is collected and managed by each sub-awardee shall be made available to cross-site evaluators as required through the project period.
- c. Local evaluators will produce site-specific evaluation reports for local stakeholders and assist the program reporting as indicated through the project period.
- d. Participate in a minimum of one (1) site visit between October 1, 2023 and June 30, 2024. Site visit may be conducted virtually or in person. Additional site visits shall be conducted at the discretion of HSD/BHSD with advanced 24 hour notice.

Tactic: Provide progress on deliverables via the BHSD Encounter system in a timely manner; and utilizing the approved rates.

Performance Measures:

- a. Invoices shall be submitted monthly into the Falling Colors data system **no later than** 30 days after service date.

All service components must be provided by adequately trained, licensed, and qualified staff as appropriate to services provided and as stipulated by the New Mexico Licensing Board as applicable to program or project.

If you have any questions, please contact your program manager or coordinator.

Type of SOW: NM Jail Diversion Program

Annual Financial Reports

An annual program report and financial report is required for all vendors. The type of financial report is dependent on the amount of the fiscal year allocation.

Submitting a financial audit or report is a condition of this contract.

*****SOW will be rejected and will delay the process if Options are not selected.*****

Please select 1 of the 2 options required text boxes – indicate “Yes” if applicable and “NA” if not. If you select option 2 (less than \$750,000) please select 1 of the 4 options under option 2.

The Vendor/Provider must add the report selection to the execution box.

1. A vendor that expends \$750,000 or more in Federal awards during the state fiscal year must have a single audit conducted in accordance with the Audit Requirements of the Federal Uniform Administrative Requirements. (Title 2, Subpart A, Chapter II Part 200, Subpart F, Subgroup 46, Section 200.501). This is due six months after the end of the vendor’s fiscal year. **YES or NA** YES

OR

2. A vendor that expends less than \$750,000 in Federal or State awards during the vendor’s fiscal year must submit one of the following: **YES or NA (if yes, check 1 of these 4 options)**
 - A financial audit prepared by a CPA (if vendor is receiving \$750,000 or more from federal and/or state funding a financial audit prepared by a CPA is required and this is the only option), or
 - Management letter prepared by a CPA expressing an opinion about financial soundness, or
 - Financial statement prepared by the vendor, or
 - A balance sheet and profit/loss statement for the past 12 months.

Submitting a financial audit or report is a condition of this Scope of Work.

*****The SOW will be rejected and will delay the process if Options are not selected.*****

The most recent financial audit or report must be submitted no later than 30 days after the close of the state’s fiscal year.


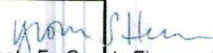
Submit the report to support@fallingcolors.com and BHSD.FinanceTeam@hds.nm.gov

Vendor records must be available for review or audit by appropriate officials of the Federal and/or state government as needed.

Type of SOW: NM Jail Diversion Program

EXECUTION PAGE

The Vendor/Provider must complete the Execution Page in its entirety for this Scope of Work to be fully executed. By signing below, I represent that I am an authorized signatory for the Vendor/Provider and have read and understand this Scope of Work.

VENDOR/PROVIDER	
SANTA FE COUNTY COMMUNITY SERVICES DEPARTMENT	
Authorized Signature: 	Date: 10/12/2023
Name (Please Print or Type): Gregory S. Shaffer <small>Approved as to form by Roberta D. Joe, ACA, for J.Y., Santa Fe County Attorney 9/27/2023  Santa Fe County Finance 10/11/2023</small>	
Title (Please Print or Type): Santa Fe County Manager	
Address: 100 Catron Street Santa Fe, NM 87501	
E-Mail Address: gshaffer@santafecountynm.gov	
Phone: 505.992.9849	Fax:
TIN: 85-6000073	NPI:

SEFC CLERK RECORDED 12/06/2023

**VENDOR/PROVIDER INSTRUCTIONS
FOR REQUIRED DOCUMENTS**

The document(s) that are being delivered to you have been approved by the State of New Mexico.

Instructions

1. **Legal Name.** Review your Provider Name on the first page of the document to verify it is correct and that it is the Provider's legal name. If it is not, to have it corrected please email support@fallingcolors.com the correct legal name as soon as possible.
2. **Notice and Contact Information.** If you are a new Provider receiving a Provider Agreement, completely fill in Provider's Address, Attention contact, Phone, and Email **Please be sure that all information is legible.**
3. **Execution Page.** Completely fill in all the blanks on the Execution Page (the last page of the document) including all the following information:
 - a) Print Name and Title of the signatory in a legible manner
 - b) Fill in Address, Email, Phone and Fax information
 - c) Insert TIN
 - d) Insert NPI (NA if no NPI)
 - e) Sign the Provider Agreement
4. **Return Executed Document(s).** Documents are returned electronically using DocuSign software once document(s) is executed. Instructions for DocuSign will come with the email from DocuSign.

If you do not complete the document(s) in accordance with the instructions above, the document(s) will be returned to you to complete this step.