

COUNTY OF SANTA FE)
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BCC MINUTES
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SANTA FE
BOARD OF COUNTY COMMISSIONERS
SPECIAL MEETING

March 1, 2002

Paul Duran, Chairman
Jack Sullivan, Vice Chairman
Paul Campos
Javier Gonzales [Excused]
Marcos Trujillo

SANTA FE COUNTY
SPECIAL MEETING
BOARD OF COUNTY COMMISSIONERS

March 1, 2002

This regular meeting of the Santa Fe Board of County Commissioners was called to order at approximately 9:20 a.m. by Chairman Paul Duran, in the Santa Fe County Commission Chambers, Santa Fe, New Mexico.

Roll was called by County Clerk Bustamante and indicated the presence of a quorum as follows:

Members Present:

Commissioner Paul Duran, Chairman
Commissioner Marcos Trujillo
Commissioner Paul Campos
Commissioner Jack Sullivan

Members Absent:

Commissioner Javier Gonzales

III. APPROVAL OF THE AGENDA

- A. Amendments**
- B. Tabled or withdrawn items**

CHAIRMAN DURAN: Any changes to the agenda?

ESTEVAN LOPEZ (County Manager): Mr. Chairman, no. I think the agenda is as posted.

CHAIRMAN DURAN: What's the pleasure of the Board?

COMMISSIONER TRUJILLO: Move for approval, Mr. Chairman.

COMMISSIONER CAMPOS: Second.

CHAIRMAN DURAN: There's a motion and a second. Any further discussion? Those in favor signify by saying "aye." [Unanimous] Opposed? Motion carries.

IV. Community and Health Development Department
A. Discussion on the DWI Program Budget

CHAIRMAN DURAN: I asked Estevan and Robert to bring forward an analysis of the DWI Program because I was a little concerned that out of the—is it \$800,000?

ROBERT ANAYA (CHDD Director): Mr. Chairman, there's a little more than that and we have the actual amounts in here, \$770,000 plus the CDWI program.

CHAIRMAN DURAN: Because I had heard that roughly out of \$800,000, \$150,000 of it was being used for actual treatment, and that the balance of it was spent on other programs within the DWI Program. And I just wanted to find out if there might be some way of streamlining the administrative portion of the budget and try to get more money allocated towards treatment. Robert.

MR. ANAYA: Mr. Chairman, Commissioners, I just want to thank you for giving us the opportunity to come before you to go over the DWI budget and also later on discuss the CARE Connection project. In front of you, I'd like to just give you a heads-up as to what's sitting in front of you. The first thing I'd like to point out is this invitation that you all received. It's for the DWI-Law Enforcement Awards Banquet. It's going to be held Friday, March 8th at 6:30 at the La Fonda Hotel. It's sponsored by Impact DWI and the Santa Fe County DWI Program. It's an annual event that recognizes those law enforcement officials throughout Santa Fe County, throughout all agencies that do an excellent job in helping to keep DWI offenders off the road.

The other thing I'd like to point out is the gray packet that Mr. Sims will be going over that gives an overview of the DWI program. [Exhibit 1] And then there are two other items, the CARE Connection power point is the same power point presentation that you had in your BCC packet. I put it in front of you as a reference point for later on. And then the new item that's in front of you is a schematic flow chart of the CARE Connection project.

Mr. Chairman, Commissioners, we do have with us today the chairman of the DWI Council and with your permission, Mr. Chairman, I would to ask Mr. Alan Wheeler to come forward. He would like to address the Commission and say a few words.

CHAIRMAN DURAN: Robert, I'm looking at the information that you handed out and I don't see a budget. I don't see anything showing line item where the money goes. Do you have that?

MR. ANAYA: Yes sir, Mr. Chairman. We have a substantial amount of information. There is some in the gray packet, there is some budget items within there and we'll be going through that in as much detail as you would like.

CHAIRMAN DURAN: Okay.

MR. ANAYA: On page 24 specifically, if you want to jump ahead to that. But Mr. Chairman, I would ask that Mr. Wheeler be given an opportunity to say a few words if that's okay.

CHAIRMAN DURAN: Sure. No problem. We are very familiar with the DWI Program. I just really want to get to the meat of the matter which is the budget. So

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please step forward.

ALAN WHEELER (Chair, DWI Planning Council): Good morning, Mr. Chairman, Commissioners. I'm Alan Wheeler. I'm the current chairman of the DWI Planning Council. I now understand what the purpose of this meeting is this morning so I won't spend the time I thought I was going to explain to you where we've come from the last two years to the time I've been part of the Planning Council. But suffice to say that we have now a strategic plan which we hadn't had two years ago and the purpose of that strategic plan as all strategic plans are is to try to focus in on where the loopholes are, where the gaps, the voids are.

And certainly prevention is a very, very—and treatment is a very, very large part of it. We now have four subcommittees, which we never had before. One is dedicated to prevention and to treatment. I won't take any more of your time. If you have any questions for me, I'll be available to answer them. I can give you a pretty good history of where we've come over the last couple years. But I don't want to interfere with what your objectives are.

CHAIRMAN DURAN: Well maybe the rest of the Commissioners want to handle it differently, but I was really specific in my request in that I wanted to know, I wanted a breakdown of the \$800,000. I know all the—for me, maybe the other Commissioners need some more background information on the program and what it does and I would yield to their requests, but I asked the meeting to be called so that I really wanted to get down to where the money was going, how it was being spent, and that was the objective. But I do appreciate your coming today.

MR. WHEELER: Are there any questions for me as far as background? I'm available for questions later.

COMMISSIONER CAMPOS: Mr. Chairman, I'd like to hear the background in a summary form. I'm interested in putting all this into context and learning where we've come.

MR. WHEELER: Okay. Fine. As you probably know, our purpose is to put together people in the country or from the County who work for the County in one manner, shape or form to help reduce the level of DWI in this county. And I'd say about three years ago, there was the flow of monies to various organizations, prevention, treatment, law enforcement, adjudication and things of that nature. It was not particularly controlled. And I don't mean to say that the money wasn't controlled but the results, we weren't monitoring. It was just the nature of the fact that this had started—in the past two years we have put together a strategic plan and it has identified four areas that we're approaching in an organized way. The areas of prevention, areas of law enforcement, screening and assessment—screening and assessment also includes adjudication, and then treatment.

We have subcommittees who meet each month. They're made up of both the members of the DWI Planning Council and also people who are actually there on the front lines. And they are helping to put together plans which can actually address this particular problem in all of its facets. I also have to wear another hat. It's as president of a non-profit organization called Impact DWI. We identified about three years ago and put into effect two years ago the fact that there was no meeting between the victims of DWI and the offenders. Now all the

courts mandate first and second offenders attend our impact panel which meets once a month.

This has grown out of the strategic plan. So what I'm trying to shape for you to show you is that we're gradually getting our hands around this huge problem and the many facets necessary in order to address it. For instance, I would say the majority of our members, I certainly have the perspective that jail doesn't really work except in extremes. Number one, on the front end for people who have something to lose, it scares the heck out of them to spend a night in jail. And so we've encouraged the courts and the courts in most cases do put somebody in jail for overnight to let them see what it's like.

On the other end there are people who are multiple, multiple offenders. They are a danger to society and they have to really be, society really has to be protected from them.

Now what do we do with all those in the middle? Several years ago we identified that there is a device out on the market called the ignition interlock. And the ex-chairman, the former chairman of the DWI Planning Council, Dick Roth, has spent a good part of his life for the last three years gaining legislation which you probably have heard of so that this can be installed in second and third offenders' automobiles. It's kind of like having a parole officer on the seat alongside of the driver, who has been convicted of DWI. And the computer in this breathalyzer, which is hooked up to the ignition of the car, keeps the car from being activated if it registers a certain level of alcohol consumption.

It also shows on the computer, which is taken out, a tape is taken out every 60 days, sent to the probation officers whether this individual is actually starting to turn their life around as far as drinking or if they're not. If they're not, then it indicates that they need other things, most likely treatment. This is just one of the many things that we've started to put in place to try to close this gap, but in a humane way. Again, not using jail, because jail just doesn't really work.

I could go on for quite a while with other programs we're doing. For instance, every 15 minutes, something we're working on now through our prevention committee, it will be presented this year in May, the middle of April and in May to students at Santa Fe High School. A very shortened version of it is a person dressed up as the grim reaper comes in and taps a designated kid on the shoulder, and they come out every 15 minutes. Their faces are colored black, with their parents' permission. They write a letter to their parents as if they had just died and this is the last communication that they could make to their loved ones. It's a very powerful program. It's been used up in Farmington and in Las Cruces.

These are the many things we're gathering together and starting to put into place in order to try to attack this problem in its breadth. One of the major things that we've recognized is that we need to change community norms, but that is going to be, as you can imagine, a major, major project. We put together a speakers bureau, which has just started out. We have not given any speeches yet. We're enlisting the aid of people to do that. We'll be visiting various faith communities and also the Lions Club and other clubs like that to give them an idea of what we're doing and where they can help. For there are many, many needs for volunteers. Again, another idea, another method to try to stop this horrible, avoidable, unnecessary problem. Any questions that I can answer?

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COMMISSIONER TRUJILLO: Mr. Chairman, Mr. Wheeler, I understand that the DWI issue is quite a cantankerous issue in our communities. With all this myriad of efforts that you're implementing or putting in place, have you seen any results? Any impact, added value if you will coming through you? For example, the drive-up windows were closed. Has that had a direct effect on alcohol-related accidents or deaths or injuries, and that sort of thing? Do you have any demographics that shows what impact these efforts are having in our communities?

MR. WHEELER: Well, I can give you one statistic which is very, very heartening. Over the last five years on average, there have been six to eight fatal crashes in the City of Santa Fe. Last year there were two. Hopefully this was not an abnormality, that it actually shows a downward trend. I think it certainly reflects the fact that the DWI unit has been reactivated by Chief Denko under Sergeant Salazar. Overall, in the state of New Mexico, five, six years ago we were, we had twice the number of accidents per 100,000 population. We still have that. The good news though is that it's dropped from about 11.6 to about half that.

But the rest of the country has dropped also. It's awfully difficult to measure things that are in effect a deterrent. However, there is some information on this sheet which David just passed out, which gives you some idea of the trends from 1995 through 1999.

CHAIRMAN DURAN: It's gone down.

MR. WHEELER: One of the things, part of our strategic plan is to measure everything, every one of the elements. We're doing saturation patrols with the police department that we would be underwriting for overtime, treatment, other things of that nature, to see what kinds of results that they have. Usually it's measured in crashes per thousand or absolutes like that. I wish I could give you and I hope in two years from now I can come back and give you a much more definitive answer to that question.

COMMISSIONER TRUJILLO: I agree with you that this is a problem that is cultural and is embedded in our society and it's really hard to deal with unless we change behaviors and that's the hard things to do. But I appreciate the efforts that you're making and your people are making in this regard.

MR. WHEELER: Thank you.

CHAIRMAN DURAN: Any more questions? Commissioner Sullivan.

COMMISSIONER SULLIVAN: What's been your experience in the connection between DWI and Motor Vehicles. What I'm driving at is my understanding is that sentences or modified sentences that are issued by the court often are not recognized by Motor Vehicles in terms of whether it's a second conviction or a third conviction. And for that reason, whatever innovative mechanisms the court may impose on the individual, Motor Vehicles doesn't recognize that. And what's been your experience in the connection with Motor Vehicles?

MR. WHEELER: I wish I could talk intelligently about that. That is not an area that I really could give you any insight into. I have some opinions but that's all. It's not fact. So I'm much more comfortable having that question answered by someone who knows

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more about that.

DAVID SIMS (DWI Coordinator): Mr. Chairman, Commissioner Sullivan, I have been invited to be a part of what's called the inner agency group that has representation of AOC, Traffic Safety Bureau, Department of Health, State Police, Special Investigations Division, several Department of Traffic Safety, DMV, all the players that are involved in making sure that records don't fall through the cracks. And having been involved in those discussions, it seems to me that there's multiplicity of places where records can be lost.

Some times it's the District Attorney's office not working hard enough in my opinion or my observation to discover previous convictions. Sometimes it's that a court didn't send the information to DMV. Sometimes it's a lag time at DMV. Sometimes it's a problem of DMV is in the process of changing their computerized database. There's just an overwhelming opportunity for convictions to not be recorded correctly. Another issue has to do with tribal. For instance, it's my understanding that the gentlemen that killed the folks, the four people in Albuquerque a few months ago that had already been convicted multiple times in tribal court, which was not reported at all to DMV.

So there's just a lot of different ways that multiple offenders can go to trial for a first offense. In some cases a court will choose to, for whatever reason will choose to prosecute someone at a lower offense, number of offenses. So there's just a multiplicity of opportunities for that to happen. And one of the things that this interagency group that I mentioned is concerned about and is working toward is to reduce that opportunity.

COMMISSIONER SULLIVAN: And I'm glad to see that. I hope something comes of it because I think that sometimes the courts will reduce what might be third to a second in exchange for the individual undergoing treatment, monitoring or so forth. But again, my understanding, and I may be incorrect and that's what I'd like to find out about, is that the DMV doesn't recognize that. Period. In other words, they're their own court. And they don't recognize that. And the penalty is ten years license suspension.

Now, if you think that anybody that has to make a living is not going to drive a car for ten years, you're crazy. It's going to happen. So we're going through all these innovative mechanisms of monitoring and so forth and the DMV says, No, it's a ten-year license suspension. So what's going to happen when somebody has his license suspended for ten year and they have to earn a living? If they're a single parent or even if they're not a single parent, they're going to drive. And hopefully they won't drive while they're intoxicated but they're not going to be monitored. They're not going to be under a program that—they're going to be breaking the law.

And again, I would like to see where this leads as you attend these meetings, but I just see a big disconnection between DMV and what everyone else is trying to do in DWI. And maybe that's just a perception but I wanted to ask you if you see the same thing.

MR. SIMS: I do and it's so complicated because there's so many different agencies, so many different entities, so many different courts, so many different people that are quite frankly used to being the chief and sometimes when everybody is a chief, they don't necessarily want to yield or work as a team as much when they're the big cheese. That's my

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opinion.

COMMISSIONER SULLIVAN: Well, I appreciate your keeping track of that and letting us know what comes out of that, but I think the Chairman wants to get back to his question which is Where's the money going?

MR. SIMS: Commissioner Duran and Commissioners, I apologize personally for not putting together a packet that targeted specifically the information that you apparently asked for and I apologize for that but I think I can, with some information that I just got copies made of, supplement what is in this packet. And I do hope that you as Commissioners will take the opportunity to look through the packet and see some things perhaps that you weren't familiar with. And also I have for you a glossary of terms because a lot of times I've found that I'm personally guilty of buzzing through LDWI, CDWI and all the media literacy and curriculum infusion and all kind of terms that are not necessarily familiar to people that I'm talking to.

So I've made a glossary so that if I mention something today or if you see something in the packet that you're not sure what that means or what that's about, hopefully the glossary will at least give you a brief synopsis of what that is.

I would like to, in terms of answering the question of how much money is going to treatment? What percentage?

CHAIRMAN DURAN: David, I'd like to ask you some specific questions, if you don't mind, and then you could supplement those with your comments. The Local DWI funds from excise taxes on alcohol sales in the year 2001 were \$770,000.

MR. SIMS: Yes sir.

CHAIRMAN DURAN: In fiscal year 2002 that was \$785,000?

MR. SIMS: That's my projection, yes sir.

CHAIRMAN DURAN: Okay. And what's this other \$300,000?

MR. SIMS: That's the CARE Connection \$300,000 that we—

CHAIRMAN DURAN: But that's a different line item, right?

MR. SIMS: Yes sir, but it integrates. It is still from the same funding source. It's from the same pool of money, the excise tax on the sale of alcohol. I submit an application to DFA in the same format as I do for the distribution and grant money from LDWI.

CHAIRMAN DURAN: Okay, but for purposes of getting a handle on where the DWI funds are being spent, we are talking about \$835,000. Is that correct?

MR. SIMS: Yes sir.

CHAIRMAN DURAN: Okay. And that includes the Local DWI funds from excise taxes and the Community DWI funds from fines paid by DWI offenders.

MR. SIMS: That's correct.

CHAIRMAN DURAN: You have an item here, grants from various sources, and there's not an amount. We don't have any grants?

MR. SIMS: No sir, the reason I didn't put any specific amounts are usually those are one-time grants.

CHAIRMAN DURAN: And last year we didn't receive any?

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MR. SIMS: No sir. We did. In fact we had two media literacy grants. One of them was from Children, Youth and Families and one of them was from Traffic Safety Bureau.

CHAIRMAN DURAN: And how much were those?

MR. SIMS: One of them, the Children, Youth and Families was \$12,500 and the Traffic Safety Bureau was \$65,000.

CHAIRMAN DURAN: So then we are actually talking about \$912,500. If I wanted to actually know where all the DWI funds went, and where they were budgeted for this past year, so the amount I'm asking for a break-down on would be \$912,500.

MR. SIMS: Technically, that's true. However, as far as money that we can make a decision about how we spend, it's the LDWI/CDWI. Any of the grants that we apply for that supplement the program are applied for to do a specific thing that we can't chose to do treatment with that money, for instance.

CHAIRMAN DURAN: Okay, good. I understand. So then it is \$835,00.

MR. SIMS: Yes sir.

CHAIRMAN DURAN: So out of that \$835,000 you've broken down how we've spent that money on prevention, law enforcement, screening and assessment, outpatient treatment, intensive supervision and coordinate and evaluation? And all that—I didn't do the math—but all that equals the \$835,000?

MR. SIMS: No sir. What that does is that includes the \$300,000.

CHAIRMAN DURAN: It includes the \$300,000?

MR. SIMS: Yes sir.

CHAIRMAN DURAN: Okay. So if I added all these up—

MR. SIMS: It would be \$300,000 more than the number you were talking about.

CHAIRMAN DURAN: More than the \$835,000. Okay. And where did you spend that? Where do I take that \$300,000 out of? The outpatient treatment?

MR. SIMS: A lot of it is. Yes sir. There's actually, let me hand this out to you now. [Exhibit 3]

CHAIRMAN DURAN: Well, how much of the outpatient treatment is from this \$300,000?

MR. ANAYA: Mr. Chairman, before David goes on, you cannot use CDWI money for treatment or screening. That's not an allowable use.

MR. SIMS: So again, you're really back then to what we're projecting for this fiscal year is \$785,000. We actually—

CHAIRMAN DURAN: \$785,000?

MR. SIMS: Yes sir. Our actual budget, if you notice on the second page, under the first column under Grant Total, line item 59 on the second page of what you have, this is actually how our budget is set up for this fiscal year.

CHAIRMAN DURAN: I'm sorry. What page are you on?

MR. SIMS: Page 2, line 59. We actually have budgeted \$742,502. And the reason for the difference between what we actually have budgeted and what I'm projecting, the

\$785,000 is simply the fact that we do not know until the middle of June, we find out exactly how much money we have for this current fiscal year. So in working with our County Finance Director and the Finance Department, we felt comfortable budgeting the \$742,505 simply because we are—essentially the County is fronting the money and we're getting reimbursed for that funding. And we are projecting based on what we anticipate the sales of alcohol in Santa Fe County to be this fiscal year. So we're actually spending the money concurrently as it's being collected.

So we don't want to get into a situation where we actually spend more money than comes in and then the County has to pick up the tab out of general fund money to cover that differential. I know that's really complicated and it's real complicated for all of us that work with it as well.

CHAIRMAN DURAN: Okay, David, so the DWI funds from fines paid, that money can be used for what specific purpose?

MR. SIMS: It can be used for enforcement—for all the categories. It can be used for prevention, for enforcement.

CHAIRMAN DURAN: And that would be where on this chart? It would be on page 1, item 19?

MR. SIMS: On the materials I just handed out to you, there's the first category is prevention and the second category is enforcement. And I take that back. I think some of it, technically I think some of it can be used in coordination and planning but currently and in the next fiscal year we do not have any money budgeted in that.

CHAIRMAN DURAN: So the \$67,000 in fiscal year 2002 can be applied to all those items that fall under prevention, which are items 1 through 18.

MR. SIMS: Yes sir.

CHAIRMAN DURAN: And enforcement, 19 through 23.

MR. SIMS: That's correct.

CHAIRMAN DURAN: So \$67,000 can be applied towards the total of both, of 1 through 23.

MR. SIMS: That's correct.

CHAIRMAN DURAN: And that would be 162, and roughly \$89,000. Right? And then the balance of that would come out of the \$785,000? Maybe I'm oversimplifying the whole thing.

MR. SIMS: What you have in what I just handed out to you is something that we use as a tool in the planning council as we prepare. We have a budget subcommittee of the planning council that made this recommendation of how we should allocate the funding and that recommendation came based on our strategic plan, based on our mission statement. And one of the things that we are working at collectively with staff and with our planning council is that we have a comprehensive program that is balanced in doing prevention work and doing law enforcement and doing screening and treatment. All the other components of the program, so that we have a balanced program and that we are not leaving undone anything. There is not a single category that we couldn't use more money in.

However, we are recognizing that we have to have a balanced approach and specifically dealing with treatment. While it is true that if you look at what is in the outpatient treatment category for the current fiscal year, which is on page 2 of what you have, the second page of what you have under outpatient treatment, lines 28 and 29 tell you what the outpatient therapy and also transitional living are. We currently have a budget of \$120,000 devoted to treatment.

CHAIRMAN DURAN: I'm sorry. How much? \$120,000?

MR. SIMS: \$120,000, yes, sir, of the \$742,000.

CHAIRMAN DURAN: And who—how do you use that money? What contracts—

MR. SIMS: We have contracts with treatment providers. Currently we have a contract for \$95,000 for Life Link and we have a contract for \$25,000 with St. Elizabeth's Shelter.

CHAIRMAN DURAN: How much was St. Elizabeth's?

MR. SIMS: \$25,000. That's the transitional living that's in line 29.

CHAIRMAN DURAN: Okay. Then when we start talking about the \$300,000 from the CARE Connection, that money is going to be all for assessment, right?

MR. SIMS: No sir. If you look at page 24 in the packet that I prepared, if you subtract the \$120,000 that's currently in this budget for this fiscal year, you subtract \$120,000 from that and you have \$245,000 if I'm doing the math right in my head. \$245,000 of the \$300,000 of the CARE Connection funding that we're applying for is going to treatment. And one of the reasons that we are cognizant of that when we're preparing our budget for the traditional LDWI/CDWI funds, we're aware that we can also devote a large portion of that \$300,000 to treatment to complement what we're doing because we, again, are looking at this as best we can in a comprehensive way of what funding is available.

We have some—working with the CARE Connection, even as we work with the planning council, we have flexibility to augment and complement each others' programs in the work so that there is as much funding for treatment as is possible without diminishing other components of the comprehensive program.

CHAIRMAN DURAN: And the CARE Connection program is critical to providing treatment and prevention services to the community.

MR. SIMS: Not so much prevention. It's more geared towards treatment.

CHAIRMAN DURAN: Treatment.

MR. SIMS: Yes sir. And that's why \$245,000 of \$300,000 is going to treatment.

COMMISSIONER SULLIVAN: Mr. Chairman.

CHAIRMAN DURAN: Commissioner Sullivan.

COMMISSIONER SULLIVAN: Dave, of that \$300,000, \$245,000 is going to treatment. I understood that a lot of that was going to go towards, or was proposed to go towards building this assessment facility that we'll talk about later. If you're putting \$245,000 to treatment, which sounds fine, that means there's only \$55,000 left, right?

MR. ANAYA: Mr. Chairman, Commissioner Sullivan, during the current

allocation of money that's going to treatment, we had to expend, as you'll recall, those revenues between now and the end of the fiscal year. But the entire CARE Connection process does not just include treatment under DWI program and the \$300,000, it also has and includes the MOA revenue which is another large piece of the pie that will be utilized for program income. But as we move forward with the project and depending on the direction that the Commission gives us, the allocation of the \$300,000 can change annually based on the recommendations of the CARE Connection and ultimately the decision that you as County Commissioners make as to where you want to spend it.

In this current fiscal year, \$245,000 will go to treatment. But annually, through the DWI Council coordination, also with Indigent Funds. There's indigent revenue, a lot of indigent revenue that goes into substance abuse as well. And what we're trying to do as staff is pool all of those resources together to give you a picture of what exists and then work through a body like the CARE Connection and the Health Planning Commission and the DWI Council, to make sure that we're fairly making recommendations on distribution.

COMMISSIONER SULLIVAN: Let me understand. So this current year, of the \$300,000 that we got, \$245,000 went to outpatient treatment. So your proposal is that next year, the whole \$300,000 will go toward the building of the assessment facility?

MR. ANAYA: Mr. Chairman, Commissioner Sullivan, until I receive direction from this Commission as to whether or not the actual facility is going to be moved on and until you provide me with that direction, the only thing we've dealt with is this year's funding. The discussion we're going to have after the DWI, that's when I'm going to seek your direction and then we'll come back with recommendations as to how you want to spend it, but it's your decision.

COMMISSIONER SULLIVAN: Okay, let's suppose the decision is to go ahead. Then the whole \$300,000 will go towards building the facility next year?

MR. ANAYA: Mr. Chairman, Commissioner Sullivan, I don't think that will be the case, no.

COMMISSIONER SULLIVAN: What's your recommendation?

MR. ANAYA: My recommendation will be that we utilize the capital dollars that we've received from the New Mexico state legislature towards the building, that we utilize some of the MOA dollars towards the building and that some of the remaining balance of MOA and some of the \$300,000 be put into potentially the building but also into operations and treatment as well.

COMMISSIONER SULLIVAN: Thank you.

MR. ANAYA: Mr. Chairman, Commissioner Sullivan, what we put in the proposal that can be modified by this body, by yourselves, what we have as a tentative item is that \$150,000 would be designated for treatment, \$120,000 for screening, and \$30,000 for intensive supervision. This meets the requirements to get the application to the DFA but this can be amended. But that's what we have as a tentative item. But until we receive your specific direction, we're not going to move on expenditure of any of that.

CHAIRMAN DURAN: We have—so this \$300,000 is one-time, or do we get

\$300,000 every year through the CARE Connection?

MR. ANAYA: Mr. Chairman, Commissioners, the \$300,000 allocation recommendations from DWI Council and the Health Planning Commission and the work of Virginia Vigil and the direction of this Commission, we went to the state legislature and said, We're moving forward on this CARE Connection project but we need more revenues for substance abuse treatment and assessment services and they gave us that allocation. It's recurring even though we need to put in an application every year it is recurring revenue every year.

CHAIRMAN DURAN: Oh, it is. Well, that's good. So we're using some of the Indigent Funds to supplement the expense of providing outpatient treatment, prevention and treatment? But those individuals, that money has to be specific for people who qualify under the Indigent Fund, correct?

MR. ANAYA: Mr. Chairman, that's correct. What we've been doing throughout this entire process, staff and the committees, is beginning to really pool all the money together and find out where our resources are all going and look at it overall. But yes, it does have to be specific and meet the requirements of the Indigent Fund, but nonetheless, it's substance abuse treatment services, without a doubt.

CHAIRMAN DURAN: But if we didn't have specific, if we don't specifically allocate the funds out of the Indigent Fund for a particular patient, do we violate any of the statutes? Or I guess my question is can we use some of these Indigent Funds to provide, say, a facility that not only would serve indigent people but other individuals in the community?

MR. ANAYA: Mr. Chairman, we have to work within the indigent criteria to spend Indigent Funds. But the MOA that we have in place and this \$300,000, that is where we can be flexible about assisting those programs that don't just help the indigent population but help everyone.

CHAIRMAN DURAN: So St. Vincent's can assist us in providing this prevention and this treatment through our MOA.

MR. ANAYA: Yes sir, Mr. Chairman and in fact we're currently doing that as we speak.

CHAIRMAN DURAN: And there could be some funds allocated from—I'm having a hard time just finding the right words here, but through our MOA is it possible to use some of those funds towards providing, toward the prevention and the treatment?

MR. ANAYA: Mr. Chairman, yes. We have budgeted within the MOA revenue that has been sitting idle until we receive your direction on the CARE Connection project, which will do exactly that.

CHAIRMAN DURAN: Okay. Any further questions?

COMMISSIONER TRUJILLO: Mr. Chairman.

CHAIRMAN DURAN: Commissioner.

COMMISSIONER TRUJILLO: The teen court, that would be prevention? Or what would you consider that? Is that prevention?

MR. ANAYA: Mr. Chairman, I think it could be classified as both prevention

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and treatment, but I think the technical term would probably be more appropriate under prevention.

COMMISSIONER TRUJILLO: And I'm not a purveyor of punditry in finances and numbers and that, but I understand that we're having some budgetary problems in the teen court. Can you tell me why, if we're distributing monies and everything else looks quite buoyant, why is the teen court then suffering financially?

MR. ANAYA: Mr. Chairman, Commissioner Trujillo, that's an excellent question. The state DWI Grant Council through DFA has made a decision over the last couple of years to cut back, to require, to actually require that all DWI Councils throughout the state of New Mexico reduce the amount of DWI funds that go to teen court. Based on the direction of this Commission and based on our working with the teen court program, we know that the teen court program is very good for our community and have continued to do whatever has been necessary within the revenue that we have to keep teen court moving forward.

Currently we're working on a rather extensive application to expand teen court, to get a grant to expand teen court, but the bottom line is that the state has come back and said You will reduce teen court expenditures by the levels we have been, but we have been making sure that it is buoyant and that is it continued. There may come a day, Mr. Chairman, Commissioners, where if we're not successful in getting grant money, where there may need to be some other infusion of other County revenue to make sure the program continues to exist. But our goal is to get other resources before we come back to you to ask for those general fund resources. We want to exhaust every mechanism we can before we actually come back and request that.

COMMISSIONER TRUJILLO: Do you see that this commitment to teen court by the state is long term?

MR. ANAYA: Mr. Chairman, Commissioner, we're in constant dialogue through Mr. Sims and the DWI affiliate, through the Association of Counties, to have more input in the decision making process. What's happening now is a lot of the decisions aren't taking into consideration all of the DWI groups throughout the state, so we're constantly working and could use your support quite frankly, to help encourage the state DWI Grant Council to pay more attention to what the individual localities are doing without rendering decisions that don't necessarily always take in the input that they need.

COMMISSIONER TRUJILLO: Thank you.

CHAIRMAN DURAN: So, Robert, is there any way of using any of the MOA money to supplement the teen court needs?

MR. ANAYA: Mr. Chairman, Commissioners, we have not discussed that, but if that's something you'd like us to look into for the upcoming MOA we'll surely do that.

CHAIRMAN DURAN: Well, I think if the trend at the state is to redirect, to diminish the amount of funds used for the teen court, and if this Commission feels that it's a worthwhile project then maybe we should find a way of keeping them at least at the same level that they are accustomed to so that the program continues and maybe we can fit it in there somehow.

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MR. ANAYA: Mr. Chairman, I would be—we will look into that and I will just ask that we be allowed to continue. There are resources available for teen court programs that we're seeking right now and I think if we exhaust those avenues and we can't get any revenues then without a doubt, we need to find other resources and we can look at the MOA as a possible funding source.

CHAIRMAN DURAN: Okay. So I have just one last—I think I'm pretty clear on where this money is going. So I'll just ask you a pretty—well, I'll just ask the question. Do you think that we're a little top-heavy on administrative costs and if so, do you think we can find a way of streamlining that, the administrative costs so that more money goes towards the prevention? Because I've heard that. That we might just be a little top-heavy on the administrative. I'm not sure that occurs, that that's a question people have everywhere but if you could answer that for me that would be great.

MR. ANAYA: Mr. Chairman, Commissioners, I'd be happy to answer it. I think at first glance, if you look down at the teen court—not the teen court. If you look down at the evaluation and coordination budget, at first glance there is an appearance that it is inflated.

CHAIRMAN DURAN: Where are you Robert?

MR. ANAYA: If you just look at the overall coordination and evaluation budget it's at \$187,306.

CHAIRMAN DURAN: Okay. Thank you.

MR. ANAYA: I would just say this: That one of the things that's happened at Santa Fe County over the last couple of years through the support of this Commission and the DWI Council is about 2 ½ years ago, this County was returning money back to the state of New Mexico that was unspent. This County has worked hard over the last two years to refine our practices and to get more revenues into the coffers. The current team that you have in place right now, I would put up against any DWI staff in this state. They have been very successful at not only making sure that we expend the money within the requirements of the DWI program, but Frank Margaroulis, David Sims, Joyce Varela, the entire staff, Linda Dutcher, all of them have been successful at going out and getting new money into the community.

And what we're doing now is we're taking steps to coordinate all of the substance and alcohol abuse money around DWI programs and social service programs and we're leveraging and getting more dollars. So my direct answer, Mr. Chairman, is I don't think it's top-heavy. I think that we have the staff in place now that is going to bring more money annually to this community to provide those services.

One last comment. Our DWI Coordinator Mr. Sims apologized at the beginning of his statement relative to what you asked for, Mr. Chairman, and I would say that he gave a rather comprehensive detailing of what is actually going on and did a great job with that. But I don't think it's top-heavy. I think it's just right and I think we're going to be seeing more money come to the Santa Fe County, not less, and we're not going to turn back money as we had in the past.

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CHAIRMAN DURAN: Okay. Thank you, Robert. I guess as we move forward into the next budget cycle, could you give me a little bit more detailed analysis of the structure of the DWI program. I don't need it any time soon but I'm pretty pleased with what you have done. I'm real concerned now about how we deal with the CARE Connection. Do you have any other questions, Commissioners?

COMMISSIONER SULLIVAN: Mr. Chairman, also what I'd like to see is the \$187,000 of course appears to be administration. There's also salaries and benefits under the prevention category of another \$80,000. But just looking at that \$187,000, we're looking at about 25 percent of the funds going towards what appears to be administration, although it's not quite, I don't know if it's exactly broken out that way. And I'd be curious to see how that compares to other programs throughout the state, with other municipal and county programs to see if we're on track with our administrative costs.

MR. ANAYA: Mr. Chairman, Commissioner Sullivan, I'd be happy to do that for you. Keep in mind when you're looking at that budget, it's not taking into consideration the other grants that these individuals are applying for, getting those revenues, but I will provide you with those allocations.

A lot of the DWI programs around the state hire a DWI Coordinator and use up 50, 60 percent, even higher of their actual DWI budget, but I will provide you with an analysis of how the other programs stack up against ours.

CHAIRMAN DURAN: Any other questions?

COMMISSIONER CAMPOS: Mr. Chairman.

CHAIRMAN DURAN: Commissioner Campos.

COMMISSIONER CAMPOS: Mr. Anaya, your power point presentation, you have funding policy changes from DFA in recent year and you have item 3, administrative costs with funding caps for fiscal year 01 at ten percent and then going down. Can you explain that to me?

COMMISSIONER SULLIVAN: Page 25.

MR. ANAYA: Mr. Chairman, Commissioner Campos, I think I'm going to allow Mr. Sims to respond.

MR. SIMS: Mr. Chairman, Commissioner Campos, this is—not only has the teen court component of the DEWI program but other components have also been diminished and put caps, whether it's a percentage or a dollar amount. Let me kind of just go down this list that you're referring to on page 25 of the packet. First of all the teen court, this is something that is something that has been in the works of reduction from DFA and/or the state DWI Grant Council at least since 1999 that I have—I've gone back and found documentation of. And the cap for this current fiscal year for teen court is \$50,000, next year \$40,000, the next year \$30,000 and we've been given assurances from DFA that beyond that it will not be decreased.

So just so you know what the long term plan is at this point from DFA and or the Grant Council. So it appears that teen court will be allowed to use \$30,000 of the LDWI funds annually for an indefinite period of time. Another thing that this year, the grant that we are

submitting now for FY03, something that does impact our program here in Santa Fe County is the ten percent cap in the distribution funds for law enforcement. If you look at the last page of the materials I handed out to you, that have the detailed budget. This is by the way from one of the planning council, the December DWI Planning Council meeting packet.

If you look at right in the middle of the page, recommendation as per DFA's letter basically saying that we can ask in April when the DWI state Grant Council meets that we are allowed to appeal to them on some of the caps, whether it be for teen court, whether it be for law enforcement or other categories, the budget subcommittee recommends that we as Santa Fe County request an exception so as not to reduce the current funding level for law enforcement. And that was adopted and passed unanimously by the planning council.

In addition to that, in the application that I have submitted to DFA for FY03, distribution funds, I indicated in the grant application that I would be appealing when I stand before the Grant Council in April, not only the law enforcement but also the teen court cap and also the administration reduction to zero and just because of principle, even though it does not affect our program, I will be appealing also the cap on the clerks for DWI clerks.

And the reason that I feel so strongly personally about this is in reviewing the legislation that established this funding stream, the intention of the legislature, it appears to me from reading the legislation is that the money be allocated based on the percentages to the different counties. And the intention, as I understand in reading the legislation was that intention was for the local people to decide how the money was best spent on a local level based on the gaps and needs in that community. And it seems to me that DFA and/or the state Grant Council is violating that intention of the legislature. And based on that understanding, I will be appealing these limitations that are coming down to us on a local level

And by the way, in our affiliates meeting of the DWI coordinators around the state that happened in January in conjunction with the Association of Counties meeting, this is not something that just we in Santa Fe are feeling. This is something, there is a strong discontent among DWI coordinators around the state because of the constrictions that are being placed on us administratively and not allowing us to do our programs locally as the legislation was intended. I'll get off my soap box.

But the administrative costs, again, this is simply, on page 25, this is simply something that has happened that has been again, either a DFA and/or a state Grant Council move. When I first started the budget had a ten percent allowance for administrative costs that would allow us to pay our legal department for reviewing documents, our procurement department for putting our RFPs and all the processes involved etc. with the costs that the County has to incur just to administer these programs.

This current fiscal year it's down to five percent and next year zero. Again, this is something that I will be personally appealing to the state Grant Council. There is one, just as a sideline, one of the county programs, Sierra County, is considering discontinuing their DWI program because of the administrative costs that their county is having to incur without being reimbursed, allowing that to be a part of the grant. So this is a very significant statewide occurrence. I hope I've responded to your question.

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COMMISSIONER CAMPOS: I think so. I don't know how—is the County general fund required to pick up what they don't pick up on administrative costs? So it's something we have to consider in the upcoming budget cycle to see how we're going to deal with this issue of reduced caps that are going down. Thank you.

COMMISSIONER SULLIVAN: Mr. Chairman.

CHAIRMAN DURAN: Commissioner Sullivan.

COMMISSIONER SULLIVAN: I think also that probably what they're saying, and usually you have to look deeply into what those administrative costs include and there's a lot of ways around that. But I think what they're saying, is if you add up all these percentages, ten percent funding cap on law enforcement, ten percent administrative, ten percent on DWI clerks, there's 30 percent plus a cap that's about five to ten percent on teen court. What they're trying to say is, I think, that they don't want these funds just used to supplement your normal clerks' function, which in the smaller counties the clerk does it all. They don't want to use it to supplement your law enforcement, your normal law enforcement functions and they don't want to use it to supplement your normal administrative functions.

They want, I assume the intent is to get the rubber on the road and get the money down to the level where it is useful to the people who are impacted.

MR. SIMS: Thank you for that comment, Commissioner Sullivan. I agree with that in principle, but I think that the problem that's being created is that one size does not fit all. For instance, if a county, which there are some counties, that have 16 to 18 to 20 percent of their money going into law enforcement currently, and now they're having to be cut back to ten. Well, if you have \$40,000 or \$100,000, that's not comparable to a county like ours that has \$770,000. It's a whole different set of things. So I think that's one of the reasons for the upheaval is that these percentages or a dollar amount does not necessarily correlate to what is needed on a local level or what is functional on a local level.

COMMISSIONER SULLIVAN: I think we can take a look at these as the Chairman said when we get into the budget cycles. I did want to add one other thing as we move into the CARE Connection discussion, which I think the Chairman wants to get into now, is that since we're talking about the CARE Connection dealing with assessment and not so much with detox as I think it was originally perceived, and we discussed this a little bit at the indigent meeting. I'd like to see some more emphasis and coordination with St. Vincent as to what happened to their detox center that was originally planned that we thought we were going to be using MOA monies for.

Because I think we're talking about assessment and that's important as is law enforcement and these other functions, but other than the expanded RAP program that the City's been involved in, I don't see the County or St. Vincent doing anything in the detox field unless Robert, I'm missing something.

MR. ANAYA: Mr. Chairman, I think there is some areas that we can fill in for you today that in fact we are expending those revenues on detox and we'll be working with the Sobering Center project and I think we can address some of those concerns in this presentation on the CARE Connection.

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COMMISSIONER SULLIVAN: Okay, we'll wait and see what that looks like.
CHAIRMAN DURAN: Any other questions? Thank you, Robert.

IV. B. Discussion and authorization to proceed with the Santa Fe CARE Connection project (Behavioral Health Services in Santa Fe County)

CHAIRMAN DURAN: I know you made a presentation to us a couple meetings ago, Robert. I had some concern that there was a movement in place to have this assessment facility constructed out on State Road 14. And I'm not sure that that location actually serves the community well and that was part of my reason for asking you to have a special meeting so that you could invite those individuals that shared that thought with me and to hear your reasons or anyone else's reasons for moving it to that location on State Road 14.

And as we start talking about it I just want you to know that we are vacating several buildings here in the downtown area. One of them is when the Sheriff moves to the new facility. And I think that there might be some spaces in those buildings that would qualify, that would work better for this assessment need that the CARE Connection requires. So with that I'll turn it over to you.

MR. ANAYA: Mr. Chairman, Commissioners, as you said, you've heard the presentation and discussion that I've had and the comments that I've made and I just want to briefly summarize the flow chart that's in form of you. [Exhibit 2] And then I want to turn it over to people that work in the trenches that I've been working with over the last 2 ½ years so that they could make comments and you could ask them direct questions, because by no stretch of the imagination am I an expert in this field but I've learned a tremendous amount over the last 2 ½ years and the process that we've developed and worked with has been truly developed by this community and these people that are here today.

CHAIRMAN DURAN: Well, Robert, let me just add one more thing. We're at a point—I'm happy that you were able to get this \$300,000 as a recurring revenue and I'm just, my main concern is that we spend it initially to have a facility so we can provide this service to the community and I'm not opposed to using this first \$300,000 to establish a location. I think we probably need that. So I'm not opposed to doing it, I just want to make sure that we make the right decision.

MR. ANAYA: Okay, Mr. Chairman. We'll definitely do our best to give you the options that you need to consider and wait for your decision. If you look at the flow chart that I've provided for you, I think this best summarizes what the CARE Connection is trying to accomplish. The partners that are inside the box, those are the partners that have committed and signed on to the MOU but there's several others that I don't want to leave out that are going to continue to work with us and it's my feeling will ultimately sign on to the MOU and we have an open door policy to those participants as you've directed.

If you start on the left, what are we going to accomplish through the assessment center? Centralized information on who it is we're serving, coordinated resources to ensure that we're all working together to maximize the use of those resources, referral to existing programs,

including but not limited to Life Link, Millennium, RAP, Presbyterian Medical Services. An access point for public safety and EMS within the City, County and state. On the top right, transportation services. If you do, regardless of where you would like us to place the facility. If the facility is placed adjacent to Highway 14, we're not just talking about trying to serve those individuals that need detox that will probably utilize the Sobering Center that Mr. Silva will elaborate on shortly, but we will be providing assistance to those individuals that are exiting the jail that need treatment services, so that as they leave the jail they can come into the assessment center, so that they can get put in the right treatment setting in the community and we will need to provide transportation as part of the facility to get them to the treatment setting.

Case management, which is very important. As people access services, whether they come directly through the assessment center or they go through a facility like RAP, we begin to track them through the process so that we can have data and evaluate outcomes and see where our gaps are and where we need to work harder. It will be a way for us through the CARE Connection to coordinate our grant writing efforts so that we focus on those entities around grants that are coming about that need additional services, need additional money.

Expansion of RAP for the Sobering Center, like I said, I'd like to let Mr. Silva expand on that. We also have a representative here from the City. Mr. Sandoval was unable to attend. However, one of his staff is here and she will be responding on the City's issues. An access point for individuals leaving the jail, as I mentioned earlier. All in all on the bottom, I would say that this process isn't happening independent of anything else. This process is happening in close coordination with the Health Planning Commission, with the DWI Council, with the Community Services Network and with the Sangre de Cristo partnership.

Ultimately, we are all striving to make the best possible recommendations that we can to the Commission based on a plan that's coordinated. And with that, Mr. Chairman, Commissioners, I would like to just add one other thing specific to Commissioner Sullivan's comment about the Sobering Center aspect and whether or not we're actually doing detox. Right now, Mr. Chairman, Commissioner Sullivan, through the MOA, we're expending, finalizing contracts and expending money to provide detoxification at RAP on a pilot project basis. The City of Santa Fe is also contributing to this project, but St. Vincent and Santa Fe County is going to be contributing the largest sum of revenue actually to detoxification and what the hospital has done is they've worked closely with David and assigned a physician, Dr. Kalman, that actually is going out to RAP as the medical director and assisting with that process. And I want to let Mr. Silva expand on that but we're actually expending revenue right now towards that means. We are the largest contributor, we being the MOA team, St. Vincent, Santa Fe County, to that pilot project.

And what we're envisioning is that as the Sobering Center gets built out that we will assist in the operating dollars of that facility through the direction of the Commission based on recommendations of the CARE Connection. And with that, Mr. Chairman, I'd like to ask Mr. Silva to come forward if I could unless you have some quick questions you'd like to ask of me.

CHAIRMAN DURAN: I have a question, Robert. In looking at your flow chart here, I don't see the Santa Fe School systems as part of the organizations that have been

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asked to participate in the program and I was wondering if there's a way of getting them included. And then the other question I have is I see where—is this program basically designed to deal with individuals that are under protective custody and mental health holds, or is there a way of using this facility to develop some outreach programs to help those individuals that need help prior to becoming a mental health hold or being held in protective custody?

MR. ANAYA: Mr. Chairman, I think that's an excellent question and the answer to your question is we're going to do both. The CARE Connection project is not only about what's going on at the jail and the hospital, protective custody and mental health holds, it's about what's going on in the community and how do we provide access to those individuals that don't necessarily go through either one of those systems but that we have an access point for anybody in the community in need of these services. So absolutely. That is an integral part about the project and a lot of the discussion has been centered around PCs and mental health holds only, but it's a lot larger than that when you consider the population in the jail alone that isn't necessarily PC or mental health hold but just individuals that have been sentenced there that need treatment and assistance and those you just brought up that are in the community and just need treatment. We want to serve both.

CHAIRMAN DURAN: Because I really think we need some outreach programs at the public school level, the Pojoaque Schools, the Santa Fe Schools, since this is a countywide effort. I'm sure that Edgewood probably has some problems down there too. So I just think that we need to try to get to those individuals that need some help prior to becoming a mental health hold or getting into protective custody.

MR. ANAYA: Mr. Chairman, if I could respond to the youth component, the Juvenile Justice Board, which you are a part of in working in this community, they are focusing on individuals under 18 years of age. And we've intentionally not discussed the juvenile piece in the CARE Connection because Fred Sandoval and the entire Juvenile Justice Board is tackling that issue to work on the substance and alcohol abuse and substance abuse issues for youth. What I can tell you is we will have to work hand in hand, the CARE Connection with the Juvenile Justice Board, but I would ask you that we be able to allow the two to work in tandem and together at the same time, if that makes sense because they're already invested a lot of time focusing on the youth aspects. So they need to work with us but we're dealing with two distinct populations that are real different when it comes to how you treat them and how you take care of them in the community.

Without elaborating any further I think I would need to have somebody from the treatment world come up and actually give a greater, a better response than that. But it is a very important piece but the Juvenile Justice Board is working very hard on that particular aspect. We need to work with the Juvenile Justice Board together.

COMMISSIONER TRUJILLO: Robert, Mr. Chairman, it would seem to me that something is missing from this network without having the youth component, whether we're synchronizing or complementing each other, I think the component needs to be part of this network

MR. ANAYA: Mr. Chairman, Commissioner Trujillo, I agree with you. I

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don't disagree with you at all. I just ask that we invite that component in through an intense planning effort that's already in process and not try and start from ground zero. But I agree. I just ask that we invite that component in through all of the work that's been done over the last couple of years on the juvenile justice effort so we don't duplicate. But I agree with you 100 percent.

CHAIRMAN DURAN: I'll turn the floor over to you in just a second. I agree. I think we need to do—or we need to be made aware of efforts that are being made. But if you look at the suicide portion here, New Mexico has the highest suicide rate for 15 to 24 year-olds. Santa Fe County had the highest youth suicide rate in New Mexico and I think that our community is experiencing a lot of pressures that are unique to our community and I would just like to see—and I think that RAP has done a wonderful job. I just think that since we have this additional funding available to us through the CARE Connection that we should try to find a way of coordinating RAP's efforts and the CARE Connection's efforts so that there are no gaps and we're out there reaching everybody in our community that needs help.

LAURIE SCHRADER: My name is Laurie Schrader from Crisis Response and I just wanted to tell you about Crisis Response. We're very invested in the CARE Connection and we have a youth team of licensed counselors that are all credentialled at St. Vincent Hospital. Any time a youth is brought in that is suicidal or with any sort of mental health issue, the hotline is called by the hospital and we have a youth team member go there within 20 minutes to do an assessment and case coordination, linkage, possibly to Memorial Hospital or Su Vida.

We work very, very closely with Su Vida. They recently opened an RTC for males under the age of 18. I believe it's 14 to 18 years of age and Ellen also has another treatment facility that's going to be opening up. So I just actually want to assure you we are coordinating the assessment with the youth. We work very closely with the school district. Any time that they have any sort of needs, we're called in immediately. We do large scale debriefings with the kids, with the schools, any time there's a situation that goes down there.

Also there's a new program called Youth Works and they're providing group and individual counseling in the schools and they seem to be providing some really good services. So we'll be linking up with them as well with this. So I just wanted to assure you that the youth piece is actually there. It's very strong. It's been growing steadily over the last two years and especially with St. Vincent Hospital and the sole community provider fund and the support of their two youths in our program at Crisis Response.

CHAIRMAN DURAN: Thank you.

ELLEN KENNEY: Mr. Chairman, Commissioners, my name is Ellen Kenney and I am one of the board members of Millennium Treatment Services. What I wanted to report to you is that last week we just recently signed the RFP, or we received the RFP for juvenile drug court. We will be starting a program from district court for all of the juveniles that originally would be going to some other form of incarceration, and instead of incarceration they're going to be going through a very stringent program with Millennium Treatment Services.

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Our structure is again the drug court model, mandatory drug testing, random, as well as treatment, family therapy, individual counseling and what we use for the detox period, we use acupuncture, which seems to be extremely effective. The other piece is Dr. Lou Ring who is the medical liaison for the Santa Fe Public School System, approached me less than two weeks ago or so about coming up with a grant for once we get this up and running and really in place for the drug court, if they could also become involved in the grant process for the Santa Fe Public Schools for referrals for drug and alcohol treatment.

So these things are in the works and for sure the one program is up. We hope to have our first client by the middle of March, adolescent client.

CHAIRMAN DURAN: Ellen, is this drug court, is it a duplication of the teen court, or it in conjunction with it?

MS. KENNEY: No, it's not a duplication. At this point, teen court is more of a peers or the first-time offenders. You're looking at people who have not really had a lot of experience. They've just had the first blush with alcohol and drugs. Teen court really is focused, as I understand it, is really to try to get them to change their ways. When you're at district level, when you have committed a crime at district level or for district court to go through, you are oftentimes looking at six to ten years in the penitentiary. And if not in the penitentiary, you're looking at Springer or some other correctional facility.

There is a panel that says this person, this adolescent is worth trying to get into this drug and alcohol treatment center and process. So these are not, they're not first-time offenders.

CHAIRMAN DURAN: Where have they been going?

MS. KENNEY: I don't know in the past. This program is new. We are creating it. The drug court, we've been up and running for four years for municipal, magistrate and for district for the last four years. Now what we're trying to do is include adolescents into it as well. So just to answer that one question is indeed the adolescents are not being ignored. To get the students and the school systems in, that would be a wonderful thing.

COMMISSIONER TRUJILLO: Mr. Chairman, and the service that is provided transcends Santa Fe Public School District, it goes beyond that, Pojoaque, Española, Edgewood. It's a countywide service.

MS. KENNEY: Yes, sir. Any other questions?

CHAIRMAN DURAN: Any other questions of Ellen?

MR. ANAYA: Mr. Chairman, I'd like to ask, the topic of a lot of discussion has been the City issues and the County issues and I'd like to ask Mr. Silva to come forward at this time so that he could give you an overview of that the Sobering Center is going to accomplish and how in fact it will be working hand in glove with the CARE Connection project.

CHAIRMAN DURAN: And Mr. Silva is with the City?

DAVID SILVA: With RAP.

CHAIRMAN DURAN: Oh, you're with RAP. Oh, good.

MR. SILVA: Yes, Mr. Chairman, Commissioners, Mr. Anaya is handing out just a very brief outline of what was presented to the City Councilors several months ago

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regarding this project. [Exhibit 4] It's pretty much as a result of Mr. Anaya's calling together informally and then it's become pretty official, the CARE Connection which was formerly known as the Santa Fe CARE Connection or Santa Fe CARE Network. St. Vincent had come to us when they found out that we're primarily state funded but the beds were not used, all 23 beds that we have were not used in its entirety. So St. Vincent approached us and asked is there a possibility for you to be able to expand your detox program?

And as a result of that, what's come about, what Mr. Anaya mentioned under the MOA with St. Vincent is what happens is we're, St. Vincent is buying three detox beds from us and they're providing the medical support in the form of a physician assistant and Dr. Kalman as the medical director to be able to assess these people.

One of the problems we have, and not just us, but it's other substance abuse providers in the region or in the state is that in order for someone to come in to treatment they need a medical clearance. Most of these people are indigent. They don't have a primary care physician, so as a result, they end up going to the hospital to get a medical clearance. When you get to the hospital you have a long wait. It's real costly effort to get this medical clearance in order to come to our facility, whether it's detox, rehab or what have you.

We've had some pilot projects in the past with Crisis Response as well as the City Police in order to divert people from the jail into treatment. The idea of the Sobering Center came about as a result of visiting the Albuquerque Metropolitan Sobering Center in Albuquerque and in its simplicity was very attractive, in terms of making it an emergency shelter with the ability to bring in people, not have all the state requirements in terms of amount of space, square footage per room, kitchen, what have you. We have that already at our other facility. We have it as a separate facility to do social detox and it talks a little bit about what social detox is.

Basically, it's an emergency stabilization. We provide a period of psychological readjustment and readiness for engagement in treatment. We will be a locked facility. We'll provide safe, supportive, non-judgmental care by licensed substance abuse professionals, 24 hours, seven days a week. When you think of sobering you think primarily alcohol, maybe other illegal drugs. The state has been pushing people into programs in the region to look at co-occurring disorders, that is, people with a combination of substance abuse and mental health issues.

So as a program, we're growing and getting involved in the co-occurring area and for good reason. Fifty-three percent of people with a drug dependence or dependence disorder have at least one psychiatric diagnosis, 37 percent of alcoholics meet criteria for a mental disorder other than drug or alcohol, 29 percent who have ever had a mental disorder have also had a diagnosable alcohol and/or drug abuse problem. 64 percent of drug abusers currently in treatment meet the criteria for existing mental disorder. So we're exploring even the possibility now of changing the name from "sobering" to maybe just "emergency stabilization."

But the whole idea is that people, as you can see just from the City's perspective, almost 900 people come into the system yearly just for protective custody. Mental health holds are about another 199. There's a huge recidivism rate in terms of people coming into the jail,

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leaving, into the jail, leaving, and naturally, in order for—they'll show up at the emergency room and the official definition of protective custody is their judgement is impaired and they need help and jail is not the place to send someone who's in that kind of a state.

So what we do is we would be able to contract with the City Police, with a number of different entities to share in the cost to be able to divert people not only from the jail but from the emergency room to be able to come into treatment. And it's one of the pieces in the CARE Connection. It's one small piece as to where we would have people who have not committed a crime and who are out there looking for help but because of our limited capacity currently, we have to turn away.

So with that, that's the piece in the CARE Connection that as our job we see that was missing was the ability to be able to expand the detox services. By doing that it also puts all of our detox services in one location and it opens up a few more beds for rehab and long term. The CARE Connection, if you look at the flow chart, basically, or the last page on that flow chart it show how, in the way it would flow, people would come in either directly from the Sobering Center, they would come maybe from Crisis Response, from another program that has someone who showed up at their place. It would come from the police, it would come from a number of different entities into the Sobering Center for short-term emergency detox.

From there they would be discharged back to the assessment center, because there's where you need the collaboration of the other community providers to address the issues that they're dealing with, whether it's sexual trauma, counseling, the more in-depth mental health, case management, employment, housing issues, all of those that impact the people that we see.

And then we have the ability to move those into the rehab or the extended care piece and then it's a circle. There will be some repeat. What Albuquerque found last year when we visited their place from January through April when we went to visit for a three-month period, about 50 percent of the people that were coming into their Sobering Center were repeats. By the time they came back in about June or July to make the presentation to the City Councilors, that number had dropped to 25 percent and what they, as best as they could tell, because a lot of people don't have good numbers, telephone numbers, addresses, so they got lost through lack of case management, but what they were able to see is that there's a lot of resources in Albuquerque in outpatient services and these programs were getting hooked up—or these people were getting hooked up with these programs. Because they didn't drop them off at their home when they left the facility. They took them to a public place. They took them to other treatment providers. They took them and got them hooked up into the services that they needed.

And that's briefly it as best as I can do unless there's questions or something that's not quite clear without taking too much time.

COMMISSIONER TRUJILLO: I think, Mr. Silva that you're getting to the root cause of the issue here and I agree that recidivism and the revolving door effect is a major problem. I'm sure that all of us have members in our families that have been in and out of the facilities from a revolving door perspective without getting the true nature of fixing the problem.

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MR. SILVA: Well, yes. Mr. Chairman, Commissioner Trujillo, the statistics are the 61 percent of those in a survey recently from the research and polling in 1997 knew friends or relatives who had experienced problems related to alcohol. 41 percent stated that there's a problem with alcohol and substance abuse in their own family. Taking them to jail doesn't expose them to any treatment. Sure, it's only five or seven days initially to kind of dry out if you will, but the idea is they're connected. There's the idea they'll then be referred to the programs that probably could help them.

The other thing that they're finding out in looking at this whole idea of the recidivism rate, relapse rate with substance abuse is the fact that there's a huge percentage, and I think I mentioned about 50 percent with a co-occurring illness, post traumatic stress disorder, bi-polar, a number of different mental health illnesses that people come in, they never really get fully addressed in a substance abuse setting. They go back out, they've never addressed these issues, which is a huge reason for some of the relapses that they have. So as a facility dedicated or committed to expanding into the mental health field, not just us but at the other programs that are part of this, it's really incumbent on us to deal with those mental health issues in order to really make a change in the people's ability to see recovery.

CHAIRMAN DURAN: So Mr. Silva, how do you see the CARE Connection and RAP working together?

MR. SILVA: Mr. Chairman, Commissioners, very intimately. Very closely. The idea is that we can't do everything and no one program can. And the idea that first of all we're collaborating probably as never before in that right now, Crisis Response, St. Vincent and the County as well as the City support have been very instrumental in getting the dialogue going from the other programs. As I mentioned, it was the result of just being in this small group that St. Vincent learned that we had beds available.

Social detox is difficult. You're dealing with a 24-hour facility, four to five people every day coming in intoxicated, and anyone who's ever had to deal with an intoxicated person knows it's not easy. And that doesn't change. Every day it's new people that are coming in as people are getting well. So it's the idea that because we can't do it all, we're going to have to refer to these other programs that are part of the CARE Connection and having a place like an assessment center, for example, to be able to properly assess and then case manage these people to make sure they get their mental health appointment, that they maybe get the medications that they need to be able to deal with whether it's domestic violence or sexual trauma or whatever it is that they have as underlying issues.

CHAIRMAN DURAN: So would you say out of all of the things that the CARE Connection is going to be working on, the assessment portion of the program is the one item that's going to be dealt with—I'm sorry, that RAP and the CARE Connection will be dealing with exclusively. Or maybe not exclusively. Let me see if I can rephrase that. The efforts of the CARE Connection in the assessment of the individual, is that the area that's going to have—that RAP and the CARE Connection are going to be working on specifically? Or I guess what I'm trying to lead to is that at the last meeting we talked about the assessment taking place possibly at the RAP location.

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And I'm wondering if that is something that can happen or is your facility too small to do that? And where would be an appropriate place for this assessment to take place?

MR. SILVA: Well, Mr. Chairman and Commissioners, you remember, I think it was Commissioner Sullivan that mentioned, it might have been some others, the idea is that you can't really properly assess someone who's real intoxicated. So we get them clean. We get them sobered up and then they're able to do that. And even after seven days sometimes you still, as you get to know them, the relationship develops with their counselor, the story changes. It goes from Well, I just drank a 12-pack, to well, yes, I also have a cocaine problem. Well, I forgot that I've been using pot since I was 13 years old

So as a result of that, we do get a lot of information. But the Sobering Center per se in the design that we're currently using with the City of Santa Fe it's probably no more than a 3,000 square foot building and it would be primarily for the stabilization. The big benefit of having someone sent to an assessment center so to speak is the idea that they not only get the assessment but they get linked up with some good case management services. It's very difficult to follow up with people who come in constantly and the rehab portion of our program has its own level of what they need to do.

For the amount of money that it's going to cost just to do that it probably wouldn't—you would need a separate location.

CHAIRMAN DURAN: So currently, there is no Sobering Center?

MR. SILVA: Not separately. That's correct. What we have is one facility whereby we have all 23 beds. We use about five of them for social detox. We use another seven or eight, or ten or twelve for rehab and then a few long-term beds. It's very difficult to have all three people in one place as well. You have people at different levels of their sobriety. And then to be able to watch them and to be able to give the proper care that you need to. So there is no end place right now as Sobering Center. That's what we're working on with the City in terms of getting some capital monies to develop it, to obtain, and then operational money from all the different entities that would benefit from having a center like this.

CHAIRMAN DURAN: So the funds available to the CARE Connection, would they be part of the funds that you're considering to use to establish this new Sobering Center?

MR. SILVA: The money that we now get, you mean? In terms of the St. Vincent contract or the agreement that we have? Is that—

CHAIRMAN DURAN: No, the \$300,000 that—I guess I'm somewhat confused. What is RAP's involvement in the CARE Connection's future plans on how to expend this \$300,000 and provide the services that they are going to provide with this recurring money. I guess, what is RAP's involvement specifically in this effort?

MR. SILVA: Mr. Chairman, we haven't actually set an amount or anything when we've talked with Mr. Anaya.

CHAIRMAN DURAN: I don't mean amount but what are your goals?

MR. ANAYA: Mr. Chairman, if I could and David, Mr. Silva, you correct me if I misspeak. RAP is part of the MOU as part of the CARE Connection and they're one of the

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many providers that will be working together to make recommendations on things to be funded. The group, the entire group of the CARE Connection has recognized that the Sobering Center piece is a needed piece in the community and that that will be one of the initial issues that we do consider and make recommendations to you on funding. But RAP's part of the team, they're part of the CARE Connection MOU and the Sobering Center is one aspect that's needed in the community that we'll be working to bring recommendations on expenditure.

So I do envision, to clarify, I do envision that there will some expenditure of revenue that we'll come back to you and recommend being spent on operating this facility.

CHAIRMAN DURAN: So, and this Sobering Center, is this the facility that was being planned for State Road 14? Was this part of the—is the Sobering Center and the assessment location one and the same?

MR. ANAYA: Mr. Chairman, Commissioners, no. They're two different pieces. The assessment, referral and screening center that we proposed on Highway 14 incorporates referrals that will go not only to Mr. Silva's group, RAP, but will go to the hospital, to Life Link, to Millennium Treatment Services, to Ayudantes, to other settings within the community. The assessment information, even though the screening and assessment can take place at RAP, what RAP has agreed to do as part of the MOU is work closely with the CARE Connection to provide us the data and the information from those screenings and assessments so that we can put them all together along with the other providers that are represented here today.

Two separate facilities. He's addressing one problem or several problems in the community within the Sobering Center, but that's not all there is to the CARE Connection. It's many other substance abuse and treatment needs in the community dealing with people coming out of the jail, dealing with people like you brought up earlier that are just coming directly from the community that maybe haven't even accessed any programs through law enforcement or the courts, all of the entire realm of substance and alcohol abuse issues. Not just PCs or mental health holds. That's the piece that Mr. Silva is going to address. But he's one part and player within the CARE Connection.

CHAIRMAN DURAN: Okay. I'm sorry I'm so confused. I thought that we were talking about where we're going to spend this \$300,000 to build a facility, an assessment facility. So this Sobering Center has nothing to do with where we're going to build? I need some help here.

COMMISSIONER SULLIVAN: Mr. Chairman, it could. RAP's got a lot of land out there. And if you're looking to put the facility in a more centralized location it certainly—and they haven't built it yet. It hasn't been designed and hasn't been funded. So I certainly think that's on the table as a possible location. It could possibly avoid some of the things like we have now where when we release prisoners from the jail they're put out on the street and they have to walk down Highway 14 to Santa Fe. This way they could walk over to the assessment center.

And downtown it makes sense too, to have a more convenient location in buildings that we're vacating now as we move the Sheriff. I think it's open for discussion.

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MR. ANAYA: Mr. Chairman, Commissioner Sullivan, I would clarify for you though that the Sobering Center project is not the assessment project.

COMMISSIONER SULLIVAN: I understand that Robert.

MR. ANAYA: But Mr. Silva has—

COMMISSIONER SULLIVAN: I understand that too.

MR. ANAYA: Mr. Silva has not—has made it public that he has board that he has to deal with. He can't make a determination to allow us to build facilities there that would deal with the entire community. I just want to make sure that's clarified.

COMMISSIONER SULLIVAN: Right. But if we're talking about coordinating services here and if we are, as you just said, the major participant in the Sobering Center—that's just what you said, financially.

MR. ANAYA: Mr. Chairman, I would beg to differ. That I did not say that.

COMMISSIONER SULLIVAN: You didn't? You just said that through the MOU and the County that we are the major financial participant in the Sobering Center. That's what I understood you to say just five minutes ago.

MR. ANAYA: Mr. Chairman, I'll clarify my statement for you. What I said was, of the beds that we're currently servicing in the Rap facility, we are the largest contributor of the current beds. There has been no commitments made by the CARE Connection or the County Commission as to the expenditure of revenue. Mr. Chairman, I would also like to point out that we're not talking about a \$300,000 allocation. We're talking about over a million dollars of revenue that's been sitting idle as per your direction that deals with capital improvement as well as operating dollars. So I would just make that clarification.

COMMISSIONER SULLIVAN: But are you saying—let me just clarify here. So you're saying there's no possibility that the assessment center could be done on RAP property? Or in conjunction, in the same physical vicinity as RAP?

MR. ANAYA: Mr. Chairman, Commissioner Sullivan, the Sobering Center is being brought forward as a facility—

COMMISSIONER SULLIVAN: I'm not talking about the Sobering Center. I just said the assessment center, Robert. Is there, in your judgement are you saying, let me repeat the question, that there is no possibility that the assessment center could be in conjunction with the RAP Sobering Center? It could be a separate building, but I mean in the same general vicinity.

MR. ANAYA: Mr. Chairman, Commissioner Sullivan, I can't speak on behalf of RAP. That would be a question that Mr. Silva would have to answer.

COMMISSIONER SULLIVAN: So, it's on the table. It's on the table. I think we need to look at a number of physical locations for this facility, as well as its function and how it functions because a lot of assessments will continue to be done, with existing providers. So we've got to look at both physical location and function.

CHAIRMAN DURAN: Well, Estevan, I don't know where we go from here but I think you need to figure out how we can coordinate everybody's efforts here, the Sobering Center, RAP, the CARE Connection, and you need to put a team together, I think, to figure

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out what is going to be the best location to serve the community and how all of these efforts can be centralized so that we're as effective as we possibly can. And that includes talking to Mr. Sandoval, seeing if we can get some consensus from their organization that we need to work together on this so that we better serve the community.

MR. ANAYA: Mr. Chairman, if I could just briefly respond and maybe recap a little. We still have some people here from the hospital and from the City of Santa Fe that came to speak today. The Sobering Center we're supporting as part of the CARE Connection. The CARE Connection group, I feel is bringing forth a recommendation, if there's another potential site, I think the CARE Connection is willing to look at it. But we have an available site and for the record, the CARE Connection as a group is comfortable in working with the site that we have and also and working and partnering with the Sobering Center.

CHAIRMAN DURAN: And what site is that?

MR. ANAYA: That would be the Highway 14 site, Mr. Chairman.

CHAIRMAN DURAN: Well, I've talked to people that are in that CARE Connection organization that disagree with what you just said, that they don't think that's an appropriate site for this.

MR. ANAYA: Mr. Chairman, the CARE Connection, I would ask you to allow those people to come forward so that staff can bring you a recommendation in the future. We're at a position in time where we have revenue that's state appropriation. Some of which we just got reauthorized and we hope we're going to be able to move forward. But I would ask those to come forward so that we can have clear direction to move forward because the consensus at the meetings and if there's other discussions that are happening outside the meetings that's okay, but the consensus at the meetings has been that we are ready to move forward as a group. And if that's different, then I would ask that we, that those people be given an opportunity so that we can have some action and move forward.

Or if the direction is to continue to plan and study, we'll take that as well. But I believe the CARE Connection and staff is ready to move forward and I believe we have the commitment from the City of Santa Fe and the partnership of Mr. Sandoval and I think it's a testament in the fact that they signed onto the MOU. But I would hope that we could have Dr. Gonzales—

CHAIRMAN DURAN: So what you just said is everybody wants to move, have this facility out on State Road 14. Is that what you just said?

MR. ANAYA: What I said, Mr. Chairman, Commissioners, is that there's some people in the CARE Connection group. Granted we have—

CHAIRMAN DURAN: You just said everybody wants, everybody that's on this CARE Connection, in this CARE Connection, that's part of this CARE Connection effort, believes, including the City of Santa Fe and RAP, believes that the State Road 14 location is an appropriate location for the assessment effort that's going to take place under the CARE Connection. That's exactly what you just told me.

MR. ANAYA: Then I misspoke, Mr. Chairman. The vast majority of them feel that that's the most appropriate site and we're working off, similar to the situations you

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deal with on coming to a crossroads where we actually make a decision and the vast majority of them do agree with that. There are a couple that still have concerns, transportation being the largest one, which I think we're going to be able to address at the facility. And with that, Mr. Chairman, I would ask that Dr. Gonzales be able to come up and give a few brief words on how the CARE Connection project ties in overall with what the hospital has done and the MOA has done.

CHAIRMAN DURAN: Well, I would like for Dr. Gonzales to come up and specifically address the concern that I have. The only thing I'm concerned about is this is the wrong location.

MR. LOPEZ: Mr. Chairman, may I suggest, you asked me how we might want to proceed and so forth and I guess one, I think this is a good opportunity to lay out some of these issues and the positions of the various entities relative to some of these issues. And I think that it's worthwhile using this time to do some of that. But further, I just want to throw out a couple of other—just conceptual issues for you to also think about as you're listening to all this. And I've only spoken of these issues to Robert very preliminarily but at least put them in the mix and perhaps if we need to, after today's discussion, if we need to still follow up with some study I think this will not have been all for naught because I'm certainly learning some things as I listen to all of this and it will help us bring forward to you a final product, even if it's not today.

But these are the two specific things that I'd ask for you to think about. One of the ideas that Mr. Anaya had put forth, I believe at his last presentation was that if there's going to be an assessment facility that we also consider the possibility of that being used to house County health staff. And I think that that may make some sense, both indigent, DWI and some of the programs that are under Mr. Anaya right now. So that should be, I believe, in the mix.

Further, and this may not be something that makes sense. Anytime in the immediate future, but in terms of longer term concepts, I think that we ought to keep in mind that we also have a responsibility to house some of the state of New Mexico health facilities and so forth and already in their current facility there, they're requesting more space. At some point it may make some sense to just think about all of this thing in terms of where we might be able to house all of these. I don't want to complicate the issue any further than we need to; I simply don't want to overlook any of the long-term planning issues that we need to be thinking about.

So with that, I would encourage that we allow the various entities to weigh in on the issues that you've raised. I think those are certainly very valid.

CHAIRMAN DURAN: I'm sorry I'm so stubborn on this issue but I just want to know why everyone thinks that State Road 14 is the best location for this assessment facility. That's all I want to know. I mean, I know that the program is great. I am so happy that we're going to be able to provide this to the community. I just want to make sure that if someone's having a problem out there with suicide or drug-related issues that they don't have to take a taxi out to State Road 14 to talk to somebody about it. Or have to wait around for a bus to take them somewhere. I just want it to be available to the community at the best possible location. So please, I don't want to know anymore, I don't want to hear that it's such a great program. I

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already know that. Help me get around the problem that I have.

MEREDITH LOWERY: Mr. Chairperson, Commissioners, can I address this for a moment. We have agreed that there are some pluses to the Highway 14 location, partly because we've been told you have land out there that's available. Also it would more easily address the corrections facility people who would need to use it. I do think a number of us do have concerns about accessibility to the general public.

My name is Meredith Lowery. I run Church of the Holy Faith Christ assistance outreach here in town. I deal with the homeless. I deal with people who have recently got out of prison, the correction facilities. I deal with mentally ill. I'm one of those people who have clients coming to me from every avenue out there and it is more difficult for me to find ways to meet their needs because of that. When you mentioned the fact that the Sheriff's building might be available and there are other possible locations, I think a lot of us would like to hear more concretely what might be out there.

The other thing I'd like to point out is that we also have talked about the possibility of mobile assessment units. They're different pieces, but I do think while Highway 14 meets a lot of needs, many of us would like to hear if there are other sites available that might—because getting people out there is one of the biggest problems and I know a lot of us feel that if there are other sites available that could be moved on in a reasonable amount of time, we would like to hear about it. And to date, there have not been many sites that have been put forth as possible to do ahead and build or renovate for this facility that would also meet the County office space needs that are brought up.

But personally, I would like to know of more sites that are available and I think a number of the other members would also.

CHAIRMAN DURAN: Well, I think that we probably need to have another discussion about what other possible sites are out there. We have some buildings that are being vacated by the Sheriff. We have a facility over there by the train park. I think there are a lot of options available to us and I heard what you said, Estevan, about there are other things that need to be considered but I really think that this issue stands alone and shouldn't be grouped into other—for me it's so important.

So I think it's a stand-alone issue, shouldn't be included in whether or not we need a building to take care of some other department that the County has and I just think that if I'm involved in some substance abuse or if I'm considering taking my life, that the last thing I'm going to do is wait around to go somewhere.

MS. LOWERY: It would be more user-friendly to have it closer in for community members and that is a concern. But we need your help on what sites are available.

CHAIRMAN DURAN: And maybe, and I know you want to deal with the corrections facility inmates. Maybe we need two locations.

MS. LOWERY: We have discussed that as a possibility.

CHAIRMAN DURAN: Maybe in this building that we're talking about building for the County, we have an assessment facility there so that those people that are helping with the treatment would drive out there to take care of—it's easier for us who don't

have substance abuse problems to get in the car and drive to where the problem exists than to expect those people with the problem to come to us.

MS. LOWERY: Well, most of them don't have transportation. Many don't even have money for a bus, and we're aware of that. But we would love to have any input you guys might offer as to other possible locations.

COMMISSIONER TRUJILLO: Mr. Chairman, I think that at the heart of this matter is the best interest of the community. We're getting bogged down in location. If Route 14 is not accessible, I mean it is accessible but it's out of the way from the city, but it's also out of the way from the northern part of the county and it's also out of the way from the southern part of the county. What we need to understand is that the CARE Connection, we need this program, whether it's located in the City of Santa Fe or on State Highway 14, paramount to the issue is that it exists and that it is accessible to everybody, from the northern part of the county to the southern part of the county, to the City of Santa Fe. We need to give impetus to putting this program in place. We need to implement it as soon as possible. And we can't not get bogged down with location.

If we find out that State Highway 14 is not the best place, we can move it. We can move it to the City of Santa Fe when we find a place. But at this point, I don't agree that location is the most important issue but we sure do need to implement the program.

CHAIRMAN DURAN: Any other questions of Robert? Is there anyone out there that came here today to make a presentation please come on up.

DR. ARTURO GONZALES: Mr. Chairman, members of the Commission, the comments that I would make on behalf of the memorandum of agreement between Santa Fe County and St. Vincent Hospital are working at as well how that will collaborate with the Santa Fe CARE Connection. I believe that the comments made by Commissioner Trujillo are probably the wisest comments to digest at this particular point in time. The elements, I believe, St. Vincent's believes that the first important part of the CARE Connection that they've been able to achieve at this point is number one, to bring the whole host of behavioral health organizations and professionals in the community together to sit down at one table and to discuss this issue and to come up with some beginning plan.

That's a critical thing that is taking place. The second part is that in the MOA you as County Commissioners and the hospital have dedicated dollars to the Santa Fe CARE Connection that are still there, that haven't been expended, as Robert mentioned, it's closer to \$600,000, \$700,000, half a million for this project that you can put whatever way you want, hopefully the way that the CARE Connection is advising in terms of services.

The third part is that this group has been able to come together and to decide on a basic level of assessment and services that need to be provided. And that's an important element. So you have that going for this project. The fourth element is they've been able to bring the City of Santa Fe into the mix to participate in the discussions as well as to potentially come up with some dollars. So you have four positive elements of the CARE Connection that have already taken place. And I believe Commissioner Trujillo is correct. Not to negate your question, Commissioner Duran but to try to address it. Perhaps the way to address it as Commissioner

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Trujillo said is to first of all decide on the level and the quality and the type of services that you want, who's participating and these are recommendations from the Santa Fe CARE Connection that are in place.

And then once you feel comfortable with those elements which I believe are already in place and ready to be presented, you can decide, based on that discussion, St. Vincent feels as to where you want to place this thing. There are some pluses for the County area out there but as was stated earlier, there's some negatives. You also have the option with what we're working on in the MOA with the mobile health care van that you may be able to do mobile health care assessments out there. With the relationship that you have with the MOA, with the RAP program, as Commissioner Sullivan mentioned, you may be able to expand some of that and do some of the things off the side at the RAP program if their board is willing to do that.

I believe that to get bogged down on where it's going to be, although that's an important question and it needs to be addressed pretty quickly, but to get bogged down and to throw, to not move forward or to lose momentum because of that, I believe that question can be answered in further discussion at another session once you decide on the other elements of the services, the funding, which is there, the potential alternatives, getting some kind of a needs assessment as to what other County property or buildings are available to place this, etc. Once that data is there I think the question that you're asking, Commissioner Duran, which is an excellent question, can perhaps be answered more easily.

CHAIRMAN DURAN: I guess, Doctor, my only concern is that I think that if we don't incorporate location, we're all committed to the project, but if we don't consider location that I don't think we would be doing our job.

DR. GONZALES: I agree.

CHAIRMAN DURAN: And the other thing is the way I look at it is if we're talking about a Sobering Center, which I think could tie into the assessment facility and all I'm trying to do is get us all, all those entities that are trying to deal with the suicide issue and the mental health issues are community is faced with that we all work together to try to centralize all our efforts. And I think we need to do that soon. But I really see where the Sobering Center would help in the assessment of these individuals because if they're going to be there for any prolonged period of time, what better time to start assessing them than when they're right there with you on a daily basis. I think that works a lot better than having them come in once a week, going somewhere once a week.

Let's start dealing with them on an intensified level at the beginning. And that could take place at the Sobering Center assessment facility. Maybe they're one and the same. I don't know. That's what I'm really trying to is try to understand how, what's the difference between the Sobering Center and the assessment facility? Is there any way of them being able to work together to deal with it? Because it's the same issues, right?

DR. GONZALES: Correct.

CHAIRMAN DURAN: It's the same problem.

DR. GONZALES: I believe that what the participants in the Santa Fe CARE Connection have been trying to do is to address that very issue. What is the role of the

Sobering Center? What is the assessment? How do they collaborate with one another? And I think everyone, I may be wrong, but I believe that everyone has been participating in the Santa Fe CARE Connection, all the individuals and agencies, are trying to get to where you just stated you want to get, namely the coordination, some kind of centralization, some type of access, easy to access, so that I don't think there's any disagreement with that or any obstacles to trying to achieve that goal. I think the work that has been done to this point has been so intense and laborious in terms of just getting people to sit down and to discuss and to reach some level of consensus that we're here now and we need to take it to the next level which is developing consensus on where this thing is to be located.

And I think now that that foundation has been set with the discussion and the participants willing to participate, I think that second question, where's it going to be located, what are the alternatives, what are the creative ways to do this including one suggested by Commissioner Sullivan and it will come a lot easier. It's just not there yet I believe. That's my opinion.

CHAIRMAN DURAN: And plus we have Indigent Funds available. They should be factored into this whole mix of ideas and thoughts so that there's not a duplication for the indigent people. So that it's all in one facility and we better utilize all the funds that are available to us because we've pooled them together to create one-stop shopping.

DR. GONZALEZ: Yes. sir. I'm sorry I haven't been more helpful, Mr. Chairman.

CHAIRMAN DURAN: Oh no. You've been more than helpful.

COMMISSIONER SULLIVAN: Mr. Chairman, I have one—Dr. Gonzales, one short question. Could you fill in a gap for me? And this I believe may have come about before I came on the Commission. But my understanding was the initial thinking was that the third floor of St. Vincent's being vacant at the time that the detox center—and I'm concerned, was going to be there. And I'm concerned when we're talking about sobering centers we may be dealing with individuals who have medical problems that are beyond the ability of the med techs there to handle. And they need to be in a hospital for undiagnosed problems, perhaps that only were manifested in the intoxication or the drug use, or masked by those issues.

So can you fill in that gap? What happened to that? I understand now it's becoming office space up on the third floor. What happened to the detox center at St. Vincent's?

DR. GONZALES: Commissioner Sullivan and members of the Commission, to the best of my knowledge, because when I came on board just before you did so to the best of my knowledge I'll relate to you what I believe occurred. In the initial memorandum of agreement, the very first one that the County entered into with St. Vincent Hospital when there was some tension between the two organizations, there were two major things that stood out besides the use of the Indigent Fund. One was the creation of the Community Services Network Department, which we have done, and the second was, you're correct, the detox center within the hospital.

When I came on board, and this was the issue, how we were going to do that, there was a—El Cariño was located on the third floor and was being used for long-term care and at the

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same time you recall that Piñon Hills Hospital was still in operation. So they were taking up a lot of the load and the utilization and the demand for that kind of a facility. A unique set of events kind of converged on one another at the same time. St. Vincent started to experience some financial difficulties if you'll recall and at that time we laid off approximately I think maybe 18 to 25 individuals from the organization. El Cariño was closed. So programs were cut back such as physical therapy, people were laid off. And just to keep the doors open the detox center was kind of put in abeyance at that time.

Secondly, Piñon Hills also closed their operation if you recall. And so we had this major crisis of what was going to take place. And I remember you established the Health Policy Commission. We were trying to address that issue and through a series of discussions, what ultimately took place was MOA funding for the Su Vida program, St. Vincent's unable to open up a detox center because of the financial crisis that it was in elected to deal with a few beds for inpatient care but the deal with the detox issue by sending some of their behavioral health providers to work on the actual floors where those patients were being housed, to work with them on addictionology and to help them get over the crisis and then perhaps refer them internally to some of those limited beds, there weren't many beds left.

Then they also set up, we also set up some programs with respect to outpatient care with regard to group sessions, addictions, etc., that are currently in place. But it's not to the magnitude of a detoxification center like was initially conceived of, what we had planned. So we kind of, we basically have put in place through the MOA the funding for Crisis Response, the funding for the Su Vida program, the funding with other entities in the community like Millennium, Pastoral Counseling Center, La Madera program in the schools, some of those programs that are located in the community, have provided funding with them so that they're able to deal with some of these issues on an outpatient rather than inpatient basis.

And now with the funding with RAP, the collaboration that we've taken place with RAP we have funded through the MOA three beds. We're going to move it to five beds for this particular effort. The funding of the medical clearances through Dr. Fred Kalman and a family nurse practitioner/physician assistant to try to put the finger in the dike, so to speak. And now with the work of the Santa Fe CARE Connection to take it to another level, but we just didn't come forth with that detox center for those reasons. That doesn't mean that it couldn't in the future but I think we at least at St. Vincent taking the lead of the memorandum of agreement and some of the leadership of Mr. Anaya and his staff have been looking at how do we use some of the funds that we have in order to do some of these things in the community.

I don't know if that satisfies your questions.

COMMISSIONER SULLIVAN: It seems like it still may be an alternative.

DR. GONZALES: It still may be. It still, based upon your concern may need to have some kind of support from St. Vincent's in that and obviously we would be willing to work with you and Mr. Anaya and all the behavioral health care providers to see what we need to do.

COMMISSIONER SULLIVAN: Thank you, Mr. Chairman.

CHAIRMAN DURAN: Arturo, when I toured the hospital with you a couple years ago, when we were discussing the MOU, you showed me an area where there was—it wasn't at the location that Commissioner Sullivan had mentioned.

DR. GONZALES: Yes. It was in the medical/dental building.

CHAIRMAN DURAN: Right.

DR. GONZALES: Yes, I didn't address that part of your question, Commissioner Sullivan and Commissioner Duran. The Community Services Network was located in the medical/dental building. We were working out of a very nice office there; I still miss it and it was very convenient for the community, etc. If you recall, there was a big move by Congressman Udall's office and the Veterans Administration to develop a veterans' clinic in Santa Fe County. And they had been working with the hospital on that to see what could be done.

They wanted it close—they meaning the Veterans Administration—wanted to have a clinic close to the hospital because of the access to the ER, radiology, all the support laboratory, pharmacy, all the support services that are needed for that kind of a primary care clinic for veterans. They didn't want it in the hospital. They wanted it somewhere on St. Vincent's land. They didn't have the dollars for a new facility so what was elected to do was that we would move the Community Services Network Department out of that medical/dental office building and put us on the third floor where Cariño used to be.

So we're currently utilizing about four or five offices for administration of the MOA and the Sangre de Cristo Center and the Veterans Administration moved their primary care clinic into where we were located in order to make it accessible to patients. So that's transpired with the facility and the property.

CHAIRMAN DURAN: Thank you. Is there anyone else out there that wanted to address the Commission?

TERRY RODRIGUEZ: Good morning. I'm representing the Community Services Department with the City of Santa Fe and I just wanted to reassure the Commission that the City of Santa Fe is very dedicated to these types of programs that we've been working on. It's been a movement that the City has been working on for many, many years now. Several years along with the County and many of the other service providers that are here to coordinate our plan, to collaborate, to be able to effectively use the dollars that we have in our city to provide the services that our citizens are so desperately needing.

I've come to you more prepared to talk to you about some of the sustaining pieces that we've been looking at for the assessment center and for RAP's Sobering Center because in some of these committees and things that the studies that have been done, we come up again and again finding the gap of services of not having the facilities and the places for these people to receive services. To not have the long-term treatment beds, to not have a place where people can coordinate their types of—what is it called? Where you coordinate the services, the long-term treatment plans of folks, so that you don't have the recidivism of coming back again and again. It's kind of that old 80/20 rule. You end up with the same people, 80 percent of your same people coming back again and again because they're not connected into the many

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community services that we have available in Santa Fe.

Santa Fe is not lacking services. What we're lacking is the ability to provide them effectively and coordinated through the many organizations that are willing to put up either through charities, through churches, through their own non-profits to provide the services. The ability to coordinate them and effectively make change is what's needed to happen. And the plans that have been going on for many, many years now have come to a real important juncture and I think we're getting to the point of really being smart enough to say this is how we can fill those gaps in our services, and we're at that point and I really would encourage the Commission to take these next steps, to say Yes, we see these. We want to support the efforts and the plans that have been going on by these groups to move to those next points.

And the City of Santa Fe is willing to put their money where their mouth is and we want to be able to effectively work with the County Commission to provide those services to our citizens. Sixty-five percent or something like that of our citizens live in the Santa Fe urban area in Santa Fe County. We do need to have accessibility for folks in our northern and in our southern, but they come to Santa Fe. They come to Santa Fe for those services. And we want to be able to coordinate those effectively. And we've been willing to work with the County Manager who has come to Fred Sandoval, which has really been the crux of his work as the Human Services planner for the City of Santa Fe for many, many years, to put these plans to a place where they're ready to be implemented and used.

We've worked with RAP to provide applications to the federal government and as you know, the federal government is also saying, Yes, we want to give you money, but we want to be able to make sure that it's doing something. That it's making some effective changes in your community. And so we've gone to that point of where we can say this is how we believe we can effectively change things that are happening for our citizens and unfortunately, Fred is in Las Cruces this weekend. He's working with another project, the Santa Fe Regional Juvenile Justice Board, which is working to again, plan and coordinate and effectively make some changes for our kids in Santa Fe because those are our future as well.

And we're going to be able to plug those plans into what's been going on from your staff, from those perspectives of the service providers in Santa Fe. Is there anything I can answer?

CHAIRMAN DURAN: Thanks. That was great.

MS. RODRIGUEZ: Thank you.

CHAIRMAN DURAN: We're looking forward to a coordinated effort.

BRUCE EVANS: My name is Bruce Evans. I was asked to speak by Fred Sandoval and Mary Ann Shaning. I am a member of the CARE Connection Network. I'm a past president of the Inner Agency Forensic Network, which is a statewide organization funded by the state, and I have worked on similar projects to this in numerous other counties, Bernalillo County, Dona Ana County, Chavez County, Grant County, McKinley County, Taos County and San Miguel County. And only a few of those counties have successful programs.

A lot of the reason for that is the lack of buy-in by County Commissioners or City Councilmen. Also buy-in by the judicial system. Chairman Duran, you were very prescient in

your question about the juvenile justice system. The juvenile justice system is a very important player and it must be integrated and it has not been integrated heretofore in our plan. And you were correct in pointing that out. We have had trouble getting participation up until recently from some important players. The City was not represented until fairly recently and as you know, or as you may know, Fred Sandoval is the chairman of the Santa Fe National Alliance, or the president of the Santa Fe National Alliance for the Mentally Ill and he is a national board member also.

I am a member of that board also. I'm on the Governor's Mental Health Planning Council and I've testified before the legislature, various committees regarding jail diversion and detox and so forth, worked with the Department of Health on a lot of these. I have a little different perspective on some of these because I have looked at other counties. I've been there. I've talked to other county people, other judges and so forth. And I am much more interested in the programmatic aspects of this scheme than I am physical location.

I would like to compliment Robert Anaya and the County Commissioners for your efforts and your support and your financial support and commitment to this project. It's very important. But the County is spending a great deal of money as you know on recidivism and we're having a lot of people not getting adequate treatment. I have been very critical of St. Vincent and the whole process over there in the past. Things have gotten a lot better recently, especially since Arturo came on board. Our board, our local board, National Alliance for the Mentally Ill is so concerned about some of the issues that we're going to sit down with the CEO of St. Vincent's in the next couple of months and try to get some of these issues addressed a little better.

They have a history, they have promised us in the past that they would make more beds available for the mentally ill. It is very difficult to get people into St. Vincent's. It is difficult to get into the psych unit. It is very difficult to get people into the state hospital for numerous reasons. When you hear the Crisis Response talk and the hospital talk, and I'm going to be very frank and honest with you, they make it sound like things are a lot better than they really are. As a couple of you pointed out, the suicide rate is completely unacceptable. The suicide rate for adults in this area is much too high. And that tends to be concentrated primarily with persons under 30 and substance abuse is a big factor that ties in there.

The detox aspects of this are extremely important. What is happening now is that most of the detoxification is being done at the County jail. And that's just not an acceptable way of doing things. There is a lack of integration. There is a lack of places to send people. There is a lack of beds. This program is a very good program but it is inadequate. It is underfunded. It is not integrated well enough. We need to have better financial commitment from the City, from the state, from the feds and from the Justice Department.

And that is not to belittle anyone's efforts. Mark Boschelli as head of the Crisis Response Network has done a good job seeking out funds, trying to deal with a lot of these issues. They have fairly recently hired Paul Vreeland as a jail diversion personnel. And he goes out to the County jail and does what is necessary in terms of assessment and linkage and so forth. And that's a very commendable effort. But we have got to have much better

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integration. This plan has to be thought through in a better sense and form.

The whole—and I have not really committed as to which way we ought to go. Robert has good reasons for wanting to integrate a lot of facilities out there on South 14. We had our last meeting of the CARE Connection out at the jail and we looked at some of the facilities and so forth. I am not really so opposed to that. But that is a County Commission decision as to how you're going to spend your money. I just don't think that we ought to invest too much money in bricks and mortar. You already have a facility on Letrado Street, the old County health building. You're going to have space available on Sandoval Street in the Sheriff's office.

Fred and I and our other board members have sat down and talked with District Attorney Henry Valdez. I've worked with him at the legislature on numerous issues. We're very concerned about the legal aspects also. People, if they get charged a lot of times by police officers, then a lot of unnecessary money is being spent by the City and the County. If we can train the police officers and the police officers have been trained to a fair degree on this issue not to charge people, to use more protective custody and to use detox facilities more, that will save a great deal of money for the City and the County and the hospital.

But there are competing issues here. There are differing groups and a lot of them are only looking out for their own interest. One issue that has concerned me very greatly is that there is such a lack of beds available for people. And RAP's idea and St. Vincent's is to have two or three beds available, and that's just not going to cut it. It's just not anywhere near enough. RAP should be expanded. Their efforts towards integrating with the hospital are very good, getting better medical services and all of that, but they don't have enough personnel. They don't have enough beds. They don't have enough building space. They do have land available as has been pointed out. I would not be opposed to seeing a facility created there.

But I really think the transportation is a big issue. At our last meeting out at the jail, I suggested to the County monitor or to Robert that the County monitor maybe modify the contract with the jail, the management company out there, to help provide transportation. And I don't see why that couldn't be done. A lot of us are very concerned about this transportation issue. We have a lot of people who are walking back to town and they're put out at 5:00 and 6:00 in the morning. It's very cold and they have to walk all the way back. And some of these individuals are not getting the kind of services they need in terms of mental health services or in detoxification services.

The network integration is incomplete. The funding issues are incredibly important. Most of you I think are already reasonably familiar with a lot of this planning process and I really appreciate your support. But these issues are not as simple or as easily dealt with or as cut and dried as some people would have us believe. There has been a lot of good work done. There are numerous components in this city and county which are underutilized. And the hospital would bear a lot of blame for that. Presbyterian Medical Services, they need to step up and do a better job too.

I would urge you, as County Commissioners to use your leverage over the County Indigent Funds to put a little more pressure on St. Vincent's to do a better job in dealing with some of these issues. I have had numerous discussions in the past with Gary Buff and with

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PMS people and there's always reasons why they don't follow through and get things done as they should. As I said, Arturo is doing a much better job. But there's been too many cop-outs. There has been a lack of commitment. Su Vida is a good program, but the juvenile justice system needs to be much better integrated into this and the school system, as you have pointed out, that's very important.

We have had difficulty getting buy-in from some of these players, including the Police Department. And that concerns me very greatly. When we can get the DA and some of his people on board, and they're very busy and overworked, that's a big step forward. Judge Frances Gallegos came to our last meeting and she had a lot of very good and cogent comments. And I think that she is going to make a big difference.

But there are still, as several people have pointed out, there are still gaps to be filled in. And I didn't cover everything, but I just wanted to hit some of the highpoints, things that are concerning me particularly as an individual and our board. There are still a lot of things to be dealt with. And funding is so important.

CHAIRMAN DURAN: Could you do me a favor. When Fred gets back to town, could you set up a meeting? I'd like to meet with you and Fred and just kind of go over all this. Thank you.

Estevan, I've heard three times today that they're letting people out at the jail and making them walk. I think that that's inhumane. Can you see if we can do something about that? I know it's probably a budgetary item but I think to let them go out there and then make them walk 15 miles back to town is—it's not safe. I don't think it's right. Anyone else out there that would like to address the Commission? What do we do next? I need to think about it. Do you want to give staff direction or what's the pleasure of the Board?

COMMISSIONER SULLIVAN: Mr. Chairman, I think this is an information session. I think we've gotten a lot of good feedback. As we knew at the beginning, I think there's still programmatic questions and I think there's site questions. And the site questions are not just turfdom but they're more questions of how that entity integrates with the other entities effectively. And I think if we have any direction to give to the staff it's to do some rethinking here and come back at the next Commission meeting or whenever you designate it and open up some options to us. If you want to do another work session, I'm fine with that.

COMMISSIONER TRUJILLO: Mr. Chairman, I think that it was quite eloquently articulated here that we're at a juncture now where we have all the resources in our community converged that will help the community in a better way. We need to act. It's very important. We're at the crossroads. We need to act on that now. Site is important of course, but the paradigm I think is in place and needs to be implemented. And that's what's important about this issue.

COMMISSIONER SULLIVAN: And I think we've agreed, Mr. Chairman. We've approved the memorandum of agreement that the City's approved, so I think the mechanism is in place. And I think from what the comments of all the Commissioners are that we're all on board with the concept. And I think we're, at least I'm searching for a little more specificity and a little more detail in options on the part of the staff and all the other participants

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in the CARE Connection. It sounds like they're looking for some additional information, from us, from the County.

CHAIRMAN DURAN: I think we all just move forward through the fog here, onward through the fog and get to where we need to go. I have a lot to think about myself about all these things and I look forward to the meeting with Fred Sandoval and yourself and Commissioner Campos would like to attend so let's keep on chipping away at this as quickly as we possibly can.

COMMISSIONER CAMPOS: Mr. Chairman.

CHAIRMAN DURAN: Commissioner.

COMMISSIONER CAMPOS: Next time we meet, I'd like information as to how we're going to fund the operational aspects of this, Mr. Anaya. I'd like to know if there's a position that the City is taking as to how they want to spend their contribution. Are they pushing for a particular location or ideas? I'd like—that's something that wasn't really touched upon but I'm interested in that.

MS. RODRIGUEZ: I'm afraid we'll have to let Fred talk to that one about the actual location, but I do know where the funding would be preferred to be placed by the City of Santa Fe, which is that it would be used to fund positions, to fund the people who are providing the hands-on work, which is typically where the Human Services funds go.

COMMISSIONER CAMPOS: So the money would be to operational costs?

MS. RODRIGUEZ: Yes. Yes. The money that we have kind of, we've outlined about almost \$500,000 for operations, about \$480,000 or something like that for operations. There is a \$50,000 amount in there from CDBG which are Community Development Block Grant funds which could be used for capital or for operations.

COMMISSIONER CAMPOS: Thank you.

CHAIRMAN DURAN: Estevan, I thought that we had \$500,000 allocated towards the detox effort. I thought the City and the County had matching funds. I know in my first term we had met with the Mayor and several other councilors and we had agreed to have, to contribute \$500,000 apiece. And I thought that there was \$500,000 set aside through our bond money when we built the facility, the jail facility for that. Do you, does anybody know anything about that?

MR. ANAYA: Yes, Mr. Chairman, I know exactly where that money is. The money from the bond was used to help actually finish the Public Safety Complex but we made up the money through the MOU and the other sources that we have and like I said, we have \$1.2 million for the entire project. But the actual bond money, in order to complete the Public Safety Complex, that money was utilized as part of that. But like I said, we made up the money as part of the MOU committed to this endeavor. Like I said, it's up to \$1.2 million.

CHAIRMAN DURAN: So the \$500,000 which was directioned from the County Commission several years ago, because we haven't made a decision yet how we were going—my understanding, I don't remember, making a different decision that we were going to put that \$500,000 to the detox center somewhere else. I know that when Mr. Montoya was around I know that there was some discussion about what are we going to do with this detox

allocation. So you're telling me that the \$500,000 that we had agreed to match, it was a matching amount with the City is now \$1.2?

MR. ANAYA: Well, I wouldn't clarify it as matching amount with the City project. When I took over the program, and you asked me to move forward on the detox project, the only money in the project was County money. There was no City money at that time.

CHAIRMAN DURAN: No, there was a commitment from both the City and the County to contribute.

MR. ANAYA: There was a commitment and the City pulled back their commitment and when I took on this department, the only money that was on the table at that time was the money from the County. This new allocation that was just referred to from the City of Santa Fe was just recently approved under a new allocation. The old allocation went away. But the actual money we have is \$1.2 million available and that will be waiting for your direction. Point of clarification, there is capital money in there that we do need to act on that cannot be used for operating dollars that's strictly capital. And the other pots of money are more flexible where you can use them for capital or operating.

CHAIRMAN DURAN: So we do have in excess of the \$300,000 though the CARE Connection grant or money. We have some funds available that we can use to build a facility to deal with the detoxification issue.

MR. ANAYA: Mr. Chairman, if you would like to change gears and move away from the assessment facility and strictly into the Sobering Center concept that is entirely—

CHAIRMAN DURAN: I see that as maybe all-inclusive. I guess—I don't know how to ask you this question so you can tell me what I'm trying to get to. If this Commission decides that they want to build a facility, how much money would be available to us to do that?

MR. ANAYA: Mr. Chairman, Commissioners, you could theoretically use all \$1.2 million to actually get the facility constructed and then in subsequent years, when you have the reoccurring revenue use those revenues to operate the facility.

CHAIRMAN DURAN: So does the \$300,000 that we have, is that included in the \$1.2?

MR. ANAYA: Mr. Chairman, yes it is.

CHAIRMAN DURAN: Okay.

MR. ANAYA: Keep in mind, Mr. Chairman, Commissioners, that you have a brand new allocation of MOA money that if the MOA with St. Vincent continues, that \$1.2 million will get increased even higher. Because that's also contingent on the number of times the County Commission decides to renew the MOA, so that pot of money will grow.

CHAIRMAN DURAN: Well, I'm getting a headache. I need some food. Jaime, did you want to say something?

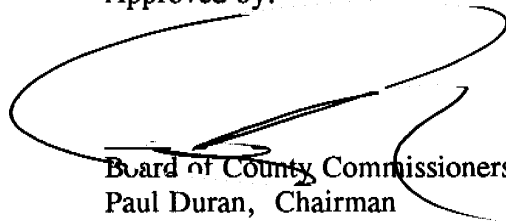
JAIME ESTREMER-FITZGERALD: Mr. Chairman and Commissioners, I just wanted to say something that I think perhaps could be helpful to you. While we at the Health Policy and Planning Commission have looked at some of these issues, I personally

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ADJOURNMENT

Chairman Duran declared this meeting adjourned at approximately 12:05 p.m.

Approved by:

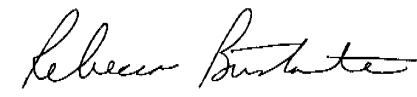


Board of County Commissioners
Paul Duran, Chairman

Respectfully submitted:


Karen Farrell, Commission Reporter

ATTEST TO:


REBECCA BUSTAMANTE
SANTA FE COUNTY CLERK

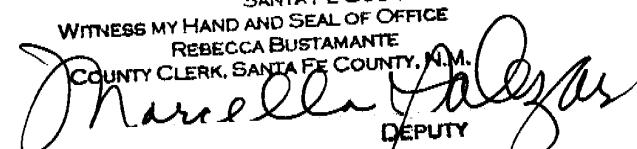



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COUNTY OF SANTA FE
STATE OF NEW MEXICO


I HEREBY CERTIFY THAT THIS INSTRUMENT WAS FILED
FOR RECORD ON THE 10 DAY OF Apr A.D.
20 02 AT 1:00 O'CLOCK PM
AND WAS DULY RECORDED IN BOOK 2125
PAGE 553-636 OF THE RECORDS OF
SANTA FE COUNTY

WITNESS MY HAND AND SEAL OF OFFICE
REBECCA BUSTAMANTE
COUNTY CLERK, SANTA FE COUNTY, N.M.


DEPUTY



SANTA FE COUNTY DWI PROGRAM



OVERVIEW PRESENTED TO THE
SANTA FE COUNTY COMMISSIONERS
MARCH 1, 2002

2105600

THE SCOPE OF THE NATIONAL DWI PROBLEM

In the **United States...**

- Over **16,500** people are killed in alcohol-related crashes each year
- There are over **1,000,000** alcohol-related crashes each year


2105601

THE SCOPE OF THE NEW MEXICO DWI PROBLEM

In New Mexico...

- About **200** people are killed in alcohol-related crashes each year
- There are about **3,500** alcohol-related crashes each year

2105602



THE SCOPE OF THE SANTA FE COUNTY DWI PROBLEM

In Santa Fe County...

- Approximately **15** people are killed in alcohol-related crashes each year
- There are about **375** alcohol-related crashes each year

2105603

SANTA FE COUNTY

DWI PROGRAM

MISSION STATEMENT

The Santa Fe County DWI Program promotes the safety of the people of Santa Fe County by developing and implementing programs to prevent or reduce the incidence of DWI, alcoholism, and alcohol and other drug abuse in Santa Fe County.

2105604

THE STRATEGIC PLAN

- Prevention
- Law Enforcement
- Adjudication
- Screening
- Treatment

2105605



PREVENTION

GOAL:

**To use proven
practices that stop
DWI's before they
happen**

2105606



PREVENTION

PUTTING DWI'S ON I. C. E.

- Information and Education
 - Media Literacy / Schools
 - Pojoaque Natural Helpers
 - San Ildefonso Youth Program

2105607



PREVENTION

- Community Norms and Attitudes
 - Designated Drivers
 - Sober-only Driving
 - Media

2105608



PREVENTION

- ▶ Early Intervention
 - Teen Court
 - Youthful Drunk Driver Visitation Program
 - Alive At 25

2105609



LAW ENFORCEMENT

GOAL:

**To stop motor vehicle
collisions due to
impaired drivers**

2105610



LAW ENFORCEMENT

- Integration of resources
- Road blocks / Check points
- Specialized training for officers
- Equipment
- Warrant enforcement
- Underage drinking enforcement

2105611

ADJUDICATION

GOAL:

**To achieve swift and
certain justice for
those arrested for DWI**

2105612

ADJUDICATION

- Process DWI cases fairly, uniformly and objectively
- Comply with sentencing requirements
- Implement appropriate sentencing

2105613

ADJUDICATION

- Issue bench warrants for DWI offenders who do not comply with sentencing requirements
- Retain and report all appropriate records on DWI offenders

2105614

SCREENING AND TREATMENT

- identify underlying problems
- intervention by personalized prescription of treatment
- involvement through specific sentencing consequences
- reintegration of the offender in society

2105616

COORDINATION,
PLANNING, EVALUATION

GOAL:

**To efficiently facilitate,
administer, coordinate,
and evaluate the DWI
Program**

2105617

COORDINATION, PLANNING, EVALUATION

- Program Staff
- Program Evaluation
- Staff training
- Program support: travel, vehicle maintenance, supplies, postage, rent, utilities, telephone, equipment contracts

2105618

DWI PLANNING COUNCIL

- Established by the SF County Board of County Commissioners (BCC)
- Members appointed by the BCC
- Advises the DWI Staff
- Makes recommendations to the BCC regarding DWI matters

2105619

DWI PLANNING

COUNCIL INCLUDES

- EMT Kevin Henson
- Students Katrina Kain
- DOH Glenn Wieringa
- Law enforcement
- Capt. Quintin McShan,
Sgt. Ken Johnson,
- Sgt. Michael Salazar
- Media Sarah Van Cott
- Liquor Industry
- Hillary Noskin
- Judges Hon. Roman
Duran, Hon. Bill Dimas,
Hon. Frances Gallegos
- School prevention experts
Zana Burns
- Advocacy groups
Allan Wheeler
- Elected officials Rep.
Patsy Trujillo Knauer
- Traffic Safety
Mary Pacheco

2105620

**FUNDING FOR THE SANTA FE
COUNTY DWI PROGRAM**

- **LDWI** Local DWI funds from
excise taxes on alcohol sales
- **CDWI** Community DWI funds
from fines paid by DWI offenders
- **GRANTS** from various sources

2105621

FUNDING FOR THE SANTA FE
COUNTY DWI PROGRAM

LDWI

FY01:
\$770,000

FY02:
\$785,000*
\$300,000

CDWI

FY01:
\$65,000

FY02:
\$67,000

FUNDING FOR THE SANTA FE
COUNTY DWI PROGRAM

PREVENTION	\$209,888
LAW ENFORCEMENT	\$109,329
SCREENING / ASSESMENT	\$121,541
OUTPATIENT TREATMENT	\$365,000
INTESIVE SUPERVISION	\$101,525
COORDINATE / EVALUATE	\$202,306

2105623

FUNDING POLICY CHANGES FROM DFA IN RECENT YEARS

- Teen Court
 - FY02 Teen Court a Prevention subcategory
 - Funding caps: FY02 \$50,000, FY03 \$40,000, FY04 \$30,000
- Law Enforcement
 - Funding caps: FY03 10% of distribution
- Administrative Costs
 - Funding caps: FY01 10%, FY02 5%, FY03 0%
- DWI Clerks
 - Funding caps: FY03 10%

2105624

SANTA FE COUNTY

DWI PROGRAM

RECENT PROJECTS

- Media literacy
- Designated driver
- School presentations
- Roundhouse event

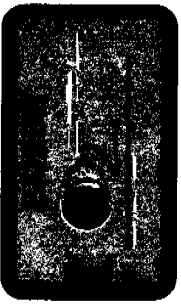
2105625

SANTA FE COUNTY DWI PROGRAM

NEW PROJECTS UNDERWAY

- Expansion of Teen Court
- Every 15 Minutes
- Joint road blocks
- Underage drinking enforcement
- Radio spots
- Curriculum Infusion

2105626



Santa Fe CARE Connection
Coordinate Assessment or Engage
Behavioral Health Services Model

Santa Fe County Board of County
Commissioners

Recommendations to BCC

Santa Fe Care Connection Partners
Memorandum of Understanding (MOU)
Santa Fe County
St. Vincent Hospital
The United Way
Recovery of Alcoholics Program (RAP)
The Public Defenders Office
The City of Santa Fe
Millennium Treatment Services
The Life Link
Presbyterian Medical Services
Open Door To New Participants

Centralized Information

Coordinated Resources

Referral to Existing Programs:
Life Link, Outpatient
Millennium
RAP
PMS (Crisis Response)

Access point for Public Safety, EMS and Law Enforcement (City, County, State)

Transportation Services
Case Management
Coordinated Grant Writing
Expansion of RAP for Sobering Center

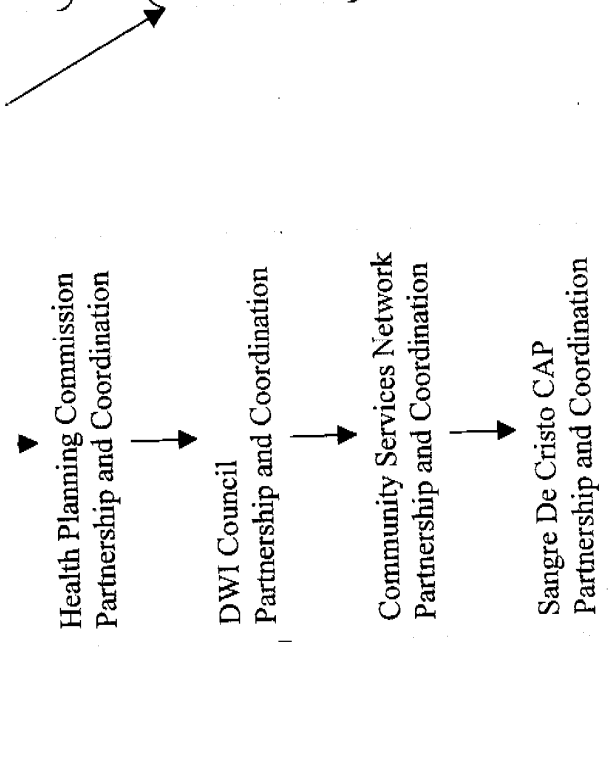
Access Point for Individuals Leaving the Jail Treatment Opportunity

Health Planning Commission Partnership and Coordination

DWI Council Partnership and Coordination

Community Services Network Partnership and Coordination

Sangre De Cristo CAP Partnership and Coordination



including Teen Court

27	OUTPATIENT TREATMENT	\$120,000.00	\$0.00	\$120,000.00	\$0.00	\$108,000.00	\$108,000.00
28	C- Outpatient Therapy	\$95,000.00	\$0.00	\$95,000.00 x	\$0.00	\$100,000.00	\$100,000.00
29	C- Transitional Living	\$25,000.00	\$0.00	\$25,000.00 x	\$0.00	\$8,000.00	\$8,000.00
30	INTENSIVE SUPERVISION	\$101,525.00	\$0.00	\$101,525.00	\$0.00	\$105,282.00	\$105,282.00
31	Salaries and Benefits	\$60,924.00	\$0.00	\$60,924.00	\$0.00	\$65,495.00	\$65,495.00
32	Warrant Enforcement	\$6,814.00	\$0.00	\$6,814.00 x	\$0.00	\$6,000.00	\$6,000.00
33	C- Municipal Court Clerk	\$17,460.00	\$0.00	\$17,460.00	\$0.00	\$17,460.00	\$17,460.00
34	C- Municipal Court Compliance Monitor	\$12,327.00	\$0.00	\$12,327.00	\$0.00	\$12,327.00	\$12,327.00
35	Ignition Interlock	\$4,000.00	\$0.00	\$4,000.00	\$0.00	\$4,000.00	\$4,000.00
36	COORDINATION, PLANNING & EVAL.	\$187,306.00	\$0.00	\$187,306.00	\$0.00	\$198,420.00	\$198,420.00
37	Administrative Personnel Services	\$15,740.00	\$0.00	\$15,740.00 x	\$0.00	\$0.00	\$0.00
38	Salaries and Benefits	\$126,913.00	\$0.00	\$126,913.00	\$0.00	\$134,370.00	\$134,370.00
39	C-Evaluation	\$0.00	\$0.00	\$0.00 x	\$0.00	\$20,000.00	\$20,000.00
40	Travel	\$5,619.00	\$0.00	\$5,619.00	\$0.00	\$6,000.00	\$6,000.00
41	Vehicle Maintenance	\$675.00	\$0.00	\$675.00 x	\$0.00	\$1,000.00	\$1,000.00
42	Supplies	\$11,000.00	\$0.00	\$11,000.00	\$0.00	\$11,000.00	\$11,000.00
43	Postage and Shipping	\$500.00	\$0.00	\$500.00 x	\$0.00	\$1,000.00	\$1,000.00
44	Capital Purchases	\$2,059.00	\$0.00	\$2,059.00	\$0.00	\$4,000.00	\$4,000.00
45	Rent (\$850 / mo)	\$10,200.00	\$0.00	\$10,200.00	\$0.00	\$10,200.00	\$10,200.00
46	Utilities (\$200 / mo)	\$2,400.00	\$0.00	\$2,400.00	\$0.00	\$2,500.00	\$2,500.00
47	Telephone	\$5,500.00	\$0.00	\$5,500.00	\$0.00	\$5,500.00	\$5,500.00
48	Office Equipment Maintenance Contracts	\$800.00	\$0.00	\$800.00	\$0.00	\$850.00	\$850.00
49	Conference Fees / Training	\$1,400.00	\$0.00	\$1,400.00	\$0.00	\$1,500.00	\$1,500.00
50	Advertisement	\$500.00	\$0.00	\$500.00	\$0.00	\$500.00	\$500.00
51	Data Entry	\$4,000.00	\$0.00	\$4,000.00 x	\$0.00	\$0.00	\$0.00

	LDWI - FY 02	CDWI - FY 02	CONSOL - 02	LDWI - FY 03	CDWI - FY 03	CONSOL - 03
52	SUMMARY					
53	Prevention	\$162,642.00	\$47,246.00	\$170,590.00	\$55,300.00	\$235,890.00
54	Enforcement	\$89,491.00	\$19,838.00	\$75,000.00	\$10,000.00	\$85,000.00
55	Screening and Assessment	\$81,541.00	\$0.00	\$83,000.00	\$0.00	\$83,000.00
56	Outpatient Treatment	\$120,000.00	\$0.00	\$108,000.00	\$0.00	\$108,000.00
57	Intensive Supervision	\$101,525.00	\$0.00	\$105,282.00	\$0.00	\$105,282.00
58	Coordination, Planning and Evaluation	\$187,306.00	\$0.00	\$198,420.00	\$0.00	\$198,420.00
59	GRAND TOTAL	\$742,505.00	\$67,084.00	\$750,292.00	\$65,300.00	\$815,592.00

SANTA FE COUNTY DWI PROGRAM
CONSOLIDATED BUDGET
FY 2003

ASSUMES ALTERNATIVE FUNDING FOR TEEN COURT

ITEM	FY 2002			PROPOSED FY 2003		
	LDWI	CDWI	CONSOLIDATED	LDWI	CDWI	CONSOLIDATED
1 PREVENTION	\$162,642.00	\$47,246.00	\$209,888.00	\$158,390.00	\$0.00	\$158,390.00
2 Public Information and Education Mater.	\$9,500.00	\$0.00	\$9,500.00 x	\$12,300.00	\$0.00	\$12,300.00
3 C-Graphic Art	\$4,138.00	\$0.00	\$4,138.00 x	\$2,000.00	\$0.00	\$2,000.00
4 Salaries and Benefits	\$80,224.00	\$47,246.00	\$127,470.00 xx	\$49,180.00	\$0.00	\$49,180.00
5 C-Volunteer Coordinator	\$0.00	\$0.00	\$0.00 xx	\$5,000.00	\$0.00	\$5,000.00
6 C- Pueblo Youth Coordinator	\$11,350.00	\$0.00	\$11,350.00	\$11,350.00	\$0.00	\$11,350.00
7 C- Prevention Specialist	\$20,000.00	\$0.00	\$20,000.00	\$20,000.00	\$0.00	\$20,000.00
8 C- Alive @ 25	\$7,560.00	\$0.00	\$7,560.00	\$7,560.00	\$0.00	\$7,560.00
9 C- Pojoaque Natural Helpers	\$6,000.00	\$0.00	\$6,000.00	\$6,000.00	\$0.00	\$6,000.00
10 C- YDDVP	\$6,000.00	\$0.00	\$6,000.00	\$6,500.00	\$0.00	\$6,500.00
11 C- Family Therapist*	\$6,000.00	\$0.00	\$6,000.00 xx	\$0.00	\$0.00	\$0.00
12 C- SAP Facilitator*	\$3,870.00	\$0.00	\$3,870.00 xx	\$0.00	\$0.00	\$0.00
13 C- Screener*	\$8,000.00	\$0.00	\$8,000.00 xx	\$0.00	\$0.00	\$0.00
14 Vendor Education	\$0.00	\$0.00	\$0.00 x	\$7,000.00	\$0.00	\$7,000.00
15 Direct In-school Initiatives	\$0.00	\$0.00	\$0.00 x	\$7,500.00	\$0.00	\$7,500.00
16 Media Literacy	\$0.00	\$0.00	\$0.00 xx	\$11,000.00	\$0.00	\$11,000.00
17 Every 15 Minutes	\$0.00	\$0.00	\$0.00 xx	\$3,000.00	\$0.00	\$3,000.00
18 Curriculum Infusion	\$0.00	\$0.00	\$0.00 x	\$10,000.00	\$0.00	\$10,000.00
19 ENFORCEMENT	\$89,491.00	\$19,838.00	\$89,491.00 x	\$75,000.00	\$65,000.00	\$80,000.00
20 Salaries and Benefits	\$88,491.00	\$0.00	\$88,491.00 x	\$75,000.00	\$0.00	\$75,000.00
21 Overtime	\$1,000.00	\$0.00	\$1,000.00 x	\$0.00	\$5,000.00	\$5,000.00
22 Joint Enforcement Efforts	\$0.00	\$19,838.00	\$19,838.00	\$0.00	\$20,000.00	\$20,000.00
23 Incentive Program	\$0.00	\$0.00	\$0.00 x	\$0.00	\$40,000.00	\$40,000.00
24 SCREENING AND ASSESSMENT	\$81,541.00	\$0.00	\$81,541.00	\$83,000.00	\$0.00	\$83,000.00
25 Salaries and benefits	\$44,741.00	\$0.00	\$44,741.00	\$46,200.00	\$0.00	\$46,200.00
26 C- Municipal Court Screener	\$36,800.00	\$0.00	\$36,800.00	\$36,800.00	\$0.00	\$36,800.00

without Teen Court

27	OUTPATIENT TREATMENT	\$120,000.00	\$0.00	\$120,000.00	\$130,000.00	\$0.00	\$130,000.00
28	C- Outpatient Therapy	\$95,000.00	\$0.00	\$95,000.00 x	\$120,000.00	\$0.00	\$120,000.00
29	C- Transitional Living	\$25,000.00	\$0.00	\$25,000.00 x	\$10,000.00	\$0.00	\$10,000.00
30	INTENSIVE SUPERVISION	\$101,525.00	\$0.00	\$101,525.00	\$105,282.00	\$0.00	\$105,282.00
31	Salaries and Benefits	\$60,924.00	\$0.00	\$60,924.00	\$65,495.00	\$0.00	\$65,495.00
32	Warrant Enforcement	\$6,814.00	\$0.00	\$6,814.00 x	\$6,000.00	\$0.00	\$6,000.00
33	C- Municipal Court Clerk	\$17,460.00	\$0.00	\$17,460.00	\$17,460.00	\$0.00	\$17,460.00
34	C- Municipal Court Compliance Monitor	\$12,327.00	\$0.00	\$12,327.00	\$12,327.00	\$0.00	\$12,327.00
35	Ignition Interlock	\$4,000.00	\$0.00	\$4,000.00	\$4,000.00	\$0.00	\$4,000.00
36	COORDINATION, PLANNING & EVAL.	\$187,306.00	\$0.00	\$187,306.00	\$198,420.00	\$0.00	\$198,420.00
37	Administrative Personnel Services**	\$15,740.00	\$0.00	\$15,740.00 x	\$0.00	\$0.00	\$0.00
38	Salaries and Benefits	\$126,913.00	\$0.00	\$126,913.00	\$134,370.00	\$0.00	\$134,370.00
39	C-Evaluation	\$0.00	\$0.00	\$0.00 x	\$20,000.00	\$0.00	\$20,000.00
40	Travel	\$5,619.00	\$0.00	\$5,619.00	\$6,000.00	\$0.00	\$6,000.00
41	Vehicle Maintenance	\$675.00	\$0.00	\$675.00 x	\$1,000.00	\$0.00	\$1,000.00
42	Supplies	\$11,000.00	\$0.00	\$11,000.00	\$11,000.00	\$0.00	\$11,000.00
43	Postage and Shipping	\$500.00	\$0.00	\$500.00 x	\$1,000.00	\$0.00	\$1,000.00
44	Capital Purchases	\$2,059.00	\$0.00	\$2,059.00 x	\$4,000.00	\$0.00	\$4,000.00
45	Rent (\$850 / mo)	\$10,200.00	\$0.00	\$10,200.00	\$10,200.00	\$0.00	\$10,200.00
46	Utilities (\$200 / mo)	\$2,400.00	\$0.00	\$2,400.00	\$2,500.00	\$0.00	\$2,500.00
47	Telephone	\$5,500.00	\$0.00	\$5,500.00	\$5,500.00	\$0.00	\$5,500.00
48	Office Equipment Maintenance Contracts	\$800.00	\$0.00	\$800.00	\$850.00	\$0.00	\$850.00
49	Conference Fees / Training	\$1,400.00	\$0.00	\$1,400.00	\$1,500.00	\$0.00	\$1,500.00
50	Advertisement	\$500.00	\$0.00	\$500.00	\$500.00	\$0.00	\$500.00
51	Data Entry	\$4,000.00	\$0.00	\$4,000.00 x	\$0.00	\$0.00	\$0.00

2105631

	LDWI - FY 02	CDWI - FY 02	CONSOL - 02	LDWI - FY 03	CDWI - FY 03	CONSOL - 03
52 SUMMARY						
53 Prevention	\$162,642.00	\$47,246.00	\$209,888.00	\$158,390.00	\$0.00	\$158,390.00
54 Enforcement	\$89,491.00	\$19,838.00	\$109,329.00	\$75,000.00	\$65,000.00	\$140,000.00
55 Screening and Assessment	\$81,541.00	\$0.00	\$81,541.00	\$83,000.00	\$0.00	\$83,000.00
56 Outpatient Treatment	\$120,000.00	\$0.00	\$120,000.00	\$130,000.00	\$0.00	\$130,000.00
57 Intensive Supervision	\$101,525.00	\$0.00	\$101,525.00	\$105,282.00	\$0.00	\$105,282.00
58 Coordination, Planning and Evaluation	\$187,306.00	\$0.00	\$187,306.00	\$198,420.00	\$0.00	\$198,420.00
59 GRAND TOTAL	\$742,505.00	\$67,084.00	\$809,589.00	\$750,092.00	\$65,000.00	\$815,092.00

BUDGET SUBCOMMITTEE
December 7, 2001

2105632

PC Members: Alan Wheeler, Kevin Henson
Staff: David Sims

David provided copies of the letter from DFA with the funding guidelines for FY2003. There was discussion relative to the impact of these guidelines on the work previously done by this committee and what was presented to the PC in the November meeting.

David prepared a draft revision of the budget accommodating these changes. In the discussion, several items were modified from the draft and all present were comfortable with the end product.

As requested at the November PC meeting, items that are significantly different from FY2002 are indicated on the attached budgets. Note that there are two versions: one with and one without Teen Court funding.

RECOMMENDATION: As per DFA's letter: "Any program concerned that an above change will be detrimental to their program, may request of the DWI Grant Council in their application that an exception be made for their program," **the Budget Subcommittee recommends that Santa Fe County request an exception so as not to reduce the current funding level for Law Enforcement.**

Explanation of line item changes:

VERSION INCLUDING TEEN COURT

- 2 PI and E expansion of prevention efforts requires more resources. Radio spots
- 3 Much of the graphic art has already been developed and can be re-used or updated
- 5 Volunteer coordinator could help with multiple tasks that do not require staff
- 14 Vendor Education will provide positive outreach to liquor outlets
- 15 Direct in-school will allow expansion of work with youth in the schools
- 16 Media literacy is a valuable part of prevention that needs secure funding
- 18 Curriculum Infusion in GRANT request
- 19 LE reduced to the 10% cap
- 28 Outpatient: incorporate into Health Division and have multiple contractors
- 29 Transitional living not seen as being clearly a direct DWI program
- 32 Warrant Enforcement reduced to come in line with actual expenses
- 37 Admin. Services no longer allowed
- 39 Evaluation of the program needed
- 41 Vehicle maintenance in line with cost
- 43 Postage and shipping in line with cost
- 51 Data Entry to be completed in FY 2002

VERSION NO INCLUDING TEEN COURT

- 17 Every 15 Minutes included
- 18 Curriculum Infusion included in DISTRIBUTION request



Abstract

The Sobering Center will provide 16-28 emergency stabilization and short term detoxification beds in lieu of jail for individuals experiencing non-criminal substance abuse crisis up to 5 days. The facility will provide a 24 hour secure, safe and appropriate shelter and detoxification with access to on-going treatment at RAP.

Statement of Problem

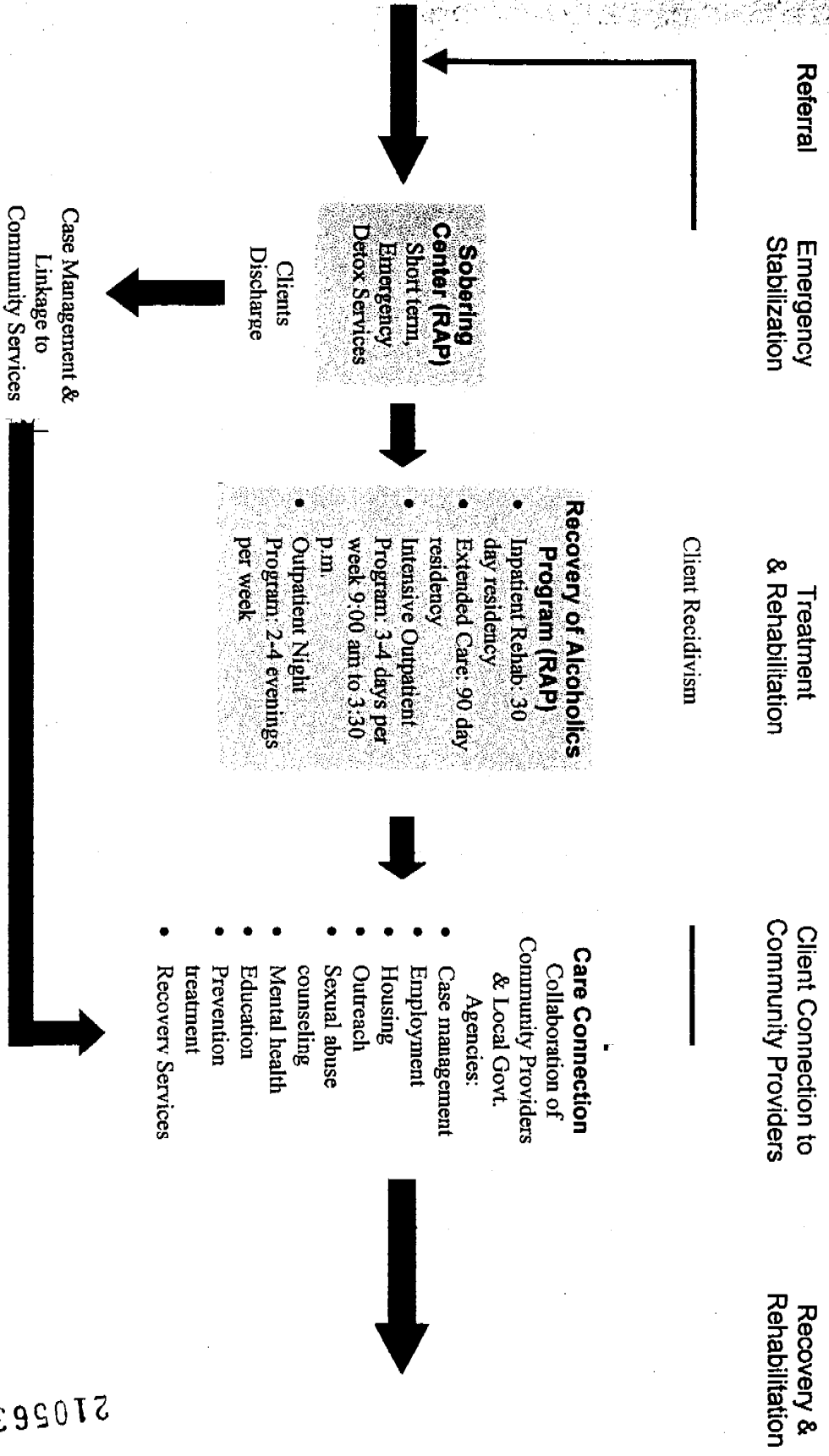
- In April 2000 to March 2001 there were 869 protective custody referrals (97 were repeat users, 512 were unduplicated) made by city police to the local jail facility.
- Between April 2000 and 2001 there were 199 mental health hold referrals (13 were repeat users) made by city police to the local jail facility.
- Protective custody cases make up 1/3 of the jail population, 14 people accounted for 60% of all PCs referrals.
- Hispanic and Native American males make up 84% of all protective custody cases.
- Over half of PC individuals are 26-45 years of age.
- 34% self-report being suicidal, 12% mentally ill and 4% psychotic in the past.
- 6 out of 10 SA & MH cases are repeat users.

Program Design

“Social Detox” Treatment Model

- Social detox includes 24 hour supervision, observation, clinical support for intoxication and withdrawal.
- Structured daily activities include therapeutic and AA/NA/CA group meetings.
- Referral to RAP 30 day rehabilitation and 6 month long-term alcohol treatment and other community services.
- Access to medication administration at RAP.

Program Model for The Recovery of Alcoholics Program and Sobering Center



2105636

The County of Santa Fe makes every practical effort to assure that it's meetings and programs are accessible to the physically challenged. Physically challenged individuals should contact Santa Fe County in advance to discuss any special needs (e.g., interpreters for the hearing impaired or readers for the sight impaired)

- I. Call to Order
- II. Roll Call
- III. Approval of Agenda
- IV. **Community and Health Development Department**
 - A. Discussion on the DWI Program Budget
 - B. Discussion on and Authorization to Proceed with the Santa Fe Care Connection Project (Behavioral Health Services in Santa Fe County)
- V. Adjournment

Notice is hereby given that the Santa Fe Board of County Commissioners will hold a Special Meeting on March 1, 2002, at 9:00 a.m. in the Commission Chambers at the County Administration Building, 102 Grant Avenue, Santa Fe, New Mexico to discuss the following items:

Notice of Special Meeting & Agenda

March 1, 2002 - 9:00 A.M.

SPECIAL MEETING

COMMISSION CHAMBERS
 COUNTY ADMINISTRATION BUILDING
 SANTA FE BOARD OF COUNTY COMMISSIONERS

2106636

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