



*Rio Arriba*  
*Board of County Commissioners*

Resolution No. 2014-023

**COMMISSIONERS**

Alfredo L. Montoya  
Chairman  
District II

Barney Trujillo  
District I

Danny J. Garcia  
District III

**COUNTY MANAGER**

Tomas Campos, III

**Resolution 2014-023**  
**Opposing Preemption of Local Taxing Authority**

**Whereas**, New Mexico counties are currently authorized by law (7-20E-9, NMSA 1978) to impose a local option gross receipts tax increment of one-eighth of one percent, countywide without referendum, all of which must be dedicated to the support of indigent patients who are residents of that county; and

**Whereas**, every county except for Harding and Socorro has imposed that second one-eighth increment for indigent patients; and

**Whereas**, sixteen counties have also enacted the County Health Care Gross Receipts Tax one-sixteenth increment, countywide without referendum or petition, which must be dedicated to the State's County-Supported Medicaid Fund; and

**Whereas**, New Mexico counties have a statutory responsibility for indigent health care pursuant to 27-5-1 to 18, NMSA, 1978, and also have a long history of caring for and commitment to the support of their local hospitals, particularly in rural areas of the state; and

**Whereas**, the New Mexico Association of Counties has consistently requested the use of county funding for hospital uncompensated care be reported back to the counties in a transparent and accountable manner; and

**Whereas**, revenues from the second one-eight increment are currently used by counties to provide a local match to the state for the purpose of drawing down a match of federal Medicaid dollars for hospitals that qualify for the Sole Community Provider (SCP) Program; and

**Whereas**, revenues from the second one-eighth increment are also used by counties to support a wide range of health care services critical to citizens who are not eligible for Medicaid, including detention inmate health care, substance abuse treatment, rural primary care, home health services, prescription drugs, dental services, indigent burial and cremation services, ambulance service, and hospital care; and

**Whereas**, the New Mexico implementation of Medicaid expansion and market exchanges that are part of health care reform will mean that many indigent care clients will qualify for the new expanded Medicaid coverage, but many will remain indigent due to exemptions to the Affordable Care Act, and will therefore continue to be the responsibility of the county (27-5-2, NMSA 1978); and

Whereas, the intent of the federal Affordable Care Act, is to encourage hospitals and local governments and communities to work closely together to build a safety net of basic health care services; and

Whereas, the New Mexico Human Services Department (HSD) has proposed to redirect the revenue generated by the county local option second one-eighth increment from the counties that have authorized it, to the state;

Now Therefore Be It Resolved That The Board of Rio Arriba County opposes any proposal or legislation that would preempt local government authority, by taking from counties the authority to utilize revenues generated by local taxes in the best interests of their citizens.

SIGNED, ADOPTED AND APPROVED THIS 31st DAY OF OCTOBER 2013.

BOARD OF COUNTY COMMISSIONERS  
RIO ARRIBA COUNTY, NEW MEXICO



*Alfredo L. Montoya*  
\_\_\_\_\_  
Alfredo L. Montoya, Chairman  
Commissioner, District II

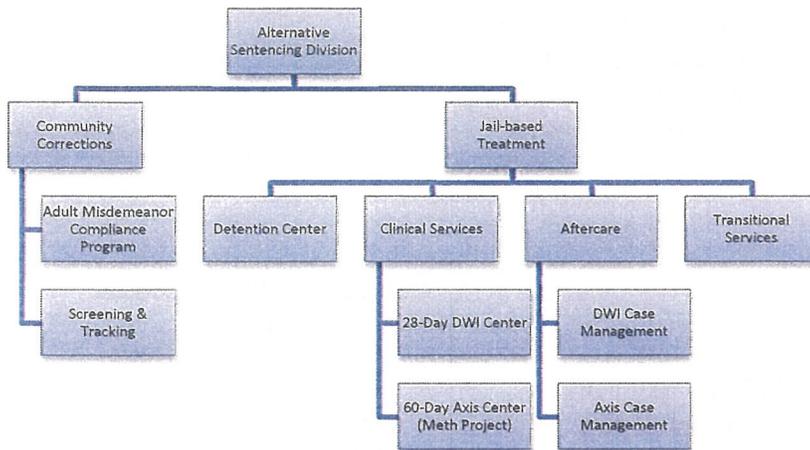
*Barney Trujillo*  
\_\_\_\_\_  
Barney Trujillo  
Commissioner, District I

*Danny J. Garcia*  
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Danny J. Garcia  
Commissioner, District III

ATTEST: *Moises A. Morales, Jr.*  
\_\_\_\_\_  
Moises A. Morales, Jr. Rio Arriba County Clerk



**Division Organizational Structure**



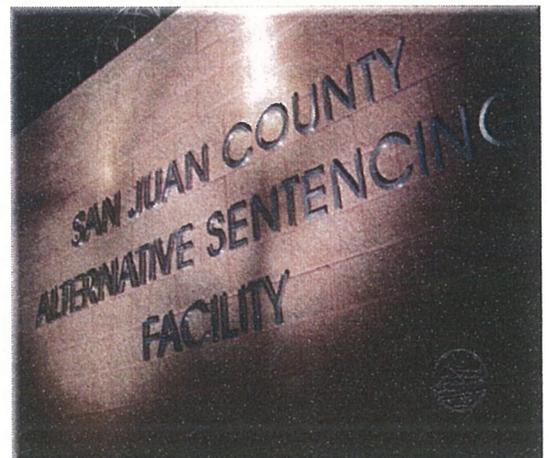
**Mission**

*The Alternative Sentencing Division improves the quality of life for citizens of San Juan County by providing credible sentencing options for the judiciary and promoting viable opportunities for offender success.*

**Vision**

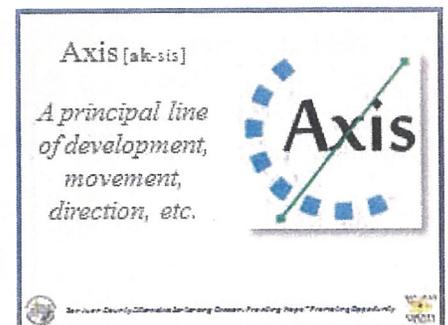
*The Alternative Sentencing Division is a catalyst for life change among criminal offenders in San Juan County.*

*Collaborating with the judiciary and combining industry best practices, the Alternative Sentencing Division increases the potential for offender rehabilitation and, by extension, the safety and quality of life for all residents.*



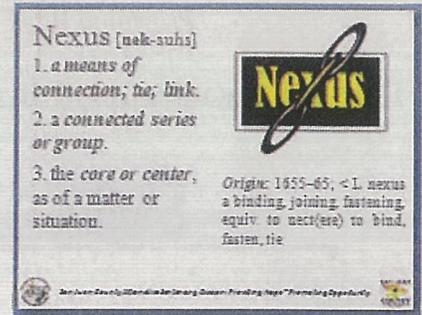
**Jail-Based Treatment**

- Treatment takes place in an 82-bed minimum security detention center/jail.
- Clinical services are provided by 9 licensed counselors.
- The DWI Center is a 28-Day program focused on the needs of those convicted of driving under the influence. In FY2012, 447 offenders completed treatment. Since its inception in August of 1994, more than 10,300 individuals have received services.
- Axis (formerly known as the “Methamphetamine Pilot Project”) is a 60-day program focused on the needs of substance abusing females. Since its inception in November of 2006, over 385 women have received services.
- Both the DWI and Axis program clients receive aftercare services upon completion of their jail-based treatment phase. Case managers provide advocacy, assessment,



encouragement, and accountability as clients proceed through treatment goals and court-ordered sanctions post-release.

- A transitional program, called Nexus, was instituted to provide targeted services for the women leaving the Axis program. Nexus staff are integrated with Axis program during the 60-day jail-based treatment (JBT) phase and then provide strategic reentry support during the critical transition period from JBT to Intensive Outpatient Programming (IOP). Although treatment is provided to address various abused substances, methamphetamine is the drug of choice for nearly 70% of program participants.



### Special Features

- Replication and Innovation:
  - The Senate Memorial 18 Drug Policy Task Force Final Report (submitted to Legislature, 2012) included the following recommendation: *Create regional adult and adolescent programs in Bernalillo and Dona Ana Counties for diversion of offenders with substance use disorders into treatment, modeled for example off the San Juan County DWI Detention/Treatment/Aftercare and Methamphetamine Pilot Programs.*
  - Under a Federal research grant, UNM studied the SJC DWI Center and found it to be twice as effective as other DWI interventions. Findings were published in five professional journals:
    - *American Journal of Public Health* (2002)
    - *American Journal of Preventive Medicine* (2004)
    - *Traffic Injury Prevention* (2005)
    - *Accident Analysis and Prevention* (2006)
    - *Alcoholism: Clinical and Experimental Research* (2007)
  - Researchers' Findings and Comments:

#### **DWI Center Statistics (FY2013)**

- Under 30 yrs: 56%
- Male: 74% / Female: 26%
- DWI 1<sup>st</sup>: 49% / 2<sup>nd</sup>: 32% / 3<sup>rd</sup>: 17%
- Avg. BAC: .15
- Unemployed: 62%
- Caucasian: 16%
- Hispanic/Latino: 10%
- African American: 1%
- Native American: 72%

#### **Axis Program Statistics (Aggregate)**

- Average Age: 31
- Range: 18-62 (≤29: 53%)
- Caucasian: 42%
- Hispanic: 27%
- African American: .004%
- Native American: 31%



- “The comprehensive cohort study reflected a 17% difference in recidivism between Center and non-Center clients, with those who did not go through the program being re-arrested at the higher rate. While a 17% difference may not sound like a big effect, it in fact is. A 17% effect size is twice what other DWI prevention programs show when studied.” [Presented as “Conclusions” in DWI Prevention in San Juan County – A ten year effort.]

- “If you look further within the convicted group, what you see is that the length of sentence... makes no difference in their likelihood of being rearrested. The only exception is if they are sent to the (jail) treatment center,’ said researcher Stephen Kunitz... who is from the University of Rochester School of Medicine in New York.” [Published in the Albuquerque Journal on Friday, August 5, 2005]



The DWI Detention Treatment Center is located at 1006 Municipal Drive in Farmington.

- Establishment as a sought-after training facility:
  - The ASD Jail-based Treatment Centers collaborate with New Mexico Highlands University, San Juan College, and the University of Denver to provide quality internships for students in behavioral health, substance abuse and nursing programs.
  - The San Juan County DWI Treatment Facility is certified by the New Mexico Therapy and Practice Board to provide CEU’s for substance abuse counselors. Training events, coordinated and often taught by ASD staff, are hosted monthly for staff and service providers within the community.
- Family/Concerned Significant Others (CSO) Programming has become an essential and appreciated component of our Community Reinforcement Approach philosophy:
  - Annually, over 500 different individuals attend CSO programming (this number does not include children) – this reflects vital service provision to those who are not typically noted in our “treatment numbers” or captured in fee-for-service billing.
  - In total, more than 1,016 service encounters were provided, again, vital services not captured in other statistics.
- County and Community partners:
  - Axis = 33 volunteers assist in programming
  - DWI = 15 volunteers assist in programming
  - Hours = 576 volunteer hours are logged between the two programs annually
  - Four Corners HR Association received the *Pinnacle Award* from the Society for Human Resource Management for Collaboration with the Methamphetamine (Axis) Program. The summary on the SHRM website reads:



*The Four Corners Human Resource Association partnered with the New Mexico Workforce Connection to work on the Methamphetamine Pilot Project (MPP), a unique national pilot program that works to bring together community resources to address methamphetamine addiction for women. The groups work to provide workforce readiness training and support for the clients. Their role is to assist the incarcerated clients with understanding the hiring process; coach them on exploring career opportunities that match their strengths; provide constructive feedback through a mock-interview process; and refer them to available workforce resources with the ultimate goal of finding suitable employment.*

- A recent letter from a former client:

Dear Judge Liese:

I want to thank you for being a strict judge. I was arrested for DWI in August of last year and my BAC was reported as 0.15. I retained [REDACTED] as my attorney and it was our plan to try and avoid doing 28 days that you often require at the local facility.

I am so grateful that I am going through this program and I'm thoroughly impressed at the quality of the program that the DWI Detention Center has to offer. I feel that, if I hadn't gone through this program, I would have celebrated the victory of avoiding incarceration and nothing would have ever changed with regard to my drinking.

The changes I have made and am making have very likely saved my life, and I just wanted to encourage you to continue to require the 28 day program of the DWI offenders that appear before your court. People think that they don't want or don't need to go through such a program, but, in my case, it was a godsend.

Sincerely,

[REDACTED]

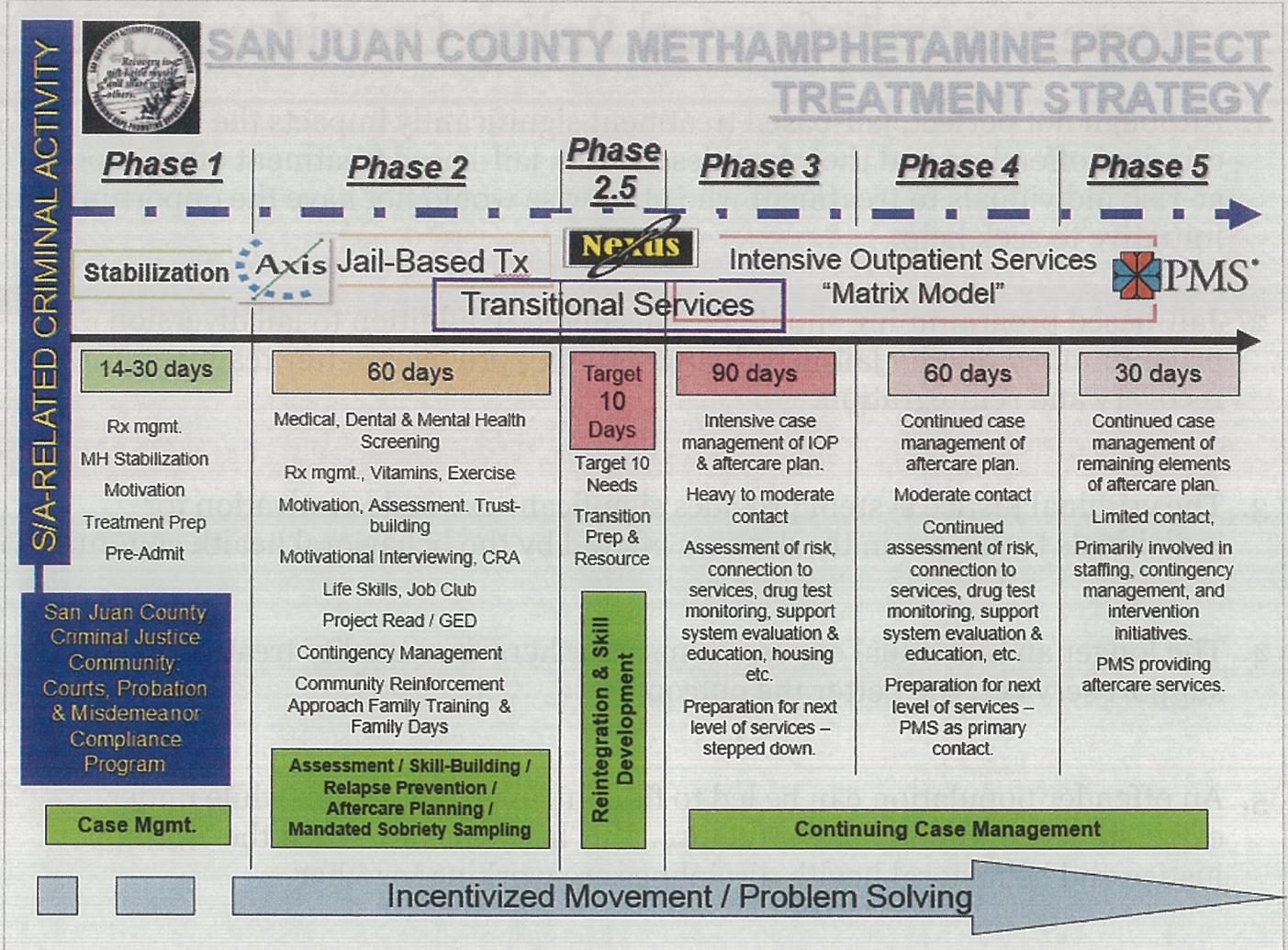
- Current Enhancements:
  - Peer Support Professional Network
  - Peer Support Utilization Network
  - Target Tens / T-10s
    - T-10 Stakeholders
    - T-10 Elements of Human Flourishing
    - T-10 Skills
    - T-10 Habits
    - T-10 Enabling Conditions
    - T-10 Transition Days
    - T-10 Results
    - T-10 Immediate Priorities

The Axis/Nexus Target Tens (T-10s) are eight lists comprised of up to ten factors each that serve as the core rubric for programming priorities and resource allocation. Strategic development of the T-10s continues to grow from a practical description of what recovery looks like both externally and internally.

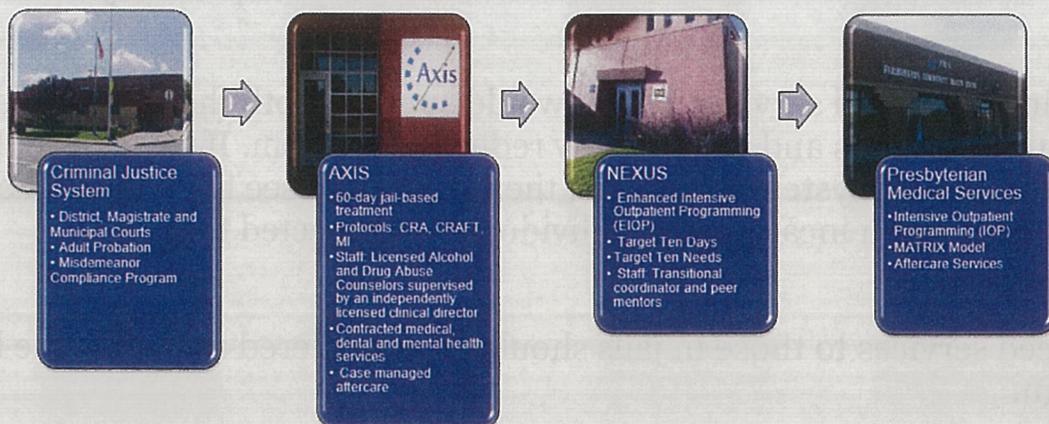
# Experience-Informed Policy Considerations

1. Although not perfect, jail-based treatment significantly impacts the lives of criminal offenders and their families. In fact, jail-based treatment often exposes at-risk individuals to treatment who otherwise would not have the opportunity or initiative to seek help.
2. Jail-based programming should be considered in addition to jail diversion programming; quality jail-based programming provides better readiness for recovery and reintegration.
3. The criminal justice system provides significant extrinsic motivation for individuals to remain in the services offered by the behavioral health community.
4. The longer an individual exposes himself or herself to quality treatment and support services, the better the outcomes.
5. An offender population can be led to find intrinsic motivation while under extrinsic accountability and structure. This happens best when the criminal justice and behavioral health disciplines are working together.
6. NM has developed an extensive human services continuum of care through its Core Service Agency concept.
7. A significant breach in the human services continuum typically occurs when an individual is incarcerated because services, other than those related to behavioral health stabilization and health maintenance, tend to stop at the jailhouse door.
8. Providing enhanced services in jails would support both the offender and community systems and would likely reduce recidivism. If we believe the behavioral health system is of value, then we should see the value in keeping individuals – even incarcerated individuals – connected to it.
9. Enhanced services to those in jails should be considered as part of the healthcare redesign.

# SAN JUAN COUNTY METHAMPHETAMINE PROJECT TREATMENT STRATEGY



## San Juan Methamphetamine Project Service Agency Flowchart



## San Juan County Indigent Health Care Fund Impact on Total Behavioral Health Authority

### Background

- **Description and Background of TBHA**
  - Founded in 2001
  - Unique collaboration of several entities coming together to address homelessness and substance abuse in San Juan County
  - Those entities include San Juan County, The City of Farmington, The Navajo Nation, Presbyterian Medical Services, San Juan Regional Medical Center, Four Winds Recovery Center, the Department of Health, Indian Health Services and the Farmington Intertribal Indian Organization.
  - Services provided include substance abuse treatment, mental health counseling, assessment and referral, case management and Traditional Dine' (Navajo) Healing.
  - We have provided services to 526 individuals in 2013
  - Services are provided in English, Spanish and Navajo
  - TBHA is a program designed by San Juan County partnerships and continues to function with ongoing input from the county to better meet the needs of San Juan County and its residents.

### San Juan County Issues and Needs

- San Juan County 2012 needs assessment listed drunk driving, alcoholism, and drug abuse as the issues of greatest community concern.
- San Juan County has higher deaths rates associated with the use of alcohol than does the rest of New Mexico or the Nation.
- The street inebriate population in San Juan County is disproportionately Navajo.
- TBHA is a unique program designed to integrate Traditional Native Healing Practices with Evidence Based Practices to best meet the needs of our diverse county.

### Populations Served / Programs dependent on County Funds

- Homeless or at immediate risk of homelessness
- Native American (90%)
- Adults
- Substance Abusing
- Programs / services
  - Substance Abuse (at risk of closing if county funding is cut)

- Mental Health
- Case Management
- Jail reintegration ( CTI-R)
- Traditional Dine' Healing (High risk of closing if county funding is cut)
- JIP program (Joint Intervention Program) (high risk of closing if funding is cut)
  - Collaborative program with TBHA, police department, judicial system, hospital/ detox and other treatment providers
  - Serves the “heavy users” of the system
  - Chronically homeless /Lost documents / IDs
  - High success rate in treatment (first 3 months)
    - 38% decrease in ER usage
    - 31 % decrease Detox
    - 44% decrease in arrests
    - 94% decrease in jail days
- Success rates across TBHA programs
  - 45% increase in employment
  - 64% increase in stable housing

**Impact Statement:**

Medicaid does not cover Traditional Healing Services or Adult substance abuse services. Most of our “relatives” come into our program without IDs or other documentation and have not begun the lengthy Medicaid Approval process when they arrive at TBHA. Our focus is generally not to get our relatives / clients on Medicaid but rather to obtain employment and housing by the time they complete our program.

County Indigent Funding accounts for 32% of TBHA’s 2014 Budget; loss of that funding would likely cause us to close programs. At highest risk are the JIP and Traditional Healing programs. Loss of these programs would result in a significant reduction of services and an increase in jail and ER usage by a population better served in the treatment system.