

# Agenda

DATE 6/6/13 TIME 3:14p

PREPARED BY Terrie Rodriguez

RECEIVED BY [Signature]

**LEAD Task Force**  
**Monday, June 17, 2013**  
**Santa Fe Community Convention Center**  
**Nambe Room**  
**201 West Marcy**  
**4:00pm to 6:00pm**

1. Call to Order – Chairperson Emily Kaltenbach – 5 minutes
2. Approval of Agenda
3. Approval of Minutes
4. New Business
  - a. Updated Cost Benefit Analysis – Joohee Rand - 40 minutes
- Break 10 minutes
- b. Review of draft recommendation report – Emily Kaltenbach & Fred Sandoval – 40 minutes
5. Old Business
6. Next Meeting
7. Adjournment

**PERSONS WITH DISABILITIES IN NEED OF ACCOMMODATIONS, CONTACT THE CITY CLERK'S OFFICE AT 955-6520, FIVE (5) WORKING DAYS PRIOR TO MEETING DATE.**

**Index Summary of Minutes  
LEAD Task Force  
June 17, 2013**

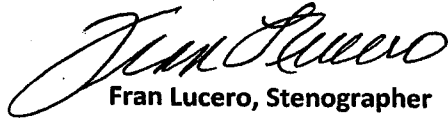
<b><u>INDEX</u></b>	<b><u>ACTION TAKEN</u></b>	<b><u>PAGE(S)</u></b>
<b>Cover Sheet</b>		<b>1</b>
<b>Call to Order</b>	<b>The meeting was called to order at 4:00 pm by the Chair. Meeting was held in the Nambe Room, Santa Fe Convention Center.</b>	<b>2</b>
<b>Roll Call</b>	<b>A quorum was established by sign in roll call.</b>	<b>2</b>
<b>Approval of Agenda Changes: Discussion on selected spokespeople for June 26<sup>th</sup> city council meeting Ride Along Invitation</b>	<i>Sgt. Sanchez moved to approve the agenda as amended, second by Krishna Picard, motion carried by unanimous voice vote.</i>	<b>2-3</b>
<b>Approval of Minutes</b>	<i>Sgt. Sanchez moved to approve the agenda as amended, second by Krishna Picard, motion carried by unanimous voice vote.</i>	<b>3</b>
<b>New Business</b> <b>a. Updated Cost Benefit Analysis (Joohee Rand) (Exhibit A)</b> <b>b. Review of Draft Recommendation Report – Emily Kaltenbach &amp; Fred Sandoval (Exhibit B)</b>	<i>Power Point and Verbal Presentation (Exhibit A) Mr. Sandoval: (Exhibit B) and Verbal Presentation  Feedback on Presentation</i>	<b>3-8</b>
<b>Other Business Ride Along</b>	<i>Invitation by Sgt. Sanchez</i>	<b>8</b>
<b>Adjournment</b>	<i>The meeting was adjourned at 6:10 pm</i>	<b>8</b>
<b>Note: Sign in may be modified when sign in sheets are provided to stenographer.</b>		

CITY OF SANTA FE

# LEAD TASK FORCE COMMITTEE HEARING

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MINUTES



Fran Lucero, Stenographer

June 17, 2013

**LEAD TASK FORCE  
MINUTES  
MONDAY – JUNE 17, 2013  
NAMBE CONFERENCE ROOM  
SANTA FE, NEW MEXICO  
4:00 PM – 6:10 PM**

**1. Call to Order/Roll Call**

The meeting of the LEAD Task Force was called to order by the Chair, Emily Kaltenbach at 4:00 pm in the Nambe Room of the Convention Center, Santa Fe, New Mexico. A quorum did exist by roll call.

**Present:**

Emily Kaltenbach, Chair  
Yolanda Briscoe  
Jeneen Lujan  
Pablo Sedillo, III  
Rachel O'Connor  
Mark Boschelli  
Eric Garcia  
Krishna Picard, City Attorney  
Sgt. Jerome Sanchez  
Cathy Ansheles  
Mary Sky Grey  
Spence Pacheco, District Attorney  
Maria Jose Rodriguez Cadiz  
Steve Kopelman  
Sheila Lewis  
Marcela Diaz

**Excused:**

Councilor Bill Dimas  
Mayor David Coss  
Jessica Dimas  
Kathy Armijo Etre  
Ken Johnson  
Councilor Patti Bushee

**Not Present:**

George L. Ortiz  
Jayde Archuleta

Kate Ferlic  
Laura Brown  
Michael Delgado  
Milagro Castillo  
Raye Byford  
Stephen Branch  
Thom Allena  
William Johnson

**Others Present:**

Daniel Barela, Probation and Parole  
Floyd Sena, Probation and Parole,  
SF District Office  
Joan Morales, Public Defenders Office  
(for Bennett Baur)  
Nathan Segura, Sheriff's Dept.  
Fred Sandoval  
Johee Rand, Consultant  
Ron Ferguson, SF Community  
Foundation  
Chris – SF Community Foundation  
Terry Baker

Anna Serrano and  
Fran Lucero, Stenographer

**Staff Present:**

Terrie Rodriguez, Staff Liaison

**2. The Chair outlined the order of business.**

**3. Approval of Agenda**

The Chair added discussion on who the selected spokespeople should be at the June 26<sup>th</sup> City Council meeting.

Old Business: Ride Along Invitation



*Sgt. Sanchez moved to approve the agenda as amended, second by Krishna Picard, motion carried by unanimous voice vote.*

#### 4. Approval of Minutes

*Cathy Ansheles moved to approve the minutes as presented, second by Krishna Picard, motion carried by unanimous voice vote.*

#### 5. New Business

##### a. Updated Cost Benefit Analysis – Joohee Rand

The Chair commented that Ms. Rand would be providing a great deal of figures and statistics and asked for member feedback as these figures will be going in to the final report.

**(Power Point Presentation – LEAD (Law Enforcement Assisted Diversion Program Cost Analysis – DRAFT – ROUGH ESTIMATE) Exhibit A <60 minutes>**

Ms. Rand stated that the members should look at this report with a long term perspective, in order to understand the cost benefit. At the start of the LEAD program it was looked at with first three year data, you don't get a lot of benefits for the first three years. It is when you get to your 4-6 years when you have invested in the individuals that you actually get the benefit from it. We looked at 0-6 years but I believe we should look actually longer in the future. It is not about getting the exact estimate of the cost benefit, it is really to understand the drivers of the cost and what creates impact to really understand it to mobilize resources to know where the impact is and reduce the cost. The second thing, it is hard to look at this type of cost benefit analysis, you can understand why a lot of the collaborated work tries to change systems across multiple factors. You don't really see a lot of these cost benefit analysis. It isn't because the math is hard, it is because you have to go to a lot of different stakeholders, have them invest time to gather the data that doesn't exist. We all have to agree on the assumptions, and that takes time. It is preliminary and will remain preliminary until we launch it so it will continue to be a learning process for everyone.

The Audience followed the Power Point presentation.

- First went to the Santa Fe Police Department Arrest Data to find out how many individuals were arrested and booked for drug related offenses and it ended up being 100 individuals over the past 3-years. It was then cross-referenced to the Jail Booking Data and that came out to be 59 bookings to the county jail.
- Law Enforcement – Judicial System and evaluated that cost.
- Cost for what the LEAD program would look like with an intensive treatment and wrap around services around these individuals.

That gets us to Cost and Benefit (rough estimate).

Items we did not include are things like; increasing productivity and earnings, what does community well-being mean in terms of economic benefits? There are things that are not included as we take a conservative approach to start. Ms. Rand made reference to the list within the power point that indicates who the contributors are for data. Summary followed for reading by the Task Force members.

Joohee addressed the question regarding the number of individual arrests by the City of Santa Fe. Q: What about arrests that were made by county officers or state police within

the city boundary? A: It has to be an arrest made by City Police. Sgt. Sanchez clarified that the statistics Joohee has are strictly the City of Santa Fe. The Chair also echoed that this is just a start and hopeful that it would extend to the county in the future. Joohee continued by stating that the individuals in average have been arrested 5-9 times over the 3 year period. They spend about 1 month in average in jail over the 3 year period. It was noted that although the report indicates 100 individuals there is a great overlap of other drug related arrests.

Page 8: Burden on the System based on 100 target eligible individuals with opiate related arrests in Santa Fe. These 100 individual collectively represented a significant burden across systems for law enforcement, justice, health, safety and social services.

Law Enforcement: 590 total arrests, 5,531 office hours	Property Crimes – 51% of the individuals had property crime history (often multiple) or were soon arrested for after	911 / EMS – 61 dispatches (2.5 years: November 2010 – April 2013)
Detention / Jail: 11,502 total days in jail	<b>100 TARGET ELIGIBLE INDIVIDUALS WITH OPIATE-RELATED ARRESTS IN SANTA FE</b>	ER / Medical – 91 out of 100 individuals had drug-related ER / hospital visits. <i>Among County Jail Inmates (2 years 2011-2012) 154 Opiate Kick Kit prescription 27 days hospitalized, 25 offsite appointments</i>
Prosecutors: 10,000 hours (additional 1.5x of clerks/staff)	Courts: District: 109 cases, (220 Judge Hours), Magistrate: 329 cases, (500+ Judge Hours), Municipal: (72 Judge Hours)	Public Defenders: 3,435 Hours
Average per Individual: 100 hours	Average per Individual: 4.4 District/Magistrate Cases, ~8 hours	Average per Individual: 34 hours

“Revolving Door” with Systematic Recidivism: A majority (91 out of 100) arrested for opiate possession or sales in 2010-2012 were repeat offenders with a pattern of being re-arrested every 6 months on average.

“Frequent Offenders” – Law Enforcement and Jail: A small number of individuals disproportionately burden the system with the top 25 individuals making up nearly 50 % of the usage for law enforcement and detention / jail facilities. Top 25 “Frequent Offenders” are responsible for 4-5 times more arrests and length of jail stays compared to “others”.

“Cost to the Current System – Summary” – The 100 target eligible population cost more than \$4 million or an average of \$41K per individual across systems over the past 3 year period (2010-2012). \$4 million is a relatively conservative estimate due to: taking a generally conservative approach to assumptions in each cost area and not fully capturing some of the burden on the broader systems in the quantitative analysis including loss of productivity and earnings and cost on social support.

Joohee provided in her presentation:

- Cost to the Current System – Judicial Cost Breakdown (page 14)

- Cost to the Current System – What’s not included - (The overall cost to the system is likely to be much higher than the current \$4M estimate or \$41K per individual in average.
- Cost to the Current System – Top 25: The cost per individual is significantly higher for the top 25 frequent offenders (~\$55K) vs. “others” (~\$36K) – *very rough estimate.*
- Potential LEAD Treatment and Program Cost: While the specific needs will vary, an average LEAD cost per individual including intensive treatments and wrap-around services is estimated at ~\$34K per individual over 3 years, less than the cost of the current system - *very rough estimate.*
- Potential LEAD Treatment & Program Cost: Detailed Assumptions (Page 18)
- Long-term cost Benefit Impact: The cost-benefit impact of the LEAD program will be more evident in the long-term as the upfront investment of intensive treatment and support services pay off in sustained reduction in recidivism and cost to the current systems.
- Sensitivity Analysis – Target Reduction in Recidivism (Before Medicaid): 48% reduction in arrest, incarceration and drug-related ER / hospital recidivism will provide positive economic benefit for LEAD program under the current conservative assumptions. (pg. 20)
- Sensitivity Analysis – Medicaid Implication on cost-benefit analysis for the city of Santa Fe. The required reduction in recidivism is lower (25-32%) for the City of Santa Fe if the LEAD cost is adjusted for Medicaid coverage of 60-80% for certain medical treatments.

#### Appendix:

- LEAD Cost Benefit Analysis Framework (page 22-32)
  - Law enforcement / Property Crimes
  - Judiciary
  - Jail / Jail Medical
  - CSV ER / Medical (excluding Jail Medical)
- Key Assumptions and Data Sources
- Example Profile of Target Eligible Population

*(Note: End of Power Point)*

#### Questions:

Does this portfolio mirror what Seattle is doing? A: Pretty much, we have made some adjustments on the initial data that we received. We are waiting for up to date total cost and amount of clients served in each area. One of the things that they had which is more explicit is data on mental health services; we talked about it and some of the services that we provide in residential as out-patient include mental health as well.

The Chair clarified that this information is based on treatment specialist; everyone’s experience based on evidence based practice. As far as the percent of individuals who go in for service, not everyone will get a full range of service, they will get an individualized treatment plan. That is what may perhaps change. Seattle, their housing is quite significant as many of their clients were homeless. Joohee, we also increased the housing cost in our report estimating that they may need up to 90 days per year.

Case Management is a big cost. Joohee said that she was relatively conservative on all estimated costs.

It is not all about the numbers or the cost benefit now; once you have the assumptions and understand what is driving the cost, you can come back and evaluate what is driving the cost and what is different from how we expected things to happen and we can make adjustments in the program. Some of the costs may increase due to the wrap around services.

When you launch a pilot, the real way to reduce cost and have a maximum impact is to work with individuals when presenting these costs as they have no reference to the costs related to putting them in to the system. I think there is a great benefit to that, the need is to quantify that.

The Chair said that there is also cost prevention in harm reduction. I believe that because of the dedication of this group to harm reduction we will see cost prevention.

Joohee: If you look at the long terms costs; the green is the year 1, 2, 3 and red is 4 to 6. I made a simply assumption that the cost of years 1, 2, 3 in the current system, if you look at the cost impact it is really in years 4-6. In the first three years there are a lot of costs in setting up the system and if you look at years 7-9 it looks even better.

Again, some of the long term positive impact is prevention, reduction in drug addiction, preventing crimes; really improving the safety and health of the community.

Joohee asked the Task Force members to please look carefully at the backups and assure that the assumptions are reasonable.

Thank you to Joohee for her hard work and those who worked with Joohee. Thank you to the Santa Fe Community Foundation who funded this part of the planning.

**b. Review of Draft Recommendation Report – Emily Kaltenbach & Fred Sandoval**

Opening remarks from Mr. Sandoval. The report is a compilation of this committee's work, sub-committee participation and input from the community. (Draft presented to the committee for review) (Exhibit B)

Included in the report:

1. Names all of the members of the Task Force year-to-date.
  2. Executive Summary – Designed it to be free Standing so it can be shared with different venues which highlight the key points in the document.
    - Included quotes from decision makers in support of the goal.
    - Department of Health Data will be reflected in this report. We want to make sure that all information the City Council reviews is accurate and that they know it is up-to-date information.
    - All the recommendations have been listed in one page.
- Page 5- Lists Recommendations in relationship to the work of the entire Task Force and secondly to the way the sub-committees were re-structured. The four areas were; Eligibility Recommendation, Process Recommendations, Treatment Recommendation, Funding/Evaluation Recommendation. The presentation to City Council will be June 26<sup>th</sup> at the Mayors request; this brief but distinct recommendation listing will give them a clear understanding of the work done by the Task Force. These recommendations are clearly the components for planning and implementing an innovative 3-year pre-booking diversion pilot program to divert those individuals suffering from an addiction to opiates into treatment and social supports. (Pilot Phase: January 1, 2014 – December 31, 2017)

3. Feedback on Recommendations:

a. What are we asking the City Council to do?

The Chair explained the process of the resolution request and seeking approval for LEAD to plan and implement a LEAD Pilot January 1, 2014. This Wednesday the Mayor has requested a presentation, there may not be a vote on Wednesday but we will continue with the creation of a Resolution. The Chair said that this is the first opportunity to give them a full picture of the reasons for approving this concept.

The Chair stated that we would not be asking for funding at this time. The first half of the year they would operate with private funds. Page 17 of the report provides future funding sources.

b. Recommendation to shorten the content of the report so the City Council can focus-in quicker. Maybe strengthen the Executive Summary.

The Vice Chair said that the hope is to have the report which is presented to the Public Safety Committee be more detailed so when it goes to the City Council it will go with the Public Safety Committee recommendation.

Suggestion(s):

Strengthen the Executive Summary

Strong Bullet Points with heavy emphasis.

The language we use should be very compelling.

Points of strong interest from Joohee's Presentation

Cost: \$4,000,000

Affordable Care

Cost of Incarceration

Provide Visuals to the City Council

Mr. Sandoval: Made reference to the Benefit list on page 10.

The Chair asked for comments, what is missing, what should be there, what are talking points the Task Force members would like to see. The document will be worked on over the weekend and time to review before the June 26<sup>th</sup> meeting. E-mail the comments to the Chair.

The Chair stated that the Mayor will address the Resolution. Who else should be presenting. The Vice Chair (Sgt.) was recommended. The Chair asked the Task Force to please attend as everyone in this room are experts and welcomed to comment. The meeting after the 26<sup>th</sup> it would be good to have the Neighborhood Watch person who presented at a past meeting come to city council.

Joohee asked the Task Force what their thoughts are on a 10 year cost benefit analysis vs. a 6 year.

Has anyone taken in to consideration the savings per offender supervision on probation? Probation and Parole representative will provide additional information.

The District Attorney expressed her concern that going to the City Council on June 26<sup>th</sup> could possibly be too soon to present. The stats for burglaries have gone down.

**6. Other Business**

Sgt. Sanchez made the invitation to all members of the Task Force to participate in a Ride Along with the City Police Department. Anyone interested with contact Sgt. Sanchez. Thank you for this offer.

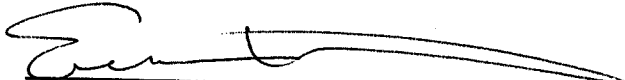

**7. Old Business**

None

**8. Adjournment**

There being no further business to come before the LEAD Task Force, the meeting was adjourned at 6:10 pm.

**Signature Page:**

  
Emily Kaltenbach, Chair  
Fran Lucero, Stenographer

SANTA FE  
COMMUNITY  
FOUNDATION



**LEAD**  
SANTA FE

*Exhibit B*

# LEAD (LAW ENFORCEMENT ASSISTED DIVERSION PROGRAM)

## COST BENEFIT ANALYSIS

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**DRAFT**

**Initial Rough Estimate**

June 17, 2013

**IMPORTANT:**

***This Document Contains Initial Rough Estimate for Internal Discussion Only.  
Do Not Distribute or Use Its Content for Other Purposes.***

# Approach to Cost Benefit Analysis

## Potential Target Individuals

- Identified **target eligible individuals** from Santa Fe Police Department arrest / booking records using rough eligibility criteria - Individuals with **opiate-related arrests** over the **past 3 years (2010-2012)**

## Cost of Current System (Arrest, Court, Jail, 911 / ER Visits, Property Crimes)

- Attempted to understand the **burden on the whole system** by cross-referencing the individual records across law enforcement, jail / detention, courts, 911 / EMS and medical systems\*

## Cost for LEAD Treatment & Services

- Estimated potential treatment cost for the individuals if they were sent to a comprehensive LEAD program including intensive treatments and wrap-around services instead of incarceration

## Cost vs. Benefit for New LEAD program

- Analysis reflects “**rough estimate**” on comparison of current system vs. new LEAD treatment costs, assuming successful outcome of LEAD treatment. Other externalities including earning by LEAD individuals, reduced property crimes, public security, and improved wellbeing of families and communities have not been included in this preliminary, quantitative analysis but should be considered in evaluation of the LEAD program

\*Used **actual records** of individual arrests, jail days, and court cases where such information was attainable; Supplemented with **assumptions / estimates** where not possible through expert interviews or web search; **Assumptions** can be refined with additional information over the course of the project



# Data Sources for Cost-Benefit Analysis

Area	Data Source
<b>Law Enforcement</b>	<ul style="list-style-type: none"> <li>• <b>Santa Fe Police Department</b> <ul style="list-style-type: none"> <li>- Arrest records 2010-2012</li> <li>- Expert interview w/ Detective Sergeant Jerome Sanchez for key assumptions</li> </ul> </li> <li>• <b>Santa Fe County Jail Online Inmates Inquiry</b>  <a href="http://www.santafecountynm.gov/inmate_lookup.php">http://www.santafecountynm.gov/inmate_lookup.php</a> </li> </ul>
<b>Judiciary</b> <ul style="list-style-type: none"> <li>• Courts (District, Magistrate, Municipal)</li> <li>• Prosecutors</li> <li>• Public Defenders</li> </ul>	<ul style="list-style-type: none"> <li>• <b>New Mexico Courts Case Lookup</b> <a href="https://caselookup.nmcourts.gov/caselookup/app">https://caselookup.nmcourts.gov/caselookup/app</a></li> <li>• <b>Public Defenders Office:</b> Bennett Baur</li> <li>• <b>District Attorney / Prosecutor's Office:</b> Spence Pacheco, Lucas Gauthier (CFO)</li> <li>• <b>City Prosecutor:</b> Krishna Picard</li> <li>• <b>Municipal Court Administrator:</b> Arlene Sisneros</li> <li>• <b>First Judicial District Court Administrative Assistant:</b> Tyra J. Chavez</li> <li>• <b>First Judicial District Adult Drug Court Administrative Assistant:</b> Kim Moore</li> <li>• <b>Magistrate Court</b> (estimate provided by City Prosecutor Krishna Picard based on previous experience)</li> </ul>
<b>Jail / Detention Center</b> (including Jail Medical)	<ul style="list-style-type: none"> <li>• <b>SF County Public Safety:</b> Pablo Sedillo III (Director), Lisa Leiding (Nurse Administrator)</li> <li>• <b>Santa Fe County Jail Online Inmates Inquiry</b>  <a href="http://www.santafecountynm.gov/inmate_lookup.php">http://www.santafecountynm.gov/inmate_lookup.php</a> </li> </ul>
<b>911 / EMS</b>	<ul style="list-style-type: none"> <li>• <b>City of Santa Fe Fire Department:</b> Barbara Salas (Fire Chief)</li> </ul>
<b>ER/Medical</b>	<ul style="list-style-type: none"> <li>• <b>Chris St. Vincent Regional Medical Center:</b> Kathy Armijo Etre (VP of Community Health), Kristin Carmichael</li> </ul>
<b>Treatment</b>	<ul style="list-style-type: none"> <li>• <b>Life Link:</b> Laura Brown</li> <li>• <b>SF Recovery Center:</b> Yolanda Briscoe, Sylvia Barela</li> <li>• <b>Drug Policy Alliance:</b> Emily Kaltenbach</li> <li>• <b>CARE Connection at Christus St. Vincent Regional Medical Center:</b> Mark Boschelli (Clinical Supervisor)</li> <li>• <b>Santa Fe Mountain Center:</b> Sky Gray</li> <li>• <b>Santa Fe City Youth and Families Division:</b> Terrie Rodriguez (Director)</li> <li>• <b>Sobering House:</b> William McGowan, LADAC, Residential Counselor</li> </ul>

# Summary of Cost Benefit Analysis – 1/2

*\* All data summarized for a three-year time period (2010-2012) unless otherwise noted*

1. **100 Target Eligible Individuals:** 100 individuals were identified for opiate-related arrests by Santa Fe City law enforcement officers over the past 3 years
2. **Significant Overlap with Property Crimes:** **Over half (51%)** of individuals arrested for opiate possession or sales had a history of property crime or were soon arrested for one
3. **Burden on the System:** These 100 individuals collectively represented a significant burden across systems for law enforcement, justice, health, safety and social services including:
  - **Law enforcement:** 590 arrests, 5500+ officer hours
  - **Detention center / Jail:** 11,500+ days
  - **Judicial System:** 329 District & Magistrate Court cases and additional Municipal Court cases; 800+ Judge hours; 10,000+ Prosecutor hours, 3,000+ Public Defender hours; additional hours by staff, clerks, assistant, probation officers, witnesses, victims' advocate etc.
  - **911/EMS:** 61 dispatches
  - **Emergency and Other Medical:** **91 out of 100** individuals had drug-related ED/hospital visits
4. **"Revolving Door" with Systematic Recidivism:** A majority (**91 out of 100**) arrested for opiate possession or sales in 2010-2012 were **repeat offenders** with a pattern of being **re-arrested every 6 months** on average (5.9 arrests in 3 year period)
5. **"Frequent Offenders":** A small number of "frequent offenders" disproportionately burden the system with the top 25 individuals making up nearly 50% of the total usage for law enforcement (278 arrests) and detention/jail facilities (5301 combined days in jail). Top 25 "Frequent Offenders" are responsible for 4~5 times the number of arrests and length of jail stays compared to "Others"

# Summary of Cost Benefit Analysis– 2/2

*\* All data summarized for a three-year time period (2010-2012) unless otherwise noted*

6. **Cost to the Current System:** The 100 target eligible population cost more than **\$4 million** or an average of **\$41K per individual** across systems over the past 3 year period (2010-2012). The cost per individual is significantly higher for the **top 25 frequent offenders (\$~55K)** vs. Others (~\$36K). The overall cost to the system is likely to be much higher given the conservative assumptions and additional burden on the broader system not fully captured in the current analysis including loss of productivity and earnings and cost to social support systems.
7. **Potential LEAD Treatment & Program Cost:** While the specific needs will vary, an average LEAD cost per individual including intensive treatments and wrap-around services is estimated at about ~\$34K per individual over 3 years, less than the cost to the current system. The cost to Santa Fe City will be significantly lower when Medicaid coverage and other funding sources are taken into account, as well as pro bono services and donated goods. In addition, a number of the current 100 individuals are already “ad hoc” participants to different components of these treatments and programs making the incremental cost lower than the full estimate.
8. **Long-term Impact:** The cost-benefit impact of the LEAD program will be more evident in the long-term as the upfront investment of intensive treatment and support services pays off in reduced recidivism and cost to the current systems over time. Other long-term positive impacts include prevention of drug addiction and related criminal activities, improved wellbeing of individuals, family and community, and positive contribution to earnings and economic productivity through re-integration to society and job market. LEAD is intended to move individuals from the chronic “revolving door” of drug-to-incarceration and-ER-visits toward long-term sustainable recovery and livelihood.
9. **Sensitivity Analysis - Target Reduction in Recidivism:** **48% reduction in arrest, incarceration and drug-related ER / hospital recidivism\*** will provide positive economic benefits for the LEAD program under the current conservative assumptions. The required reduction in recidivism is lower (25~32%) for the City of SF if the LEAD cost is adjusted for Medicaid coverage of 60~80% for certain medical treatments.

## **1. 100 Target Eligible Individuals:** 100 individuals were identified for opiate related arrests by the City of Santa Fe law enforcement officers over the past 3 years

*\*All data summarized for a three-year time period (2010-2012) unless otherwise noted*

**100 target eligible  
individuals for  
LEAD**

Arrested and booked

- As **opiate-related (possession or sales)** primary offense on record
- By the **City of Santa Fe Law enforcement officers**
- Over the **past 3 year time period (2010-2012)**

- *During the 3 year period, the target 100 individuals, on average,:*
  - were **arrested 5.9 times** for drug, property crime, or other offenses, and
  - spent **115 days in Santa Fe County Jail.**
- *Under the current incarceration-based approach without addressing the core problem of drug addiction, these individuals incur significant and recurring burden and financial cost to the criminal justice system as well as the medical and social support systems.*

**2. Significant Overlap with Property Crimes:** Over half (51%) of the 100 individuals arrested for opium possession or sales had a history of property crime or were soon arrested for property crime

***“A majority of the property crimes are related to drugs”*** (SFPD Detective Sergeant)

**History of Property Crime**

100% = 100 individuals arrested for  
Opiate Sales & Possession in 2010-2012



- ***“I will do anything to get my hands on drugs so I can get ‘well’.”*** (quote from an inmate explaining why drug addiction leads to desperate property crimes)
- **Over half of the individuals** arrested for opiate possession or sales also had a **history of property crime\*** or **were soon arrested for property crime**. Many more are suspected of property crimes although may not have been arrested
- **The number of burglary “reports” is approximately 10 times the number of actual “arrests”**, suggesting significantly higher costs related to property crimes than what is documented through police arrests  
(For example, Santa Fe Police Department had a total of **966 reports** for burglary but only **94 actual arrests** from June 1, 2011 to May 31<sup>st</sup>, 2012)

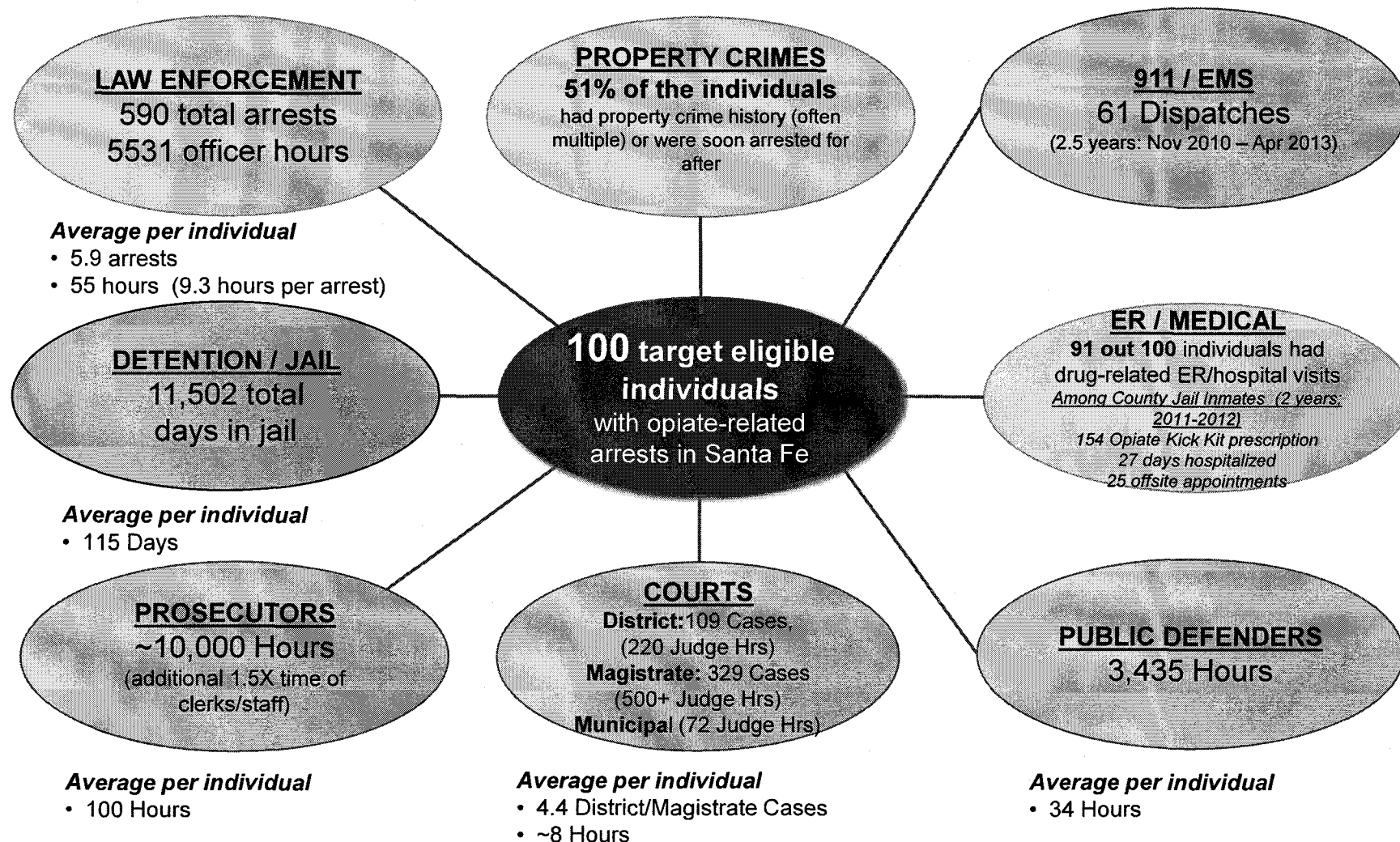
\* Property Crime includes burglary, larceny, breaking & entering, shoplifting, robbery, receiving or transporting stolen goods



### **3. Burden on the System:** These 100 individuals collectively represented a significant burden across systems for law enforcement, justice, health, safety and social services

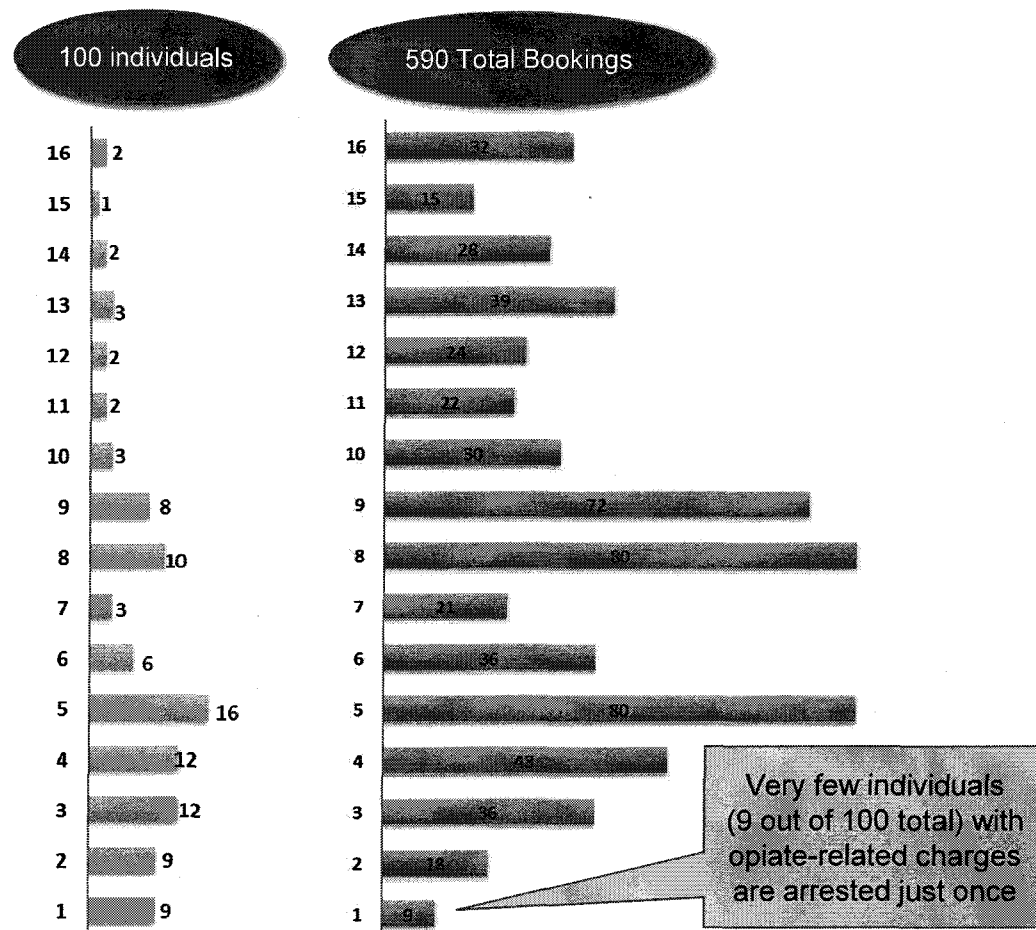
*\*All data summarized for a three-year time period (2010-2012) unless otherwise noted*

#### **Quantified in the scope of this initial analysis**



#### 4. "Revolving Door" with Systematic Recidivism: A majority (91 out of 100) arrested for opiate possession or sales in 2010-2012 were **repeat offenders** with a pattern of being **re-arrested every 6 months** on average.

Number of Individuals and Total Booking by Recidivism / Frequency Groups  
(3 year period, 2010-2012)

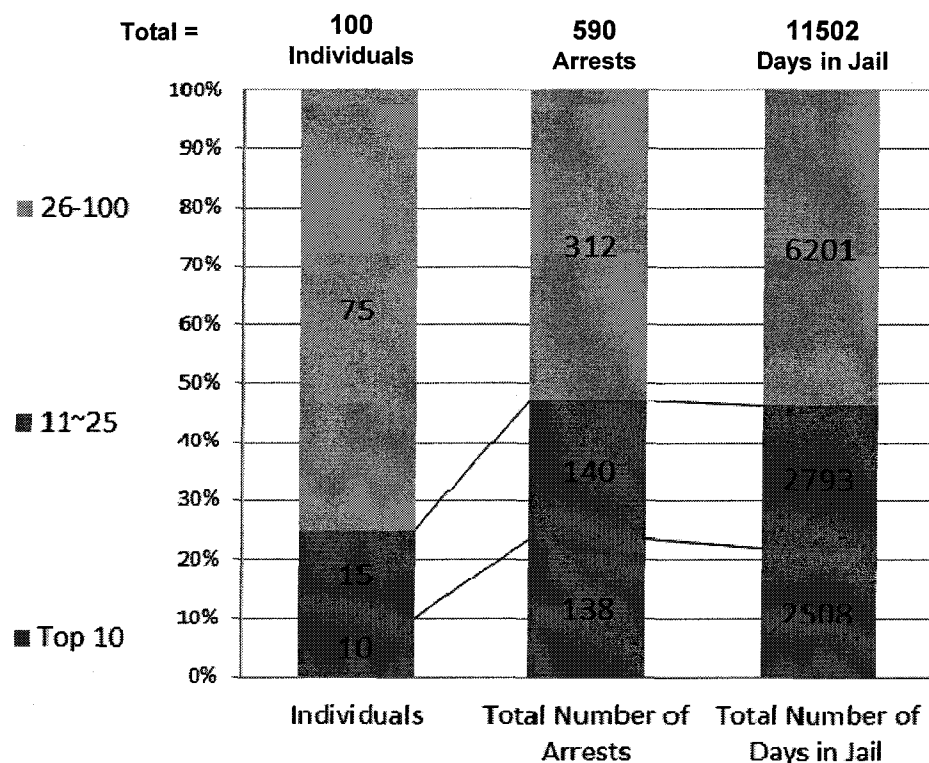


- These 100 individuals had **total 590 bookings** across opiate, drug paraphernalia, property crime, and other offenses
- **91 out of total 100** individuals arrested for opiate possession or sales in 2010-2012 had **two or more arrests over the past 3 years**
- **Average recidivism** was 6 month intervals between arrests in average or **5.9 times over 3 year period** (2 times / year)

\* Included Opiate Possession or Sales, Other Drugs, Drug Paraphernalia, Property Crime Arrests, Probation Violations, Warrants, Failure to Appear etc.

## 5. “Frequent Offenders” – Law Enforcement and Jail: A small number of individuals disproportionately burden the system with the top 25 individuals making up nearly 50% of the usage for law enforcement and detention / jail facilities

Summary of Individuals, Arrests, and Days in Jail by Recidivism Ranking Group (3 year period, 2010-2012)



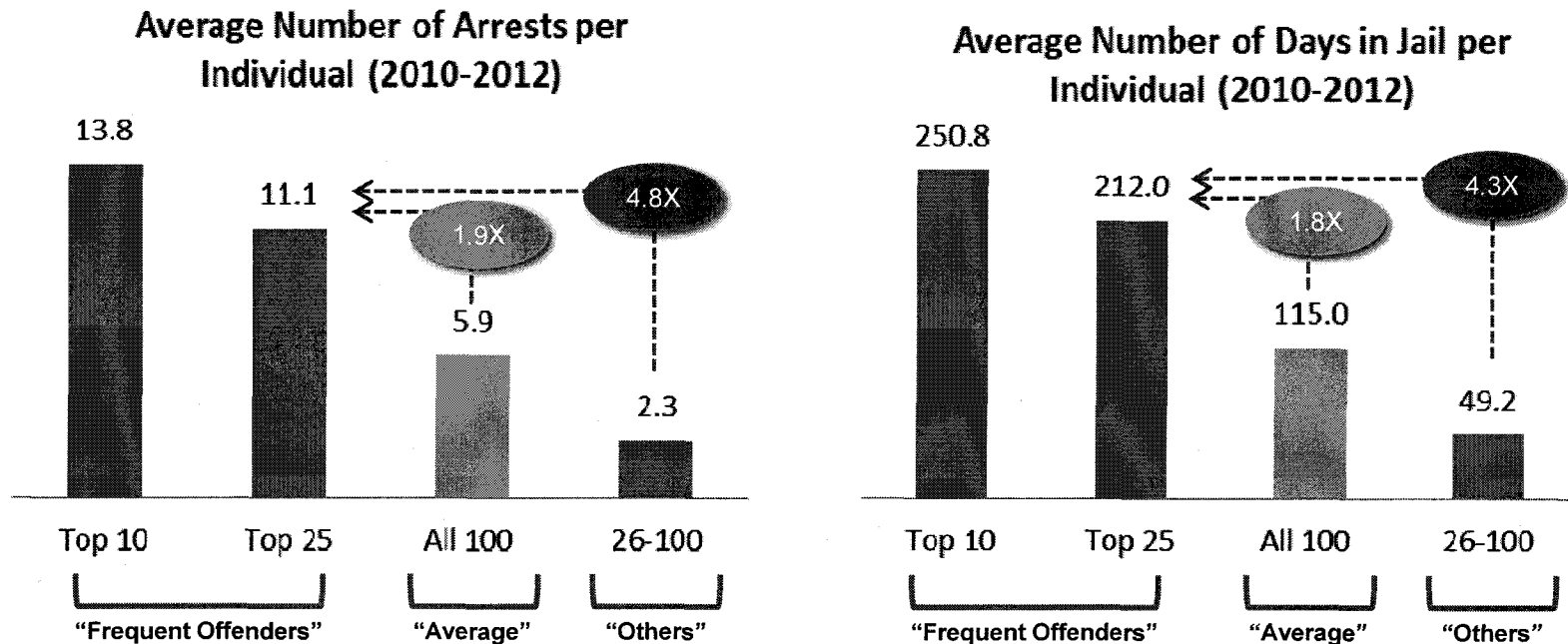
### Top 25 individuals make up:

- Approximately **50% of the law enforcement and detention center / jail burden** among the total 100 target eligible population
- **278 total arrests** (average **11.1** arrests per individual)
- **5301 combined days in jail** (average **212 days per individual**) over the past 3 years



## 5. “Frequent Offenders”- Law Enforcement and Jail: Top 25 “Frequent Offenders” are responsible for 4~5 times more arrests and length of jail stays compared to “Others”

Comparison of Arrests and Jail Stays for “Frequent Offenders” vs. “Average” and “Others”  
(3 year period, 2010-2012)



Which population LEAD program targets will likely have significant impact on cost savings from the current system as well as the cost of new LEAD treatment / programs to meet the needs of the individuals

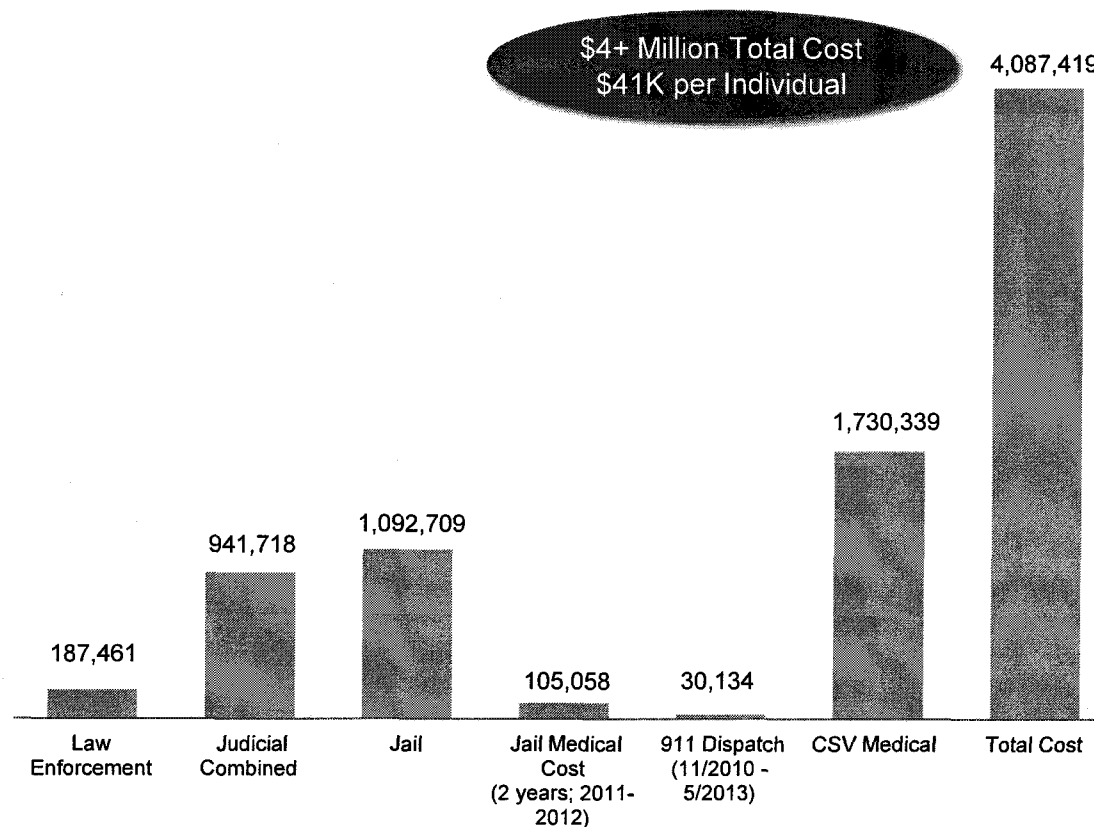
## 5. "Frequent Offenders": Top 25 Frequent Offenders, History of Property Crimes, and Burden on the Law Enforcement and Jail / Detention Systems

Rank	Arrestee's name	Drug Type	History of Property Crimes	# of Arrests / Bookings (2010-2012)	Total # of Days in Jail (2010-2012)
1	Vanity Rose	Heroin	Shoplifting/B&E	16	316
2	Ricky	Heroin	Shoplifting/Larceny	16	257
3	Crystal	Heroin/syringes/para	shoplifting	15	109
4	Mark	Heroin/Cocaine/para	N/A	14	162
5	Brandon	Heroin/syringes/para	Burglary/Larceny	14	681
6	Herman	Heroin/syringes/para	Shoplifting/Receiving Stolen Property	13	196
7	Frank	Heroin/syringe	Shoplifting/Larceny/Burglary/Receiving St	13	263
8	Bernie	Heroin	Shoplifting/B&E/Receiving Stolen Property	13	283
9	Adrian	Heroin/syringe	Shoplifting	12	158
10	Tanya M	Crack/Cocaine/syringe	Shoplifting	12	83
11	Tanya N	Cocaine/Marijuana/Pills	Shoplifting	11	227
12	Michael	Heroin	Shoplifting/Larceny/Burglary/Receiving St	11	316
13	Fernando	Heroin/Cocaine/Spoon	N/A	10	437
14	Lucas	Heroin/syringes/para	Shoplifting	10	106
15	Christina	Heroin	Shoplifting	10	348
16	Anthony	Heroin/Cocaine/para	N/A	9	229
17	Sonya	Heroin/Marijuana/Pills	Shoplifting/Burglary	9	25
18	Sammy Jr.	Heroin	Receiving Stolen Property/Burglary/Larce	9	266
19	Shayla	Heroin/Syringe	N/A	9	114
20	Raul A	Heroin/Syringe	N/A	9	11
21	Raul	Heroin/Syringe	N/A	9	99
22	Monique	Heroin/Syringe	N/A	9	187
23	Valerie	Heroin	Shoplifting/Larceny	9	220
24	Larry John	Heroin	Shoplifting/Larceny	8	67
25	Ronnie	Heroin/syringe	shoplifting	8	141

**6. Cost to the Current System - Summary:** The 100 target eligible population cost more than **\$4 million** or an average of **\$41K per individual** across systems over the past 3 year period (2010-2012)

**VERY ROUGH ESTIMATE**

**3-Year TOTAL Cost to the System for the 100 Individuals**



\$4M is a relatively **CONSERVATIVE ESTIMATE** due to:

- Taking a generally conservative approach to assumptions in each cost area (see appendix for detailed assumptions in each area)
- Not fully capturing some of the burden on the broader systems in the quantitative analysis including loss of productivity and earnings and cost on social support systems (see next page for more details)

*See Appendix for detailed assumptions in each area*

**6. Cost to the Current System – Judicial Cost Breakdown:** The highest cost for the Judicial System is with the District Attorney Office, responsible for prosecuting the individuals with drug-related and other crimes (total 438 cases, over 10,000 DA prosecutor hours)

**VERY ROUGH ESTIMATE**

**Breakdown of Judicial Costs Related to 100 target LEAD eligible Individuals**  
3 Year Total Cost Estimate (2010-2012)

	<b>Judge</b> (including clerk & assistant staff)	<b>Prosecutor</b> (including clerk , assistant , & victim's advocate)	<b>Public Defender</b> (including Private Contractors)	<b>Total</b>
<b>Municipal Court</b>	\$19,207	\$6,192	\$9,523	\$34,923
<b>Magistrate Court</b>	\$67,946	\$652,063	\$158,647	\$906,795
<b>District Court</b>	\$28,139			
<b>Total</b>	\$115,292	\$658,255	\$168,171	\$941,718

*See Appendix for detailed assumptions*

**6. Cost to the Current System – What's Not Included:** The overall cost to the system is likely to be much higher than the current \$4M estimate or \$41K per individual in average

**Additional burden on the system is NOT fully captured in the current scope of quantitative analysis**

- **Loss of productivity and earnings** for the individuals from incarceration and other issues related to drug addiction
- **Impact on families and costs on the social systems** for services provided to the individuals and their families when a parent is incarcerated
- **Cost of current drug treatments and services being provided to the individuals on an “ad hoc” basis** (e.g., sobering center, medication assistance)\*
- **Increased public safety and health issues** including domestic violence, crimes (including property crimes), injuries, STDs and other communicative diseases that affect overall community wellbeing
- **Opportunity cost of time and resources diverted from addressing other potentially more critical cases** by law enforcement officers, judicial system, jail, and medical institutions
- **Time spent by other individuals involved in judicial process\*\*** (e.g., witnesses, jury, social services, etc.)

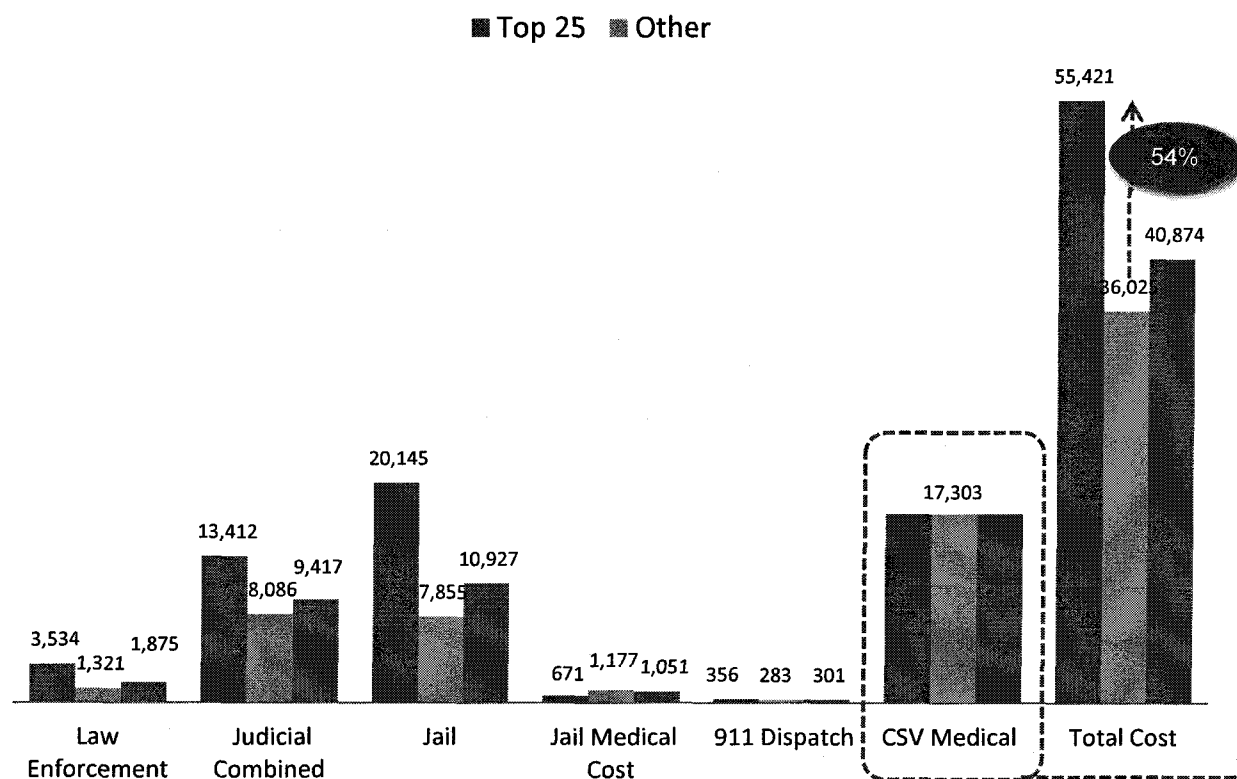
\* For example, 8 individuals have been to the CSV Sobering Center; 43 have gone through the Care Connection assessment center and were issued a voucher for services that add up to \$1,200; 3 Individuals have used both the assessment center and the Sobering Center.

\*\* Current analysis for judicial system covers direct labor costs for judges, prosecutors, public defenders, clerks, assistants, victim's advocate and probation officer (municipal only); See Appendix for detailed assumptions in each area

## 6. Cost to the Current System – Top 25: The cost per individual is significantly higher for the top 25 frequent offenders (\$~55K) vs. “Others” (~\$36K)

**VERY ROUGH ESTIMATE**

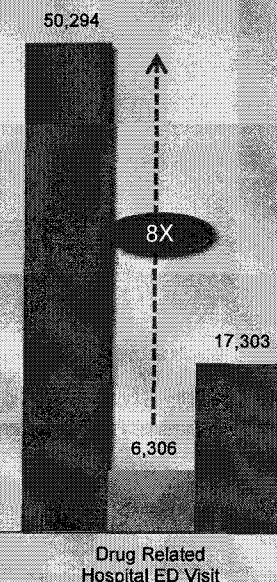
3-Year Average Cost to the System per Individual - Top 25 vs. Others



\*Applied same average cost for all 100 individuals as medical cost could not be matched to specific individuals in the list due to HIPPA Privacy rule

SIDE BAR:  
Top 25 vs. Others for Drug Related Hospital ED Charges Only

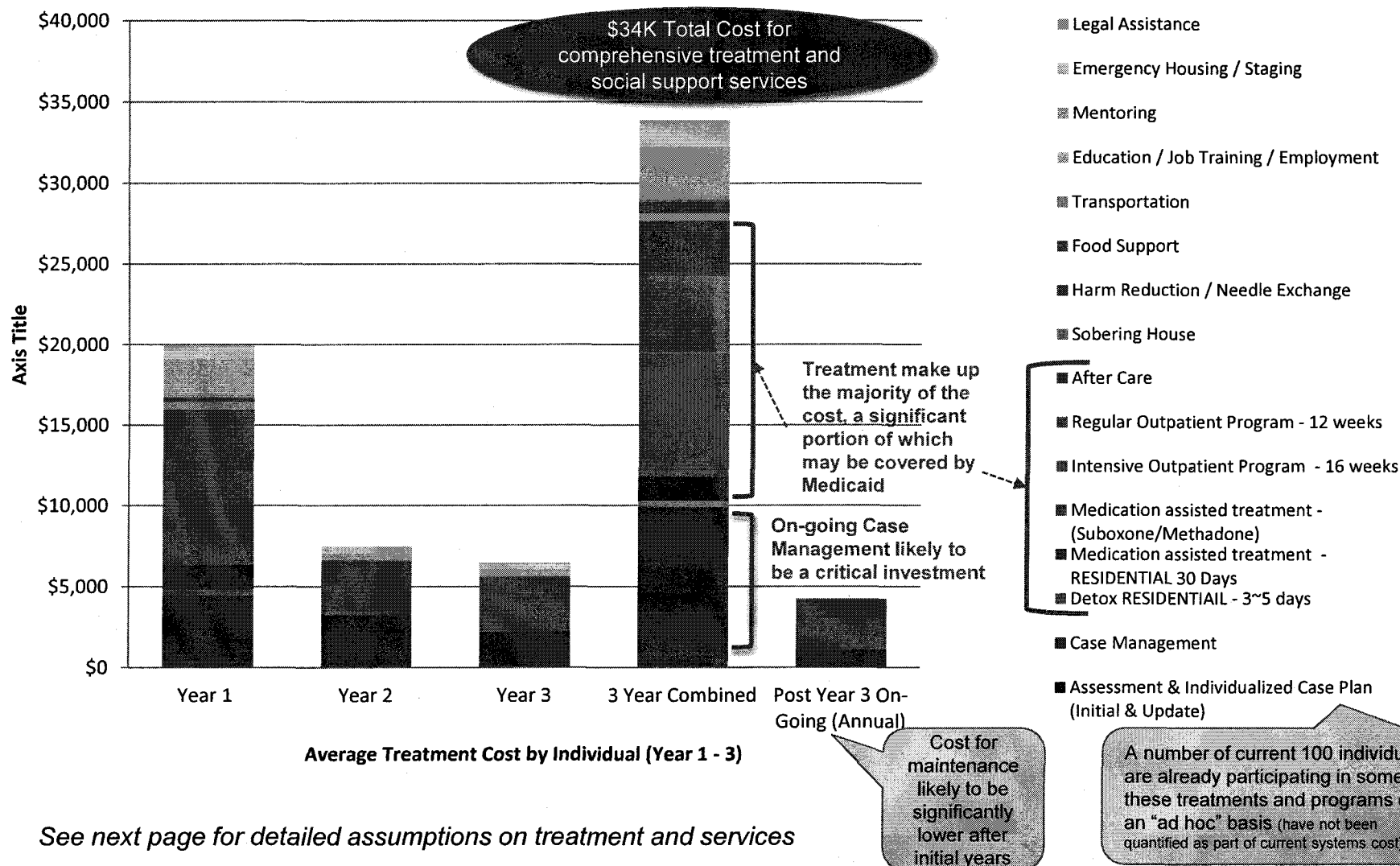
■ Top 25 ■ 26-100 ■ Total



\*Top 25 vs. Others for Drug Related Emergency / Hospital Charges (The names of individuals for Top 25 are different from the graph on the left)

**7. Potential LEAD Treatment & Program Cost:** While the specific needs will vary, an average LEAD cost per individual including intensive treatments and wrap-around services is estimated at ~\$34K per individual over 3 years, less than the cost of the current system.

**VERY ROUGH ESTIMATE**



See next page for detailed assumptions on treatment and services



## 7. Potential LEAD Treatment & Program Cost: Detailed Assumptions

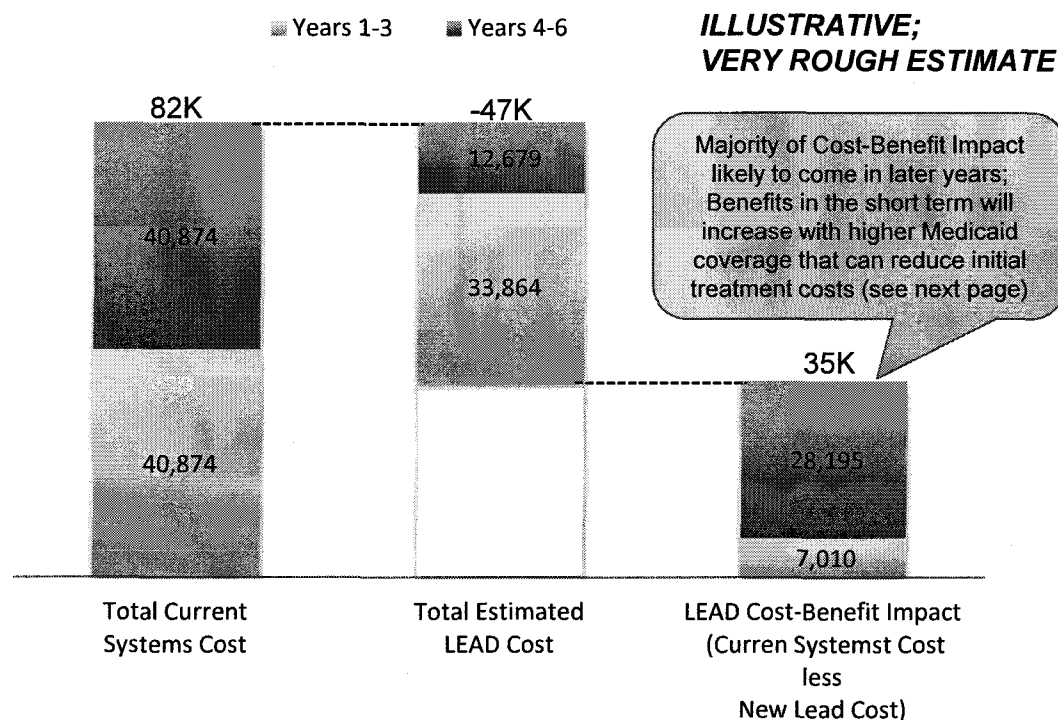
Area	[a] Potential Cost of Service	[b] % of LEAD Participant s	[c] Potential Medicaid Coverage	Cost Per Individual (Adjusted for Participation %; NOT adjusted for Medicaid)					Assumptions
				Year 1	Year 2	Year 3	3 Year Combined	Post Year 3 On- Going (Annual)	
Assessment & Individualized Case Plan (Initial & Update)	\$440	100%	YES (60~80%?)	\$440	\$220	\$220	\$880	\$110	Initial assessment followed by quarterly re-assessment update for 1st year; semi-annual for Year 2 and 3 Each session \$110~120; SFRC is reimbursed at \$110/hr for Treatment Plan - Initial/Update; Optum can bill up to 4X year; Approximately ~3 hours by a trained program officer (e.g., Care Connection) using computerized assessment tool at roughly \$35~40 /hour
Case Management	\$4,000	100%	YES (60~80%?)	\$4,000	\$3,000	\$2,000	\$9,000	\$1,000	Approximately 10 individuals per case manager at roughly \$40,000 for Year 1; Reduced in Year 2 and 3, and subsequent years for follow-up maintenance; Significant cost potentially funded through Comprehensive Community Support Services (CCSS) program.
Detox RESIDENTIAL - 3~5 days	\$800	50%	-	\$400	\$0	\$0	\$400		\$200 per day for average 4 days (3~5 days) based on state reimbursement rate of \$100 for social detox and \$250 medical detox.
Medication assisted treatment - RESIDENTIAL 30 Days	\$6,000	25%	-	\$1,500	\$0	\$0	\$1,500		30 days at \$200/day
Medication assisted treatment - (Suboxone/Methadone)	\$5,110	75%	YES (60~80%?)	\$3,833	\$1,916	\$1,916	\$7,665	\$1,916	Assumed average \$14/day (Methadone: ~\$10/day, Suboxone: \$17~18/day) including provider cost (SFRC example for Suboxone) Consumption for the full year for Year 1; Reduced by 50% for Year 2 and 3 and on-going; Medicaid covered for up to 18 months; Seattle uses Methadone primarily at \$11/day cost which are mostly Medicaid paid
Intensive Outpatient Program - 16 weeks	\$6,352	75%	YES (60~80%?)	\$4,764			\$4,764		\$397 per week for 16 weeks. 3-4 times per week for a total of 9 hours per week of individual, group, and family therapy (based on SFRC reimbursement rate data)
Regular Outpatient Program - 12 weeks	\$1,020	25%	YES (60~80%?)	\$255			\$255		Two group therapies a week and two individual therapies a month; recommended for a small sub-group completing intensive outpatient, but needing a relatively intensive step-down; Individual therapy \$70 per hour, and groups \$25 per hour.
After Care	\$1,200	100%	YES (60~80%?)	\$800	\$1,200	\$1,200	\$3,200	\$1,200	Approximately \$100/month following Residential and other Intensive or Regular Outpatient Programs Either 1 group a week or 1 individual therapy session a month, depending on the needs of the individual
Sobering House	\$1,800	25%	-	\$450			\$450		\$400/ months for 3~6 months (average 4.5 months)
Harm Reduction / Needle Exchange	\$250	100%	-	\$250	\$250	\$250	\$750		Rough estimate using total budget for SFMC Harm Reduction program and clients served
Food Support	\$240	25%		60	30	30	\$120		Assume about 60 days per year support for food per individual (or ~90 meals); \$2 per meal (FEMA rate) X 2 meals X 60 days
Transportation	\$240	50%		120	60	60	\$240		\$20 for 31 day pass; 12 months
Education / Job Training / Employment	\$1,500	50%		750	375	375	\$1,500		Rough estimate; GED, certificate, or job training program participation support in addition to skills workshops
Mentoring	\$1,500	100%		1500			\$1,500		Cost of recruiting, matching and training mentors
Emergency Housing / Staging	2880	25%		720	360	360	\$1,440		90 days at \$32/bed night (including 2 meals and case management program) - St. Elizabeth Shelter example (\$36 for men, \$28 for women)
Legal Assistance	400	25%		100	50	50	\$200		10 hours of legal assistance for \$40/hr
<b>TOTAL COST</b>	<b>\$33,732</b>			<b>\$19,942</b>	<b>\$7,461</b>	<b>\$6,461</b>	<b>\$33,864</b>	<b>\$4,226</b>	



**8. Long-term Cost Benefit Impact:** The cost-benefit impact of the LEAD program will be more evident in the long-term as the upfront investment of intensive treatment and support services pay off in sustained reduction in recidivism and cost to the current systems.

### LEAD Cost Benefit Impact Over 6 Years - Simplified

IMPORTANT NOTE: assumes 100% reduction in recidivism and no Medicaid coverage; see sensitivity analysis on the next two pages on how reduction in recidivism and Medicaid coverage affect cost-benefit



### Other long-term positive impact include:

- Prevention of and reduction in drug addiction and related criminal activities
- Improved safety, health, and wellbeing of individuals, family and community
- Positive contribution to earnings and economic productivity through re-integration to society and job market

*LEAD is intended to move individuals from the **chronic pattern of "revolving door"** from drug to incarceration and costly ER visits toward **long-term sustainable recovery and livelihood.***

**9a. Sensitivity Analysis - Target Reduction in Recidivism (Before Medicaid):** 48% reduction in arrest, incarceration and drug-related ER / hospital recidivism\* will provide positive economic benefit for LEAD program under the current conservative assumptions

**Cost-Benefit Impact of LEAD Program over 6 Years**  
based on Varying Assumptions on Reduction in Recidivism  
(Before accounting for Medicaid Coverage)

Breakeven  
Point: 48%

Reduction in Recidivism	10%	20%	30%	40%	50%	60%	70%
LEAD Cost-Benefit Impact	\$(25,801)	\$(19,023)	\$(12,244)	\$(5,466)	\$1,313	\$8,091	\$14,870

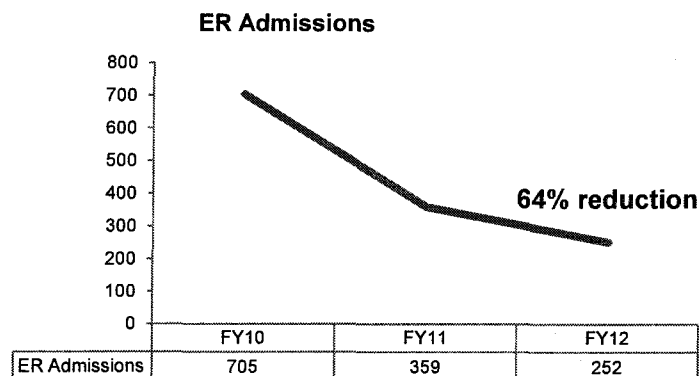
**How achievable is 48% reduction in arrest, incarceration and drug-related ER / hospital recidivism?**

**HUGS example (High Utilizer Group Services)**

- Two year track record (2010-2012) showed:
  - **64% reduction in ER Admissions**, and
  - **60% reduction in Inpatient / Outpatient Care**
- Current status as of March 2013 for a sample of 16 individuals also **56% as "sober or off drugs"**

Impact on reducing **arrest, incarceration, and drug-related ER/hospital recidivism** expected to be higher than the impact on reducing **"relapse" for substance abuse**

**Two Year Track Record for HUGS**  
2010-2012



\*Does not necessarily mean a reduction in substance abuse relapse rate; Assumes that LEAD Cost is reduced by 30% when an individual falls back to recidivism incurring "current systems costs".

\*\*Adopted "Coordinated Community Care Model" to work with high utilizers with behavioral health conditions

SOURCE: LEAD Cost Benefit Analysis; "High Utilizer Group Services (HUGS) - Reducing Preventable Hospitalizations", CSV Regional Medical Center Department of Community Health, March 2013

## 9b. Sensitivity Analysis – Medicaid Implication on Cost-Benefit Analysis for the City of

**Santa Fe:** The required reduction in recidivism is lower (25~32%) for the City of SF if the LEAD cost is adjusted for Medicaid coverage of 60~80% for certain medical treatments.

### *How Does Medicaid Coverage Affect the Economic Cost / Benefit of Potential LEAD Program for Santa Fe City?*

Sensitivity Analysis: LEAD Cost Benefit Impact Over 6 Years with Varying Assumptions on

a) Reduction in Recidivism and b) Medicaid Coverage for Certain Treatment Costs\*

**VERY ROUGH ESTIMATE**

a) Reduction in Recidivism / Current Systems Cost

b)  
Medicaid  
Coverage %  
on Certain  
Treatment  
Costs\*

	-	10%	20%	30%	40%	50%	60%	70%
0%		\$(26,943)	\$(21,307)	\$(15,670)	\$(10,034)	\$(4,397)	\$1,239	\$6,876
20%		\$(22,590)	\$(16,774)	\$(10,959)	\$(5,143)	\$672	\$6,488	\$12,303
40%		\$(18,236)	\$(12,242)	\$(6,247)	\$(253)	\$5,741	\$11,736	\$17,730
60%		\$(13,882)	\$(7,709)	\$(1,536)	\$4,637	\$10,811	\$16,984	\$23,157
80%		\$(9,529)	\$(3,177)	\$3,176	\$9,528	\$15,880	\$22,232	\$28,584
100%		\$(5,175)	\$1,356	\$7,887	\$14,418	\$20,949	\$27,481	\$34,012

The red box represents the target reduction in recidivism for a positive economic outcome of LEAD.

The break-even point is 25% - 32% reduction in recidivism assuming 60-80% Medicaid coverage for certain medical treatments\*

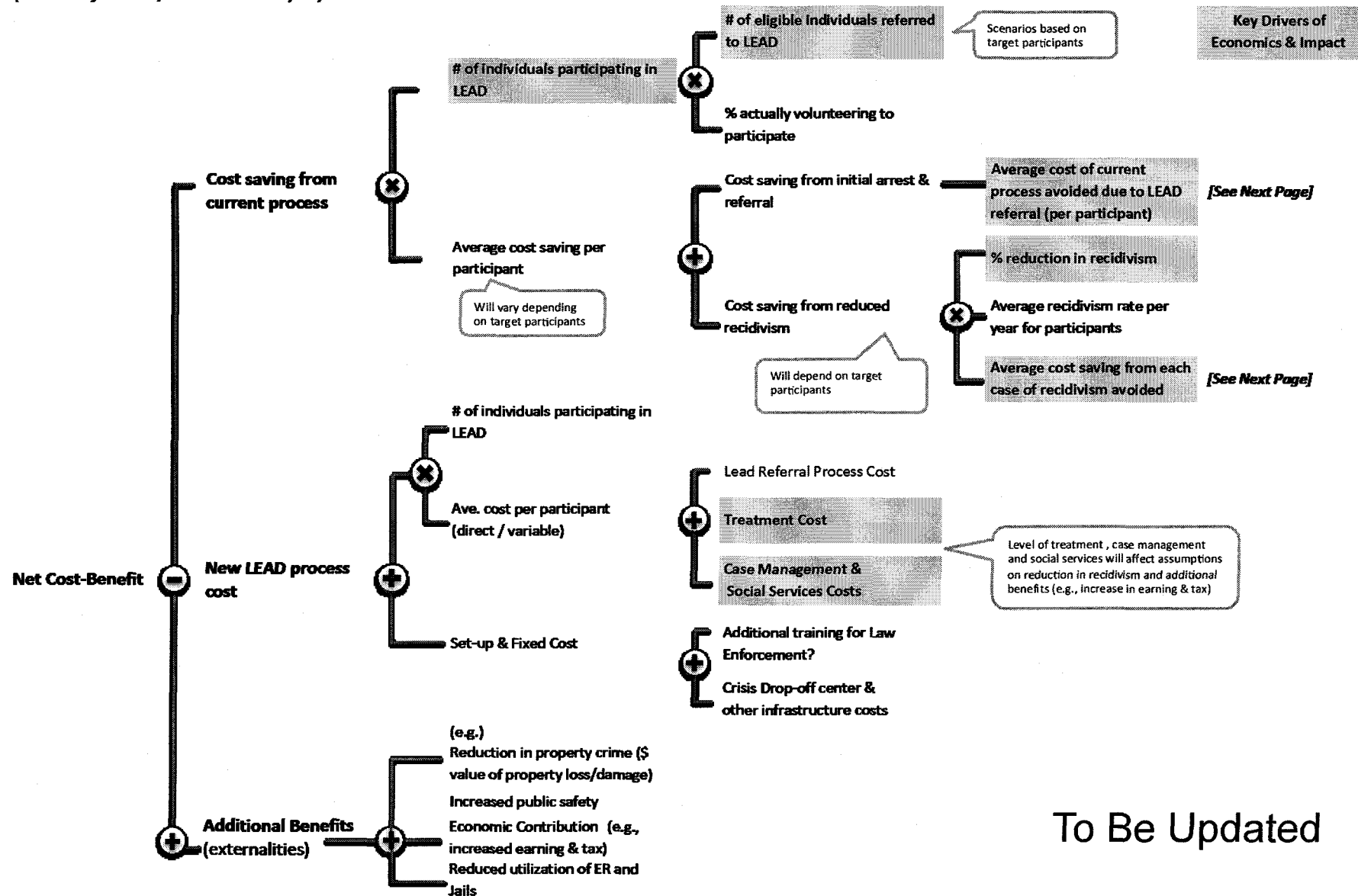
\*See page 15 for details on which treatments are assumed to have potential Medicaid coverage

# Appendix

- LEAD Cost Benefit Analysis Framework
  - Law Enforcement / Property Crimes
  - Judiciary
  - Jail / Jail Medical
  - CSV ER / Medical (excluding Jail Medical)
- Key Assumptions and Data Sources
- Example Profile of Target Eligible Population

# LEAD Cost Benefit Analysis Framework - 1. Overall

(To be refined w/ Task Force input)



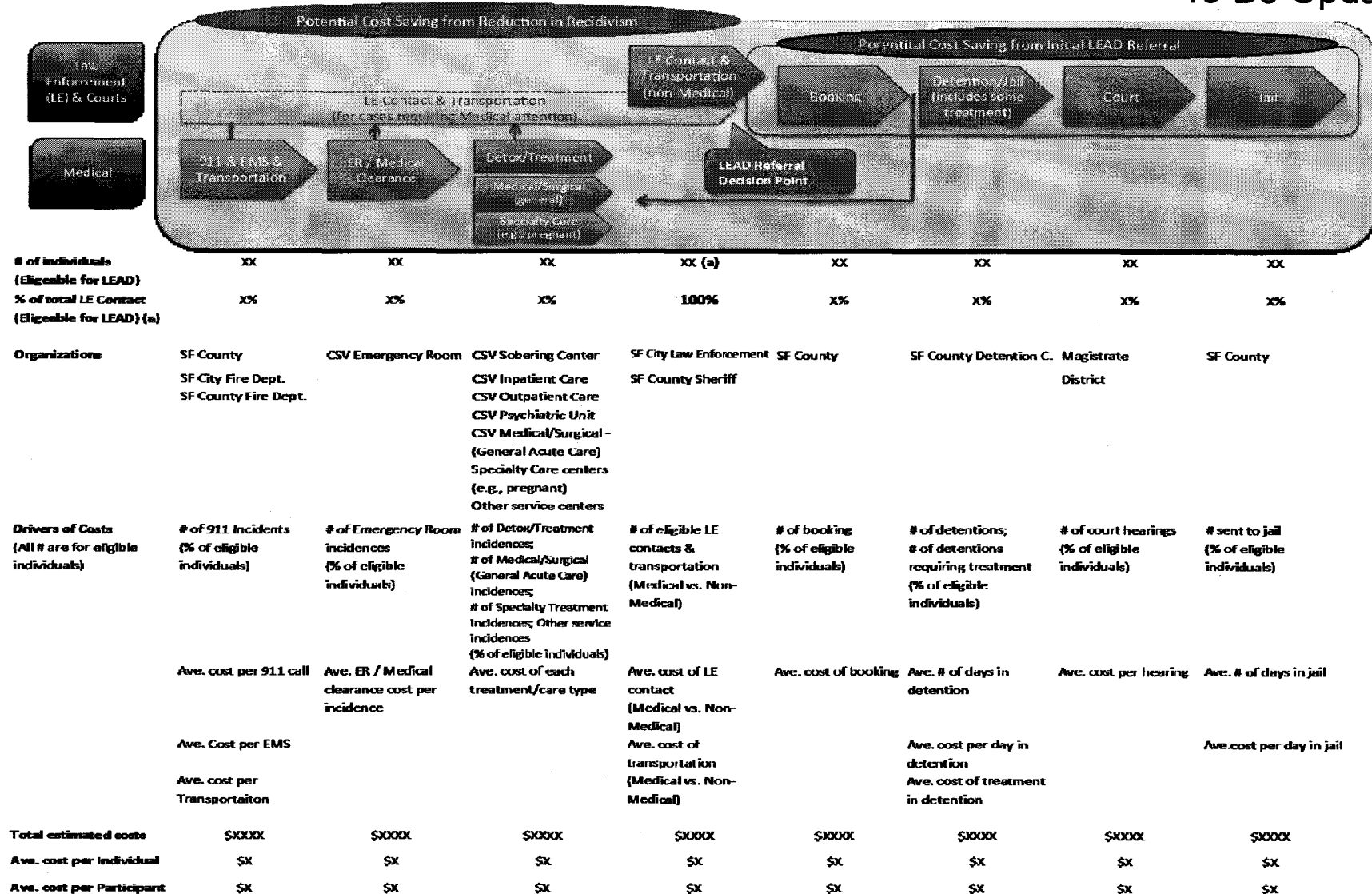
To Be Updated

# LEAD Cost Benefit Analysis Framework

## 2. Current Process for Opiated-Related Arrests & Potential Savings

(To be refined w/ Task Force input)

To Be Updated



# Key Assumptions and Data Sources: Law Enforcement / Property Crimes

## LAW ENFORCEMENT SUMMARY

100 Individuals      590 total arrests  
5531 officer hours      \$187K Total Cost  
51% of Individuals arrested for Property Crime

### Key Assumptions

- All data over 3 year period (2010-2012) unless specified otherwise
- 100 individuals identified from Santa Fe City police arrest records for opiate sales and possession from 2010-2012; Non-opiate drugs excluded from original 170+ records
- 590 bookings by the 100 individuals from cross-referencing the names of 100 individuals list against the Santa Fe County Jail inmates record from 2010 -2012
- 9.4 Hours average # of officer hours per booking (Total 5531 hours)
- \$318 Average cost per booking (\$354 for felony; \$225 Misdemeanor)
- 51% had Property Crimes Arrest

### Data Source

- Santa Fe Police Department
  - Arrest records 2010-2012
  - Expert interview w/ Detective Sergeant Jerome Sanchez for key assumptions
- Santa Fe County Jail Online Inmates Inquiry [http://www.santafecountynm.gov/inmate\\_lookup.php](http://www.santafecountynm.gov/inmate_lookup.php)

### Detailed Calculations

#### HOURS (a)

Column1	Arrest/ Transportation	Booking	Documentation	SUM
Misdemeanor	2	1	1	4
Felony	2	1	3	6

#### # of Officers for Tasks (b)

Column1	Arrest/ Transportation	Booking	Documentation
Misdemeanor	2	1	1
Felony	3	1	1

Hourly rate for Patrol Officers

\$24.81

Benefit

30%

Average hourly rate for officers incl. benefits (c)

\$ 32.25

#### Total Law Officer Hours (a X b)

Column1	Arrest/ Transportation	Booking	Documentation	SUM
Misdemeanor	4	1	1	6
Felony	6	1	3	10

#### Cost of Law Officer Hours (a X b X c)

Column1	Arrest/ Transportation	Booking	Documentation	SUM
Misdemeanor	\$ 129	\$ 32	\$ 32	194
Felony	\$ 194	\$ 32	\$ 97	323

% of Felony

72%

Transportation

Arrest & Booking

30 Miles

Mileage

0.5 \$/Miles

\$ 15.00

#### Additional Cost if Medical Clearance Required

Approximate % of Total Booking requiring Medical Clearance 5%

Additional Law Officer Hours 10

\*Additional 4 hours for 2 officers + 1 more officer for 2 hours of arrest/transportation

Additional Cost of Law Officer Hours \$ 323

Additional Transportation Cost 20 Miles

Additional Transportation Cost \$ 10

Total Additional cost for medical clearance \$ 333

Average additional cost of medical clearance per booking \$ 17

#### Average Cost per Booking - before Medical Clearance adjustment

Average # of Law Officer Hours 8.9

Cost of Law Officer Hours \$ 286

Transportation \$ 15.00

Average Cost per Booking \$ 301

Felony \$ 338

Misdemeanor \$ 209

#### Average Cost per Booking - after Medical Clearance adjustment

Average # of Law Officer Hours 9.4

Average Cost per Booking \$ 318

Felony \$ 354

Misdemeanor \$ 225

Total # of Officer Hours for 100 individuals 5531



# Key Assumptions and Data Sources:

## JUDICIARY - Courts / Judges

**JUDICIARY: Court / Judges**  
**District: 109 Cases, (220 Judge Hrs)**  
**Magistrate: 329 Cases (500+ Judge Hrs)**  
**Municipal (72 Judge Hrs)**

### Key Assumptions

- All data over 3 year period (2010-2012) unless specified otherwise
- 438 District and Magistrate Court Cases for 100 individuals identified by cross-referencing the names of 100 individuals list against the New Mexico Courts case data online
- **District Court**
  - Judge hours spent on each individual estimated based on analysis of court hearing records by District Court Administrative Assistant
  - Applied ratios for Clerk and Assistant time spent on cases in relation to the Judge time (1: 1.5: 0.5 ratio for Judge: Clerk: Assistant per case)
- **Magistrate Court:** Applied 20% discount on time spent and cost per case in comparison to District Court (estimate provided by City Prosecutor Krishna Picard based on her previous experience)
- **Municipal Court:** Actual hours and average hourly rate provided by Court Administrator

### Data Source

- **New Mexico Courts Case Lookup**  
<https://caselookup.nmcourts.gov/caselookup/app>
- **Municipal Court Administrator, Arlene Sisneros**
- **First Judicial District Court Administrative Assistant, Tyra J. Chavez**
- **First Judicial District Adult Drug Court Administrative Assistant, Kim Moore**
- **Magistrate Court** (estimate provided by City Prosecutor Krishna Picard based on her previous experience)

### Detailed Calculations & Assumptions

#### District Court Summary

	Judge	Clerk	Assistant
Time Ratio	1	1.5	0.5
Total # of Hours	220	330	110
Salary	\$96,512	\$34,362	\$42,650
Hourly Rate	\$56	\$20	\$25
Benefit	30%	30%	30%
Cost per Hour	\$73	\$26	\$32
Total 3-yr Cost	\$16,033	\$8,563	\$3,543

Sum  
**\$28,139**

# of work days

215

#### Municipal Court Summary

	Judge	Clerk	Probation Officer
Total # of Hours	72	220	364
Salary	\$96,512	\$34,362	\$42,650
Hourly Rate	\$48	\$18	\$20
Benefit	30%	30%	30%
Cost per Hour	\$63	\$23	\$27
Total 3-yr Cost	\$4,516	\$5,038	\$9,653

Sum  
**\$19,207**



# Key Assumptions and Data Sources:

## JUDICIARY – State Public Defenders

**JUDICIARY –  
State Public Defenders**  
3,320 total hours by public defenders  
\$362 average cost per case  
\$159K total cost

### Key Assumptions

- All data over 3 year period (2010-2012) unless specified otherwise
- 438 District and Magistrate Court Cases for 100 individuals
- Each court case was assigned a “primary case type” based on review of charges
- Rough estimate for hours spent by Public Defenders on each “type” of cases and average hourly rate (\$30) provided by NM Public Defenders Office (Interview with Ben Bauer)
- Estimate adjusted by use of Private Attorneys (25% of cases)

### Data Source

- New Mexico Courts Case Lookup  
<https://caselookup.nmcourts.gov/caselookup/app>
- NM Public Defenders Office: Bennett Baur

### Detailed Calculations & Assumptions

#### Estimate of Time Spent by Public Defenders by Case Type

	Hours	Others (incl. probation violation)	Drug Possession (incl. paraphernalia)	Drug Trafficking /Sales	Burglary	Shoplifting	Robberies
Breakdown by length of Public Defender time within type (hours)	2	25%				30%	
	4	25%	50%		30%		20%
	6			40%			
	10	50%	50%		60%	65%	60%
	12			40%			
	25					5%	
	30				10%		20%
	40			20%			
Sum Check		100%	100%	100%	100%	100%	100%
Weighted Average Hours		6.5	7.0	15.2	10.2	8.4	12.8

#### Summary of Public Defender Hours and Costs by Case Type

	Others (incl. probation violation)	Drug Possession (incl. paraphernalia)	Drug Trafficking/Sales	Burglary & Receiving/transporting Stolen Goods	Shoplifting * Receiving / Transporting stolen goods	Robberies (incl. aggravated Burglary)	Combined (using % of cases)
Weighted Average Hours	6.5	7.0	15.2	10.2	8.4	12.8	7.6
Total # of Hours	1,027	1,246	61	704	167	115	3,320
Total Number of Cases	158	178	4	69	20	9	438
% of total cases	36%	41%	1%	16%	5%	2%	100%
Weighted Average Cost for Public Defender	254	273	593	398	326	499	296
Total Cost for Public Defender	40,053	48,594	2,371	27,448	6,513	4,493	129,472

#### Adjustment for Private Contractor and Salary Level

	Before adjustment (Public Defender = 100%)	Private Contractor Adjustment			Total
		Public Defender = 75% of total cases	Private Contractor = 25% of total cases		
			Misdemeanor	Felony	
Private Contractor Misdemeanor vs. Felony Cases			28%	72%	
Private Contractor Flat Rate per Case			\$ 210	\$ 700	
Total Cost	129,472	97104	6474	55069	\$ 158,647

Average Cost per case 362

Adjustment Factor for Private Contractor 1.2

# Key Assumptions and Data Sources:

## JUDICIARY – District Attorney / Prosecutors

### JUDICIARY – Prosecutors

10K + hours by prosecutors  
(additional 15K+ hours by support staff)  
\$1,489 average cost per case  
\$652K total cost

#### Key Assumptions

- 438 District and Magistrate Court Cases for 100 individuals
- Each court case was assigned a “primary case type” based on review of charges
- Rough estimate for hours spent by prosecutors, support staff, and victim’s advocates on each “type” of cases based on interview with District Attorney Office (Spence Pacheco and Lucas Gauthier (CFO))

#### Data Source

- New Mexico Courts Case Lookup  
<https://caselookup.nmcourts.gov/caselookup/app>
- District Attorney / Prosecutor’s Office:  
Spence Pacheco, Lucas Gauthier (CFO)

#### Detailed Calculations & Assumptions

		Others (incl. probation violation)	Drug Possession (incl. paraphernalia)	Drug Trafficking/Sales	Burglary & Receiving/transporting Stolen Goods	Shoplifting * Receiving / Transporting stolen goods	Robberies (incl. aggravated Burglary)	Combined Total
Prosecutor Time (Hourly Rate = \$25; \$32.5 after 30% benefit)	Non-Trial hours				12	8		12
	Related Preparation (X2)				24	16		24
	% of cases going to Trial				5%	5%		10%
	Trial-related hours				22	22		26
	Trial Preparation (X2)				44	44		52
	Total Weighted Ave. Hours excl. Wait Time		18	30	39	27		44
	Court Wait time		6	6	6	6		6
	Total Weighted Avg. Time incl. Wait Time	10	24	36	45	33		50
Victims Advocate Time (Hourly Rate = \$18; \$23.4 after 30% benefit)	Total Weighted Avg. Cost per Case	\$ 325	\$ 780	\$ 1,170	\$ 1,472	\$ 1,082	\$ 1,619	
	Ave. time per case							8
	% assumption requiring victims advocate							50%
	Total Weighted Average Time per Case							4
Support Staff Time (Hourly Rate = \$16; \$20.8 after 30% benefit)	Total Weighted Average Cost per Case						\$ 94	
	1.5 times the Time Spent by Attorney	15	36	54	68	50		75
Total Weighted Average Cost per Case		\$ 312	\$ 749	\$ 1,123	\$ 1,413	\$ 1,039	\$ 1,554	
Combined Cost per Case		\$ 637	\$ 1,529	\$ 2,293	\$ 2,886	\$ 2,121	\$ 3,176	
Total Prosecutor Hours		1,580	4,272	144	3,126	666	448	10,236
Total Victims Advocate Hours		-	-	-	-	-	36	36
Total Support Staff Hours		2,370	6,408	216	4,689	999	672	15,354
Total # of Cases		158	178	4	69	20	9	438
Total Prosecutor Cost		51,350	138,840	4,680	101,585	21,645	14,567	\$ 332,667
Total Victims Advocate Cost		-	-	-	-	-	842	\$ 842
Total Support Staff Cost		49,296	133,286	4,493	97,522	20,779	13,984	\$ 319,360
Total Cost		\$ 100,646	\$ 272,126	\$ 9,173	\$ 199,107	\$ 42,424	\$ 28,586	\$ 652,063

# Key Assumptions and Data Sources:

## JUDICIARY – City Prosecutors & Public Defenders

### JUDICIARY – Municipal Court Prosecutors and Public Defenders

Prosecutors: 173 hours, \$9,523  
Public Defenders: 115 hours, \$6,192

#### Key Assumptions

- Rough estimate on time spent by City Prosecutors and Public Defenders based on interview with City Prosecutor: 4 times the Judge hours spent by City Prosecutor (40%) and Public Defenders (60%) collectively

#### Data Source

- Mew Mexico Courts Case Lookup  
<https://caselookup.nmcourts.gov/caselookup/app>
- City Prosecutor, Krishna Picard

#### Detailed Calculations & Assumptions

##### Municipal Court Summary - Public Defender and Prosecutor

	Judge	Public Defender	Prosecutor
Time Ratio	1	2.4	1.6
Total # of Hours	72	173	115
Salary		\$ 73,000	\$ 71,200
Hourly Rate		\$ 42	\$ 41
Benefit		30%	30%
Cost per Hour		\$ 55	\$ 54
Total 3 Year Cost		\$ 9,523	\$ 6,192

# of work days

215

# Key Assumptions and Data Sources:

## JAIL / JAIL MEDICAL

### JAIL / JAIL MEDICAL

11,502 total days in jail

\$1.1M total jail cost

\$105K additional medical cost for inmates over 2 years (2011-2012)

#### Key Assumptions

- All data over 3 year period (2010-2012) unless specified otherwise
- \$95 per diem rate provided by SF County Public Safety (includes some standard medical services / counseling expenses)
- Jail medical cost includes Opiate KK prescription, 27 hospitalization and 25 offsite appointments over 2 year period (2011-2012)

#### Data Source

- SF County Public Safety: Pablo Sedillo III (Director), Lisa Leiding (Nurse Administrator)
- Santa Fe County Jail Online Inmates Inquiry [http://www.santafecountynm.gov/inmate\\_lookup.php](http://www.santafecountynm.gov/inmate_lookup.php)

#### Detailed Calculations & Assumptions

##### Summary of Jail Medical Incidences (2011 - 2012)

	# of opiate kk prescribed	# of times kk completed	Days Hospitalized	office site appointments
2011	49	32	2	5
2012	105	78	25	5

##### Summary of Jail Medical Incidences (2011 - 2012)

	Opiate KK Cost*	Extra ordinary pharmacy costs	Security Transport costs	Hospitalization costs	Ambulance transportation costs	offsite appointment costs	Total
2011	\$ 1,617	\$ -	\$ 364	\$ 700	\$ -	\$ 1,700	\$ 4,381
2012	\$ 3,465	\$ 8,397	\$ 10,036	\$ 60,868	\$ 1,621	\$ 16,265	\$ 100,652
<b>Total 2 year cost</b>	<b>\$ 5,082</b>	<b>\$ 8,397</b>	<b>\$ 10,400</b>	<b>\$ 61,568</b>	<b>\$ 1,621</b>	<b>\$ 17,965</b>	<b>\$ 105,033</b>

\* Assumed \$33 per Kick Kit (\$22 ~ 44); used number of opiate kk prescribed

# Key Assumptions and Data Sources:

## CSV ER / Medical (excluding Jail Medical)

**ER / MEDICAL**  
 91 out of 100 individuals had drug-related ED/hospital visits  
 Total Cost \$1,730K

### Key Assumptions

- Actual ER / Hospital Charges for 100 target eligible LEAD individuals collected from CSV Regional Medical Center accounting database (anonymous without individual names)
- Initial data for 41 months adjusted for 36 months proportionally

### Data Source

- **Chris St. Vincent Regional Medical Center:**  
 Kathy Armijo Etre (VP of Community Health),  
 Kristin Carmichael

### Detailed Calculations & Assumptions

Summary of total CSV Emergency /Hospital Charges for LEAD Individuals by Type

Type of Cases	Total Cost (41 month)	Total Cost (adjusted to 36 months)	%
Emergency	\$ 938,786	\$ 824,300	48%
IP	\$ 795,074	\$ 698,113	40%
OP	\$ 71,296	\$ 62,602	4%
Reoccurring	\$ 73,724	\$ 64,733	4%
Series	\$ 91,838	\$ 80,638	5%
<b>Combined</b>	<b>\$ 1,970,718</b>	<b>\$ 1,730,386</b>	<b>100%</b>

Summary of CSV ER / Hospital Charges for LEAD Individuals by Payor

FinClass	FinClass Description	Total (41 month)	Percent of Total Dollars
A	United Healthcare	\$ 172,064.90	9%
B	Blue Cross	\$ 22,335.23	1%
C	Commercial Non Contract	\$ 75,135.33	4%
G	CHAMPUS	\$ 634.83	0%
H	Commercial Contract	\$ 18,459.63	1%
I,U, X	Medicaid/HMO,Pending,Acute	\$ 621,415.07	33%
J,M	Medicare/HMO,Acute	\$ 455,669.76	23%
L	Lovelace	\$ 4,172.18	0%
P	Presbyterian	\$ 10,920.86	1%
R	SF Health Plan	\$ 26,060.32	1%
S	Self Pay	\$ 511,202.37	26%
Y	Indigent	\$ 52,593.13	3%
<b>Grand Total</b>		<b>\$ 1,970,663.61</b>	

# Example Profile of Target Eligible Individuals

## Brandon

- Male
- 23 years old
- Charged with possession of heroin and paraphernalia
- History of burglary, larceny, stealing a stolen vehicle, and shoplifting
- Charged once with battery on a house hold member
- 14 bookings since 2010 (majority of which were failure to comply and probation violation)
- Has spent 681 days in jail since 2010, costing the county jail system close to \$65,000

## Miles

- Male
- 27 years old
- Charged with possession of heroin and paraphernalia
- Also charged with shoplifting & burglary
- 1 booking since 2010
- Spent 8 days in jail for possession charge

## Rudy

- Male
- 63 years old
- Charged with possession of heroin
- History of shoplifting at Albertson's and Lowes
- 2 bookings since 2010
- Spent 14 days in jail since 2010

## Fernando

- Male
- 28 years old
- Charged with possession of heroin, cocaine, and paraphernalia
- No history of property crimes
- 10 bookings since 2010 (primarily failure to comply and probation violations)
- Potential violent past – charged with child abuse, obstructing/resisting an officer and battery on a house hold member
- Has spent 437 days in jail and cost the county jail system over \$40,000

## Vanity

- Female
- 25 years old
- Charged with possession of heroin
- History of shoplifting & breaking and entering
- History of possessing cocaine to trade for heroin, charged once with simple battery and obstructing/resisting an officer
- 16 bookings since 2010
- Has spent 316 days in jail since 2010, costing the jail system over \$30,000

## Christina

- Female
- 25 years old
- Charged with possession of heroin
- History of shoplifting
- No history of violence
- 10 bookings since 2010 (possession, failure to comply, conspiracy, and probation violation)
- Has spent 348 days in jail since 2010, costing the county jail system over \$33,000



# LEAD

## SANTA FE

*HEALTHY FAMILIES; SAFER STREETS*

### SANTA FE LEAD TASK FORCE RECOMMENDATIONS

June 2013

*LEAD: A PRE-BOOKING DIVERSION PROGRAM - BREAKING  
THE CYCLE OF ADDICTION & ARREST*

*Exhibit B*

## Acknowledgements

This report is credited to the work of many individuals who spent the last eight months developing a new approach to addressing opiate addiction and property crime in Santa Fe, New Mexico.

The Law Enforcement Assisted Diversion (LEAD) Task Force would like to thank: the leadership of Mayor David Coss along with Councilors Bill Dimas and Councilor Patti Bushee who made it possible to convene, study, learn and engagement a diverse range of key stakeholders from policy makers, law enforcement, treatment and medical providers, advocates, government officials, district attorney and public defenders offices, family members and interested parties through the Task Force; the Santa Fe City Council for unanimously passing Resolution No. 0012-2012 creating the LEAD Task Force; the municipal staff liaison Terrie Rodriguez, Youth and Family Services Division Director for her tireless effort in supporting the work of the task force; Joohee Rand from the Santa Fe Community Foundation for her data collection and thorough cost-benefit analysis; the Santa Fe Community Foundation, Con Alma Health Foundation and the McCune Foundation for helping support the planning costs; and, for the task force leadership of Emily Kaltenbach, and Sgt. Jerome Sanchez, Co-Chairs, who helped organize the committees and orchestrate meeting the task force goals and objectives.

### **LAW ENFORCEMENT ASSISTED DIVERSION (LEAD) Task Force**

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Baur, Bennett J. , Chief Public Defender	Johnson, Deputy Chief William, City of Santa Fe
Basoco Briscoe, Yolanda, Santa Fe Recovery Center	Lujan, Jeneen G., Teacher
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Branch, Chief Stephen Anthony, Espanola	Kaltenbach, Emily (Co-Chair), Drug Policy Alliance
Brown, Laura A., MD, MPH	Kopelman, Steven G., NM Assoc. of Counties
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Byford, Chief Raye, Tesuque Pueblo	Perez, Lieutenant Alfred
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Delgado, Sergeant Michael (Alternate)	Ortiz, Captain George
Diaz, Marcela, Somos Un Pueblo	Rodriguez Cadiz, Maria Jose, Solace
Dimas, Councilor Bill, City of Santa Fe	Sanchez, Sergeant Jerome, (Co-Chair), City of Santa Fe

A healthier and safer Santa Fe can happen with the input from all members of our community – from our families, youth, tribes, educators, businesses, health professionals, artists, lawyers, law enforcement, judges, philanthropy, public employees, elected officials, union representatives, tribal nations and beyond.



## Executive Summary

In 2011, the Federal Bureau of Investigation reported that the Santa Fe area (the city and the county, including parts of Española) ranked second in the country in residential burglaries per 100,000 residents. According to Santa Fe law enforcement statistics, property crimes rose slightly in 2012 compared to 2011. Residential burglaries increased to 802 from 782 the previous year. And, at the root of this property crime problem is serious drug addiction.

Drug overdose death rates in the U.S. have more than tripled since 1990 and have never been higher. In 2009, more than 37,000 people died from drug overdoses, and most of these deaths were caused by prescription drugs (Policy Impact: Prescription Painkiller Overdoses). New Mexico has the highest drug-induced death rate in the nation, and the consequences of drug use continue to burden New Mexico communities. Drug induced deaths in Santa Fe County between 2007-2009 were at 19.6%, in New Mexico 22.8% and in the U.S. 12.7%.

Time is not on our side – lives are at risk.

The City of Santa Fe resolved to address these public safety and public health issues by announcing 2012 as the year of public safety and health and forming a Law Enforcement Assisted Diversion (LEAD) task force charged with developing alternatives to incarceration for those who are committing property crimes to support their addiction. As it stands now, an individual is arrested and incarcerated without receiving any long-term treatment for addiction in jail. They end up back on the street struggling with their addiction and arrested once again, sometimes only days later, for the same crime. It is a revolving door – a perpetual cycle of addiction and arrest.

I believe the LEAD Task Force has done an outstanding job in developing a set of realistic recommendations to address the tragic problem of opiate addiction and related property crime that has affected all Santa Feans. We can't arrest our way out of this issue."  
Mayor David Coss

To break this cycle of addiction and arrest, the LEAD Task Force recommends that the City of Santa Fe's City Council approve planning and implementing an innovative 3-year pre-booking diversion program designed to divert those individuals suffering from an addiction to opiates into treatment and social supports who would otherwise be sent to jail.

Benefits of this pilot would include: Increasing safety and order for the community by reducing future criminal behavior; reducing the burden on the local law enforcement, county jail, prosecution, and court systems; reducing the number of low-level drug offenders entering criminal justice system; reduces opiate overdoses; and \*\*\*\*\*.

Handling low-level non-violent drug offenders in the local and state criminal justice system is not only costly but evidence suggests that this is not a way to break the cycle of addiction or enhance public safety. During the last three years in Santa Fe alone (2010-2012), the overall cost to the entire system to handle only 100 individuals arrested, charged, prosecuted and/or adjudicated costs was more than **\$4 million** or an average of **\$41K per individual** across the law enforcement, jail, judicial, 911 emergency and medical systems. This conservative estimate does not include additional burden on broader systems including the loss of productivity and earnings in the economy and cost on social support systems. A majority of these individuals (91 out 100) were repeat offenders with a pattern of persistent recidivism or "revolving door" and were re-arrested every 6 months on average

With the economic strain on our local communities, pre-booking diversion offers a viable, cost effective alternative to the status quo that can make Santa Fe a safer and healthier community.

It is time we invest in better options.

DRAFT

<b>LEAD Task Force Overall Recommendation to the City Council:</b> The LEAD Task Force respectfully requests that the City of Santa Fe's City Council approve planning and implementing an innovative 3-year pre-booking diversion pilot program to divert those individuals suffering from an addiction to opiates into treatment and social supports (Planning phase: July 1 – December, 31 2013; Pilot phase: January 1, 2014 – Dec. 31, 2017).	
<b>Eligibility Recommendations</b>	<b><u>Recommendation #1</u></b> - Adopt the Eligibility Inclusion and Exclusion Criteria (pg. ***) to be used to determine who does and does not qualify for LEAD diversion programming.
<b>Process Recommendations</b>	<b><u>Recommendation #1</u></b> – Establish an Operations Team led by the City of Santa Fe, District Attorney of the 1 <sup>st</sup> Judicial District, Chief of Police, Public Defender's Office and content experts to serve as the program oversight committee for the pilot.  <b><u>Recommendation #2</u></b> – Adopt the process map (pg ***) outlining how an individual is diverted from law enforcement into the treatment/social support system.
<b>Treatment Recommendations</b>	<b><u>Recommendation #1</u></b> - Assess the current service capacity of treatment, harm reduction and social support in the city of Santa Fe and surrounding areas to provide comprehensive treatment/social support services to LEAD clients.  <b><u>Recommendation #2</u></b> - Establish and coordinate a comprehensive local treatment system with the following elements and service components to address the needs of individuals with opiate addiction. Consider the National Institute of Health components to a comprehensive treatment system.  <b><u>Recommendation #3</u></b> – Adopt the treatment/social support service package offered to LEAD Participants (pg. **)
<b>Funding/Evaluation Recommendations</b>	<b><u>Recommendation #1</u></b> - Establish a private/public partnership to support the operational costs of the LEAD pilot program.  <b><u>Recommendation #2</u></b> - Identify additional funding sources for the 3-year pilot LEAD program, to include potential funding from private and public sources, including foundations, individual donors, Federal grants, state funding sources, etc.  <b><u>Recommendation #3</u></b> : Introduce a special appropriation in the 2014 NM State Legislative session requesting funding in support of the pilot project.  <b><u>Recommendation #4</u></b> - Conduct a comprehensive three-year program evaluation to determine reduction in opiate related offenses and arrests, reduced opiate drug use, improved social and career skills among LEAD participants, etc.

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Santa Fe County Providers	
Press: <a href="http://www.sfnewmexican.com/Local%20News/012013Burglary#.UVB2xjeyLYw">http://www.sfnewmexican.com/Local%20News/012013Burglary#.UVB2xjeyLYw</a>	
City of Santa Fe Resolution	
LEAD Task Force Membership	
Seattle LEAD Documents	
Cost Benefit Report	

## Bibliography

## INTRODUCTION

In 2011, the Federal Bureau of Investigation reported that the Santa Fe area (the city and the county, including parts of Española) ranked second in the country in residential burglaries per 100,000 residents. According to Santa Fe law enforcement statistics, property crimes rose slightly in 2012 compared to 2011. Residential burglaries increased to 802 from 782 the previous year. And, at the root of this property crime problem is serious drug addiction.

Drug overdose death rates in the U.S. have more than tripled since 1990 and have never been higher. In 2009, more than 37,000 people died from drug overdoses, and most of these deaths

★★★★★★★★★★

"The LEAD Task Force has done an excellent job at developing

recommendations that can help provide both law enforcement with a new alternative to handling minor drug related offenses to address public safety issues and individuals with treatment opportunities that can address addiction and public health needs."

City Councilor Bill Dimas

★★★★★★★★★★

and funding these programs; and develop a plan to increase the availability of pre/post-incarceration treatment and recovery services.

- Identify federal, state, local and private funding sources for incarceration alternatives and for treating opiate addictions.
- Propose amendments to state law for the legislature that further incorporate incarceration alternatives, opiate addiction treatment and recovery support services in to the State's criminal justice system.

were caused by prescription drugs (Policy Impact: Prescription Painkiller Overdoses). New Mexico has the highest drug-induced death rate in the nation, and the consequences of drug use continue to burden New Mexico communities. Drug induced deaths in Santa Fe County between 2007-2009 were at 19.6%, in New Mexico 22.8% and in the U.S. 12.7%.

The City of Santa Fe resolved to address these public safety and public health issues by announcing 2012 as the year of public safety and health and passing Resolution 2012-66 to implement solutions to break the cycle of opiate addiction that too often lead to criminal activity in our city. The resolution led to the development of the Law Enforcement Assisted Diversion (LEAD) Task Force charged with developing alternatives to incarceration for those who are committing property crimes to support their addiction. The Task Force was asked to

- Study the correlation of opiate addictions to criminal activity.
- Explore and discuss options for removing drug traffickers from the streets in an effort to curb opiate addiction problems.
- Explore and discuss multidisciplinary approaches to treating opiate addictions that lead to criminal activity.
- Identify proposed and existing programs that are alternatives to incarceration; make recommendations for implementing, improving

The LEAD Task Force was organized into four subcommittees: Treatment/Harm Reduction; Eligibility/Legal; Process; and, Funding. A Steering Committee was also created to guide the tasks cited in the municipal resolution. The subcommittees developed the set of recommendations found within this report.

## I. Problem Statement

Anyone who has struggled, or seen a loved one struggle, with addiction knows that drug and alcohol abuse is a difficult and complicated issue. New Mexico has the highest drug-induced death rate in the nation, and the consequences of drug use continue to burden New Mexico communities.<sup>i</sup>

At the state level, New Mexico continues to experience serious negative consequences of drug use. National household survey data for 2005-2007 estimated that roughly 58,000 New Mexicans aged 12 years or older were in need of drug treatment (SAMHSA, 2005-2007) and a one-year review of all New Mexico Corrections Department prisoner intake screens estimated that ~87% come in with substance misuse disorders.<sup>ii</sup>

Sadly, many of these individuals will end up experiencing and often dying from drug overdoses. Unintentional drug overdose have now surpassed car accidents as a cause of death.

From 2007 to 2008 heroin overdoses increased from 5.4 to 7.4 deaths per 100,000. The largest increase in heroin overdose death was observed among Hispanic (from 15.1 to 18.8 deaths per 100,000) and white males (6.6 to 9.1 per 100,000) (NMDOH, 2008). During 2007-2008, 3/4 of all unintentional drug overdose deaths were caused by heroin and/or prescription opioids. Drug induced deaths in Santa Fe County between 2007-2009 were at 19.6%, in New Mexico 22.8% and in the U.S. 12.7% (NMDOH, IBIS, 2007-2009).

Handling low-level non-violent drug offenders and those struggling with addiction in the local and state criminal justice system is costly. The average cost of incarceration per inmate at New Mexico Department of Corrections (NMDCC) facilities is over \$111 per day, or approximately \$41,000 per year.<sup>iii</sup> The City of Santa Fe detention costs are \$92 per day. While, the cost of substance misuse treatment per person is between \$5,000 - \$10,000 per-year.

A study by the RAND Corporation found that every additional dollar invested in substance misuse treatment saves taxpayers \$7.46 in societal costs (crime, violence, loss of productivity, etc.). The same RAND Corporation study also found that additional law enforcement efforts cost 15 times as much as treatment to achieve the same reduction in societal costs.

Treatment instead of incarceration is supported by a majority of New Mexicans; 71% of New Mexicans support allowing a person caught with small amounts of drugs to be offered drug treatment instead of being sentenced to jail or prison.<sup>iv</sup>

It is important to understand the world of drug users and transform your ideology of who the drug user has become with compassion, education, patience. With the help of prayer and God we can work to change the world of a drug user by seeing that they too are human who need a chance for a prosperous life not forgetting that not only the drug user is affected but their loved ones and the community is affected with the drug user. *Joleen Lujan, Parent*



## **II. Concept: A Pre-booking Diversion Model**

*The LEAD Task Force respectfully requests that the City of Santa Fe's City Council approve planning and implementing an innovative 3-year **pre-booking diversion** pilot program to divert those individuals suffering from an addiction to opiates into treatment and social supports (Planning phase: July 1 – December, 31 2013; Pilot phase: January 1, 2014 – Dec. 31, 2017).*

A **pre-booking diversion** program is one that identifies low-level drug offenders for whom probable cause exists for an arrest, and redirects them from jail and prosecution by providing linkages to community-based treatment and support services. Pre-booking diversion programs consist of both a law enforcement and social services component. The apprehending officer makes the initial determination of eligibility for diversion based on established eligibility criteria and transports the subject. An offense report is filed, in the event the case is referred for prosecution at a later date. The prosecutors retain the ultimate and exclusive authority to make filing decisions in all cases.

Law enforcement completes the records that would be needed to refer to the prosecutor and forward the arrest packet for review to the pre-booking team. Following a decision to refer to diversion there is an interaction with an outreach worker/case manager. The case manager conducts an intake assessment and addresses immediate/acute needs followed by the development of an individualized care plan to address chemical dependency, mental health problems, lack of housing, prior legal involvement and/or gang activity, lack of employment and education, etc.. Funding may be used to address any social service/health need or set of needs.

Law enforcement and prosecutors are core to the success of this model. Both law enforcement and the prosecutor staff serve as core members of the planning team to develop the model and associated eligibility criteria and participate as members of the staffing/operations team to review individual cases. Law enforcement officers are trained to identify what individuals are eligible and suited for diversion. They serve as the entry point into the program and transfers eligible individuals to the program's clinical team for assessment instead of to jail personnel for booking. Under this model, prosecutors continue to have the ultimate and exclusive authority to make filing decisions in all cases and will receive copies of the investigation packets on diverted cases, for review for compliance with the agreed upon diversion criteria.

"I would like to come to work one day and discover that the majority of criminal cases in our office are not related to drug addiction." **District Attorney, Angela Pacheco**

Getting a pilot program up and running in our city would be significant on a few levels. It would mean better health outcomes for the target population and reduce jail costs on the county level. It would mean the start of a new collaboration between community agencies, including some not currently engaged from a health perspective. And it would mean that public health and criminal justice reform advocates will have a tangible success to point to when trying to get policymakers to enact similar reforms statewide through legislation.

## A. Benefits

- Increases safety and order for the community by reducing future criminal behavior.
- Reduces the burden on the law enforcement, county jail, prosecution, and court systems.
- Reduces the burden on New Mexico District Attorneys by diverting the burdensome number of cases associated with low level drug use including associated crimes such as burglary, theft, and trespassing.
- Reduces number of low-level drug offenders entering criminal justice system.
- Redirects public safety resources to more pressing priorities, such as serious and violent crime.
- Improves individual and community quality of life through research-based, public health-oriented interventions.
- Sustains funding for alternative interventions by capturing and reinvesting criminal justice system savings.
- Allows person to remain in the community with limited disruption to family life and employment.
- Reduces opiate overdoses

"This program will provide an opportunity for lower-level offenders with drug addiction to work their way out of addiction and become productive, employed members of our community." *Bennett Bauer, Chief Public Defender*

Handling low-level non-violent drug offenders in the local and state criminal justice system is not only costly but evidence suggests that this is not a way to break the cycle of addiction or enhance public safety. Instead, many people often go through the system without any impact on their behavior and end up costing the system far more than they would if they were treated using evidence-based treatment programs. With the economic strain on our local counties, pre-booking diversion programs offer a viable, cost effective alternative to the status quo that can positively impact New Mexico's counties.



### **III. Recommendations**

#### **A. LEAD Assumptions (Pilot Project)**

The LEAD Task Force recognizes that the scope of social and law enforcement problems associated to opiate related offenses and costs to the local systems requires a more strategic approach than how such cases and conditions are currently handled. The recommendations were developed with the following working assumptions to strategically focus the program's reach over the three year Pilot Project period:

- *Geographic Area:* City of Santa Fe boundary
- *Law Enforcement Involvement:* City of Santa Fe Police Department
- *Low-level drug Offenders:* People Possessing Opiates (pills and heroin)
- *Pilot Project Implementation:* Three (3) Year Implementation to demonstrate impact (Starting January 1, 2014 to December 31, 2016)

The LEAD Task Force has developed four sets of recommendations to move into Phase II of the LEAD project specifically related to: (1) Eligibility, (2) Process, (3) Treatment and (4) Funding/Cost Benefit. However, the ability to move from planning to implementation requires an intermediate phase to ensure that the service capacity exists to divert people into treatment and social supports who would otherwise be incarcerated for their addiction.

#### **B. Overall Policy Recommendation**

The LEAD Task Force respectfully requests that the City of Santa Fe's City Council approve planning and implementing an innovative 3-year pre-booking diversion pilot program to divert those individuals suffering from an addiction to opiates into treatment and social supports (Planning phase: July 1 – December, 31 2013; Pilot phase: January 1, 2014 – Dec. 31, 2017).

#### **C. Program Implementation Recommendations**

##### **1. Eligibility Recommendations:**

##### **Recommendation #1**

Adopt the following Inclusion and Exclusion Criteria to be used to determine who does and does not qualify for LEAD diversion programming. The following criteria were developed by the LEAD Task Force. Information from the LEAD program in Seattle, Washington was examined to ascertain criteria useful to the Santa Fe model.

##### **Inclusion Criteria:**

- Possession of 1 gram or less of opiates
- Possession of Paraphernalia
- Subsistence Dealing only
- 18 years and older
- Amenable to diversion; (i.e. non-violent upon initial contact; non-psychotic; not a threat to self or others)
- Law Enforcement Referral (when individual is believed to be involved in a theft crime)
- Individual is eligible regardless of immigration status
- Individual is eligible regardless of gender

- Individual is eligible if on probation/parole (final decision made by district court judge)

Inclusion Criteria - Phase 2: Depending on client flow, availability of providers and willingness of other law enforcement jurisdictions to participate in LEAD the following criteria may apply:

- Agency Referrals outside SF Police Department
- Probation and Parole Department Referrals
- Other treatment providers
- Faith Community Referrals
- Self-Referrals
- Warrants

#### B. Exclusion Criteria

- No serious violent crime in the last 10 years
- No current probation/parole
- No dealing above subsistence dealing, i.e. for profession
- No exploitation of minors or others in drug dealing (e.g. disabilities)
- No suspected promotion of prostitution or human trafficking
- No serious psychosis or mental retardation (eligibility committee please review – this was added after the list was approved)

## **2. Process Recommendations**

### **Recommendation #1**

Establish an Operations Team led by the City of Santa Fe, District Attorney of the 1<sup>st</sup> Judicial District, Chief of Police, Public Defender's Office and content experts to serve as the program oversight committee for the pilot. The LEAD Operations Team will oversee the implementation, coordination, evaluation and reporting of LEAD outcomes to the City of Santa Fe. The Operations Team will advise the City of Santa Fe on the development of the LEAD Project and assist with implementation of the LEAD Task Force recommendations. The Operations Team will report to the appropriate municipal bodies and administrators to provide progress updates and to recommend any additional actions essential to the successful operation of the LEAD program.



### **3. Treatment Recommendations**

#### **Intervention and Treatment of Opiate Addiction**

The New Mexico Department of Health states that it is important to increase penetration of harm reduction services since the burden from heroin increased in 2008 and the population of concurrent illicit and prescription drug users is growing. Young drug users may lack the experience and education, and then find themselves in circumstances where fatal overdose is difficult to avoid. Harm reduction is a crucial bridge to healthcare and treatment, given adequate treatment slots are available for new and longer term users alike. Among other beneficial outcomes of drug treatment, there is a lower risk of overdose for people who are in treatment compared to those not in treatment. Since 2002, 15-22% of all New Mexico clients in substance abuse treatment were being treated with methadone or buprenorphine in facilities with Opiate Treatment Programs (National Survey of Substance Abuse Treatment Services, SAMHSA).

Because of the growing problems associated with opioid addiction, it seems warranted to increase accessibility to medication-assisted therapy. Finally, it is paramount to raise awareness about the risk of overdose among users of illicit and/or prescription drugs. Ongoing surveillance using various data sources is necessary to characterize the diverse subgroups that should be targeted for prevention efforts, highlight patterns at the state and sub-state level, and promote communication among stakeholders about emerging trends (NMDOH, 2008).

#### **Recommendation #1**

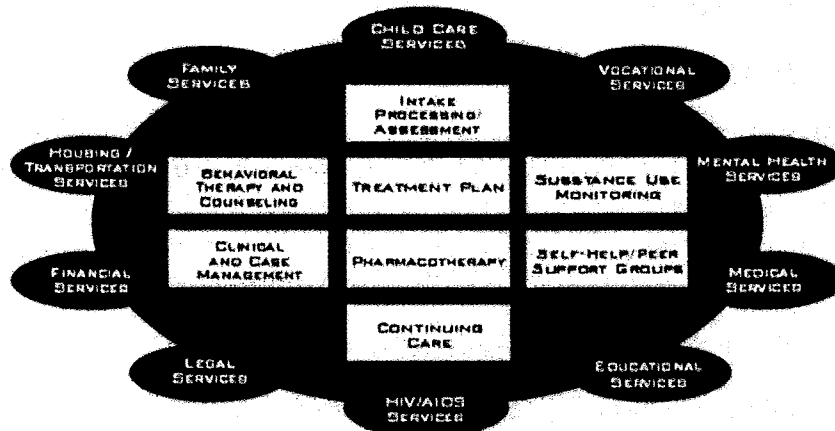
Assess the service capacity of the availability and feasibility of current treatment, harm reduction and social support capacity in Santa Fe to provide comprehensive treatment services to LEAD clients. The study shall determine:

- Availability of in-patient social detox beds that will be available for LEAD clients (Anticipate up to 25 additional patient beds needed annually)
- Available intensive out-patient service slots available for LEAD clients (Anticipate up to 50 additional outpatient treatment slots needed)
- Availability of medication/buprenorphine assisted therapy (methadone & buprenorphine) outpatient services for LEAD clients
- Availability of Spanish speaking counselors with expertise in treating opiate addiction
- Availability of supportive social, mental health and health services
- Assess if Santa Fe needs more addiction treatment providers or other related services
  - Santa Fe needs additional housing options
  - Link every LEAD participant to a medical home
  - Need for additional Inpatient, Outpatient and Intensive Outpatient Treatment (IOP)
  - Identify agencies with Certified Peer Specialists.
- Identify Care Coordination offered by managed care companies

#### **Recommendation #2**

Establish and coordinate a comprehensive local treatment system with the following elements and service components to address the needs of individuals with opiate addiction. The National Institute of Health has identified the following key components to a comprehensive treatment system.

### *Components of Comprehensive Drug Abuse Treatment*



*The best treatment programs provide a combination of therapies and other services to meet the needs of the individual patient.*

The LEAD Task Force has to date identified key services essential to addressing the needs of eligible participants. The next phase will determine the capacity of where those services exist, to what extent (duration and intensity), are they provided to opiate addicted persons, costs and patient fees, outcomes data, intake model, coordination and clinical expertise in addiction and experience in working with law enforcement.

### **Recommendation #3**

#### **Finalize a service package offered to LEAD Participants:**

- Assessment - to determine the level of care
- Individualized Care Plan (ICP) similar to an Individual Education Plan
- Assertive Case Management
- Medication Assisted Treatment (MAT) including buprenorphine and methadone
- Sober Housing
- Detox/Sobering
- Coordination with Probation/Parole/Drug Court
- Primary care and Behavioral Health Services
- Group therapy and other outpatient services.
  - Case Review/Ongoing contact [Case Coordination]
  - Daily clinical meeting
  - Weekly meeting with/LEAD officer and Case Manager
  - Coordinate with SOS/SVH Opiate treatment groups
- Harm Reduction – Naloxone and syringe exchange (Education or as identified on the ICP)
- Wrap Around Services
  - Education
  - Transportation
  - Job training (Harm reduction principle)
  - Housing
  - Mentoring
  - Food
  - Trauma treatment

- Coordination with Peer Navigators to assist uninsured LEAD clients with enrollment in health exchange and referral to or Medicaid or other health plans (e.g., Veterans Administration, private health insurance plans).

#### **Recommendation #4**

Utilize epidemiological and demographic data to inform decision making about which evidenced based practice and treatment models and practices are most effective at serving the diverse cultural needs of program participants. Include evidence based practices normed, developed or designed to serve culturally diverse populations with addiction. Consider cultural adaptations and sex and gender-based services related to the target populations served by LEAD.

#### **4. Funding/Evaluation Recommendations**

An effective and sustainable LEAD program is the overall goal. A Cost Benefit analysis was conducted on 100 target eligible individuals over a three year period (2010-2012) and demonstrated a relatively high cost for arresting and incarcerating opiate possession offenders in the City of Santa Fe. The Cost Benefit conducted by the Santa Fe Community Foundation Analysis suggested:

- **Significant Overlap with Property Crimes:** Over half (51%) of 100 individuals arrested for opiate possession or sales had a history of property crime or were soon arrested for one.
- **"Revolving Door" with Systematic Recidivism:** There is a high rate of recidivism among opiate addicts; A majority (91 out of 100) arrested for opiate possession or sales in 2010-2012 were repeat offenders with average 5.9 arrests over 3 year period (or 6 months intervals between arrests).
- **Burden on the System:** These 100 individuals collectively represented a significant burden across systems for law enforcement, justice, health, safety and social services over the past 3 years (2010-2012) including:
  - **Law enforcement:** 590 arrests, 5500+ officer hours
  - **Detention center / Jail:** 11,500+ days
  - **Judicial System:** 800+ Judge hours, 10,000+ Prosecutor hours, and 3,000+ Public Defender hours across District (109 cases), Magistrate (329 cases) and Municipal courts
  - **911/EMS:** 61 dispatches, and
  - **Emergency and Other Medical:** 91 out 100 individuals with drug-related ED/hospital visits
- **Cost to the Current System:** A conservative estimate for total cost to the current system per opiate offender is approximately \$41,000 over a 3 year period (or over \$4 million for 100 individuals). The cost per individual is significantly higher for top 25 frequent offenders (\$~55,000 over 3 year period) vs. Others (~\$36,000). The overall cost to the system is likely to be much higher given the conservative assumptions and additional burden on the broader system not fully captured in the current analysis including loss of productivity and earnings in the economy and cost on social support systems.
- **Potential LEAD Treatment & Program Cost:** While the specific needs will vary, an average LEAD cost per individual including intensive treatments and wrap-around services is estimated at about ~\$34K per individual for 3 years, less than the cost to the current system. The cost to Santa Fe City will be significantly lower when Medicaid coverage and other funding sources are taken into account, as well as pro bono services and donated goods.
- **Long-term Impact:** The cost-benefit impact of the LEAD program will be more evident in the long-term as the upfront investment of intensive treatment and support services pay off

in reduced recidivism and cost to the current systems. Other long-term positive impacts include prevention of drug addiction and related criminal activities and economic productivity through re-integration to society and job market.

In order to improve the cost benefit ratio over time, the following Recommendations are made:

**Recommendation #1 -** Establish a private/public partnership to support the operational costs of the LEAD pilot program.

PROPOSED FUNDING SOURCES FOR LAW ENFORCEMENT ASSISTED DIVERSION  
(LEAD) PILOT PROJECT IN SANTA FE: A PUBLIC PRIVATE PARTNERSHIP



**LEAD**

*SANTA FE*

\*TBD – more analysis needed to determine Medicaid and Private Pay

**Recommendation #2 -** Identify additional funding sources for the 3-year pilot LEAD program, to include potential funding from private and public sources, including foundations, individual donors, Federal grants, state funding sources, etc.

- o Ascertain behavioral health benefit package under Centennial Care Medicaid expansion, identify payments schedule and service definitions for managed care organizations managing behavioral health contracts funded by the state Medicaid program in the new carve-in of behavioral health.
- o How to leverage Affordable Care Act funding.

- Ascertain health care exchanges benefit package to include coverage for behavioral health care and parity, identify payment schedule and service definitions.
- Federal block grants and services for substance abuse and mental health services

**Recommendation #3:** Introduce a special appropriation in the 2014 NM State Legislative session requesting funding in support of the pilot project.

**Recommendation #4 -** Conduct a comprehensive three-year program evaluation to determine reduction in opiate related offenses and arrests, reduced opiate drug use, improved social and career skills among LEAD participants, etc..

#### **IV. Successful Applications of the LEAD Pre-booking Diversion Model**

Pre-booking diversion programs targeting persons with mental illness have been used for years in several jurisdictions. The foremost example in the U.S. is the LEAD (Law Enforcement Assisted Diversion) Project in Seattle. Launched earlier this year as a joint effort of the Seattle Police Department, the District Attorney and City Attorney, and the Defender Association, with strong support from impacted local businesses, LEAD offers a full range of individually tailored services from health care and job training to substance abuse treatment in order to get – and keep – targeted persons out of an overburdened criminal justice system. A similar diversion model targeting persons with mental illness has been employed in several U.S. cities, including San Antonio, Texas and Memphis, Tennessee for years.

A pre-booking diversion program is one that identifies low-level drug offenders (specifically opiates) for whom probable cause exists for an arrest, and redirects them from jail and prosecution by providing linkages to community-based treatment and support services. Pre-booking diversion programs consist of both a law enforcement and social services component. The integrity of both components is critical to any successful pre-booking diversion initiative. Pre-booking programs involve specialized training for police officers, and a crisis drop-off center with a no-refusal policy for persons brought in by the police.

This concept is modeled off of the Seattle's Law Enforcement Assisted Diversion (LEAD) program "that identifies low-level drug offenders for whom probable cause exists for an arrest, and redirects them from jail and prosecution by providing linkages to community-based treatment and support services." LEAD consists of both a law enforcement and social services component and involves specialized training for police officers, and a crisis drop-off center for persons brought in by the police.

#### **A. Guiding Principles for Making LEAD A Success**

- **Adequate training and clear administrative policies and diversion protocols for law enforcement officers.** Law enforcement officers' role and responsibility are integral to pre-booking diversion. In order to maximize positive results, clear direction from the command staff is necessary.



- **Service-dedicated resources**, most of the program resources will be directed toward acquiring direct services for program participants, rather than toward program overhead, administration or staffing.
- **Commitment to a harm reduction approach**, meaning a focus on individual and community wellness, rather than an exclusive focus on sobriety, by immediately addressing the participant's drug activity and any other factors driving his/her problematic behavior, even if complete abstinence from drug use is not immediately achieved.
- **Use of peer outreach workers and case managers to enhance the program's effectiveness with potential participants.**  
Decades of research demonstrate that peer-based interventions are a highly successful way to intervene with marginalized populations. Moreover, case studies in an analogous context clearly suggest that peer-based interventions are a promising, cost effective practice for engaging individuals with mental illness and a history of criminal justice involvement in the community. Peer outreach workers and case managers serve as community guides, coaches, and/or advocates, who work to link diverted individuals to housing, vocational and educational opportunities and community services, while also providing credible role models of success.
- **Involvement of neighborhood public safety leaders.** Concerned community members will have the opportunity to engage with the program as it develops, through an advisory board structure. This will help ensure community public safety leaders' comfort with a new approach. Ideally, community members will also be able to refer individuals for program participation and suggest areas of focus for outreach workers.
- **Specially-tailored interventions to address individual and community needs.** Each drug activity "hot spot" has its own unique character. Rather than attempting a "one size fits all" approach, community-based interventions should be specifically designed for the population in that particular neighborhood.
- **Clearly delineated evaluation criteria and procedures** to ensure accountability to the public and facilitate review of programmatic effectiveness by policymakers.
- **Commitment to capturing and reinvesting criminal justice savings** to sustain pre-booking diversion programs, and support improvement and expansion of other "upstream" human services and education efforts.

I believe our community would benefit from a new approach like LEAD which is based on sustainability: building real infrastructure and capacity and improving efficiency and effectiveness by leveraging partnerships and ability to coordinate the necessary services.

Addiction to opiates intersects with mental health and trauma. So we have to develop wrap around services to help bridge the gap from all needs coexisting in the life of the person with the addiction. Programs like LEAD aim for increased stabilization.

***María José Rodríguez Cádiz***  
***Executive Director***

## **B. LEAD Mission**

Elected officials, law enforcement officers, and residents and business owners in the City of Santa Fe want to improve public safety and public health in Santa Fe and want to reduce future criminal behavior by low-level drug offenders contacted in Santa Fe. Booking, prosecuting, and jailing individuals committing low-level drug offenses in Santa Fe has had limited effectiveness in improving either public safety or public order in the neighborhoods. LEAD is a new approach that seeks to accomplish the goals of reduced criminal behavior and improved public safety and order

by connecting low-level drug offenders with services. This approach may cost less and be more successful at reducing future criminal behavior than processing low-level drug offenders through the criminal justice system.

Residential treatment is one piece of a larger puzzle. Individuals seeking treatment for substance abuse that set the groundwork for sobriety to occur. Many of our graduates lack housing, employment, and healthy families to return to. It is our hope that, with the LEAD team, clients will receive the supports they need to thrive. *Yolanda Briscoe, Executive Director*

**ADD CONCLUSION:**

**Join us** in creating a better Santa Fe with healthy families and safer streets.

DRAFT

## Appendices

### Santa Fe County Service Providers

#### 1. Life Link: <http://thelifelink.org/our-services/>

**Skills Building Workshops and Classes:** The Skill Building program's objective is to serve persons facing the challenges of mental health illness and/or addictions by creating opportunities for them to recover, tap into their own resources and improve their general life skills. We do so by creating environments that support recovery, self-efficacy, and empowerment, as well as assisting in improving each person's daily life.

**Behavioral Health Services:** The Life Link offers outpatient treatment programs for chronic and persistent mental health issues, including:

- Substance addictions
- Depression
- Anxiety
- Bi-polar
- Co-occurring disorders
- PTSD and trauma
- Grief/loss
- Relationship/family issues
- Domestic violence/anger

**Supportive Housing Services:** The Life Link believes stable, permanent housing is essential for people to become integral members of a community. Acting on our beliefs, we are a community leader in advocacy for the improvement of supported housing and coordinated behavioral health services for the citizens of New Mexico. Acting in accordance with the guiding principles of New Mexico's Behavioral Health Purchasing Collaborative The Life Link is Santa Fe's largest provider of permanent housing for formerly homeless individuals and families. Currently we provide 93 supportive housing units in the city for our clients.

**Santa Fe Clubhouse - Recovery from mental illness through employment:** The Life Link offers outpatient treatment programs for chronic and persistent mental health issues, including: Santa Fe Clubhouse – A Life Link Program. Santa Fe Clubhouse is a model of psychosocial rehabilitation based on the successful Fountain House Model founded in 1948. There are more than 400 Clubhouses worldwide. Participants are "members", not patients or clients. Members and staff work together in an atmosphere of mutual caring and respect, while performing the wide variety of tasks necessary to operate the Clubhouse. In doing so, they experience meaningful work, meaningful relationships and meaningful opportunities, while developing the confidence and skills that are essential to returning to paid employment in the community.

#### **Healthy Homes Peer Support Services**

?

**Employment Services:** The Employment Department helps clients to attain and maintain employment in accordance with the evidence based Supportive Employment and Individual Placement and Support (IPS) Models.

**Attaining Employment:** The employment consultant works with Life Link clients to pursue their employment goals. The consultant's level of involvement is based on the clients' needs and preferences. Comprehensive services include:

- Assistance with job leads
- Advocacy
- Interview practice
- Resume and application writing
- Transportation
- Coaching and emotional support.
- Mediation between client and prospective employee

**Maintaining Employment:** After a client has gained employment, our employment consultant supports the client in keeping the job. Comprehensive services are individualized and include: Stress management counseling, Interpersonal skills counseling, mediation with employer and advocacy, and Wellness and time management development.

**2. Santa Fe Community Guidance Center:**

[[http://pms-](http://pms-inc.org/hub/index.php?option=com_page&page=site_SantaFe_CommunityGuidanceCenter)

[inc.org/hub/index.php?option=com\\_page&page=site\\_SantaFe\\_CommunityGuidanceCenter](http://pms-inc.org/hub/index.php?option=com_page&page=site_SantaFe_CommunityGuidanceCenter)

**Primary Care**

Treatment of acute illness and chronic diseases such as diabetes, hypertension, and respiratory diseases

Treatment of minor injuries

Health and Wellness programs

Women's health services

Health screening and wellness exams for men, women and children

Employment and sports physicals

Prevention

Diagnostic and Treatment Services

Laboratory

Vision screening

Immunizations

Because prevention is an essential component of SFCGC's program, we offer comprehensive health education services including family planning, teen wellness, parenting, nutrition and disease prevention.

**Behavioral Health**

- \* Initial screening, assessment, referral and service coordination
- \* Professional consultation
- \* Comprehensive Community Support Services for adults and children
- \* Outpatient Therapy - individual and groups for adults and children
- \* Mental illness/substance abuse - dual diagnosis program
- \* DBT - Dialectical Behavior Therapy
- \* Psychiatric services for adults and children
- \* Psycho-social rehabilitation, skill training and consumer-directed programs
- \* Multi-systemic Therapy
- \* Priority Behavioral Health Services for pregnant women

- \* Crisis Services
- \* Psychological testing for adults

### **3. Santa Fe Recovery Center [ : <http://www.sfrecovery.org/> ]**

**Residential Detox Center:** The Detox program at Santa Fe Recovery Center begins with a residential detoxification phase. All admitted clients are required to go through a 3-7 day detoxification and/or assessment period prior to transitioning to residential treatment. Social detoxification protocol consists of a combination of services and modalities. The main goal is to assist with physiological and psychological detox from highly addictive drugs, street drugs and/or alcohol. SFRC is certified to treat opioid addictions with Suboxone. The use of Suboxone for detoxing is voluntary. Clients reside in the detox center corridor nearest to the medical staff. Vitals and frequent room checks are taken. At the completion of the detox program and assessment, a client will transition to the residential program.

**Residential Treatment Center:** The Santa Fe Recovery Center is a residential treatment center that also provides outpatient services. As a fully accredited alcohol and drug treatment program, an individual is assured that he/she will be receiving closely monitored quality care. Our residential treatment center offers up to 30 days of treatment, depending on clinical/medical necessity. Social detox may be offered as part of the 30 day treatment stay if appropriate. Treatment is available for alcohol and drug addictions and ensures care for those clients with mental and/or medical illness not requiring acute residential care. By entering treatment, an individual takes a huge step toward a new life. The staff and Board of Directors of the Santa Fe Recovery Center (SFRC) are committed to supporting individuals on their path to recovery. Treatment can be scary and intimidating. The SFRC provides a positive and nurturing environment for healing to begin.

**Outpatient Program:** Outpatient services at the Santa Fe Recovery Center are designed to provide intensive and regular drug and/or alcohol treatment for individuals who are able to work and live in the community. The focus of the Outpatient Rehab Program is to provide individualized treatment for each client including individual, group and family therapy as well as treatment related case management services also include Addiction Severity Index (ASI), assessment, and urine analysis.

**Outpatient Drug Rehab & Outpatient Alcohol Rehab:** Utilizes the Matrix Model, an evidence-based intensive outpatient treatment program. The outpatient program modalities include:

- 12-Step Program and Fellowship
- Community Reinforcement Approach to Addictions
- Cognitive Behavioral Model Program
- Motivational Interviewing
- Psychoeducational Classes
- Family Therapy
- Health and Fitness Awareness
- Case Management
- Individual and Small Group Counseling
- Anger Management
- Grief/Trauma Counseling

The ultimate objective of alcohol and/or drug treatment is to achieve a life style free from the use of illicit drugs and/or alcohol abuse. Santa Fe Recovery Center will provide the best outpatient treatment and support to clients as they enter recovery.

#### **4. Santa Fe Mountain Center: <http://www.santafemc.org/programs/harm-reduction/>**

Our newest Harm Reduction Project is funded from the New Mexico Department of Health HIV/AIDS Infectious Disease Bureau. Here in New Mexico the overdose rates are three times the national average in Rio Arriba County. We have higher than national average rates of Hepatitis C due to needle sharing among IDU (Intravenous Drug Users). **Street Outreach** consists of syringe exchange, harm reduction counseling, basic wound care, condom and barrier distribution, prevention information on HIV, STDs and viral hepatitis A, B, & C. HIV counseling and testing, community information and referrals, as well as food distribution. **Overdose Prevention** classes consist of teaching how to identify an overdose, perform rescue breathing, safely administer Narcan, and overdose treatment myths.

#### **5. Santa Fe Care Connection**

**CARE Connection Assessment Center:** Clinical assessments are conducted for persons with mental health and/or substance abuse problems. Trained therapists and case managers assist clients in accessing treatment and recovery support services. The Assessment Center also administers the federal "Access to Recovery" (ATR) grant that can pay for services including: substance abuse treatment, group/family/peer support, spiritual/pastoral guidance, transportation, acupuncture, massage, child care, and other services that help support treatment and recovery. The CARE Connection Assessment Center is staffed and operated by CHRISTUS/St. Vincent Regional Medical Center.

**CARE Connection Sobering Center:** The Sobering Center is designed as a harm reduction model that provides a supported and controlled sobering experience for adults, 18 years of age or older, who volunteer to undergo an acute abstinence episode from alcohol and/or other drugs for three to five days in a residential setting. The Sobering Center is open 24 hours a day, 7 days a week detoxification program that operates 365 days per year with a bed capacity of 15 (5 for Women and 10 for Men). The CARE Connection Sobering Center is staffed and operated by CHRISTUS/St. Vincent Regional Medical Center.

#### **6. Southwest Care Center**

Provides a compassionate, patient-centered environment where everyone can feel comfortable and respected while receiving the highest quality health care available. Considered the future model of health care delivery in the nation, Southwest CARE Center is one of the largest and most experienced providers of HIV care in the southwest.

A leader in HIV care, our physicians, nurses and case managers are active on national, state and local levels in the development and improvement of services for persons with HIV/AIDS. We provide one-stop accessible and coordinated care by including medical, pharmacy, case management, prevention, testing and counseling, research, community outreach, sexual health, Hepatitis C services, patient advocacy, nutrition, housing assistance, mental health and substance use disorder counseling on site. Southwest CARE Center uses a wrap-around service model delivered within the context of our core values: compassion, communication, vision, teamwork, and respect to provide *healthcare that every person deserves*.

## **7. La Familia Medical Center**

**Provides services to all individuals and families, regardless of income or ability to pay.** Services are offered on a sliding fee scale, according to family size and income. We accept Medicare, Medicaid, all insurances, HMOs & workers' compensation.

**Medical Services** - provides full-service, primary medical care to all its patients. In addition to care in our up-to-date outpatient facilities, we provide 24-hour emergency on-call coverage and manage our pediatric and obstetrical patients in the hospital. We are a family medicine based organization. We focus on complete health care for the entire family. Family medicine providers are trained in all areas of medicine, including obstetrics, pediatrics, teen and adult care, women's health and mental health. We provide patient centered comprehensive health care supported by a team of specialists including obstetrics, nurses, laboratory technicians, case managers, counselors, health educators and administrative staff. Programs include: Teen Clinic, Prescription, Medications, Diabetes Management & Education, Healthy Children's Initiative, Immunization, Women's Health, Prenatal Program, Birth Control, Breast-Feeding, and Free Pregnancy Testing.

**Dental Services** - provides quality comprehensive dental care for patients of all ages. Our dentists provide diagnosis, emergency care, treatment, and coordination of services related to our patients' oral health needs. Our dentists are highly educated and trained in all dental procedures. As general dentists, they have access to a wealth of dental information, including what interests you most — keeping that bright, healthy smile. The LFMC dental team provides services such as examinations of teeth and gums, placement of fillings, dentures, oral surgery, root canal treatment and, if necessary, extractions. Most importantly, we believe in prevention. Our dental hygienists provide cleaning, application of sealants, and patient education. We also perform screenings and oral exams for school children, in conjunction with community education and outreach.

**Behavioral Services** - Behavioral Health Care" refers to mental health, substance abuse and counseling services. Behavioral Health (or brain health) is as important to a person's overall well-being as heart health or kidney health. Our behavioral health staff offer a personable and friendly approach for assessment needs, referrals, treatment and follow-up care. Counseling is offered to adults, children, couples and families; group therapy is also available. The integration of behavioral health care with primary care is at the forefront of medical training and practice. Family Medicine residents, psychiatry residents, and other graduate interns come to LFMC for experience and training in this integrated approach.

**Health Care for the Homeless** - a federally-funded program providing outpatient primary health care, dental care, case management, referrals, and street outreach services to the homeless community in Santa Fe County. We also work closely with other service agencies that provide services to the homeless. Our medical clinic strives to create a safe, trusting, and respectful environment for all homeless individuals

**Health Education** - involvement of the patient's family. Our Promotoras provide education and support in the areas of prenatal care, diabetes control, immunization, breast-feeding, women's health and more. These programs are designed to encourage the education and participation of family members.

## **8. Solace Crisis Treatment Services**

Provides services to individuals who have experienced trauma with evidence-based treatment, advocacy services for navigating community resources, and education in order to restore strength and find inner resiliency.

**Clinical & Mental Health Services** - We provide crisis stabilization, assessment and therapy

**Sexual Abuse Support, Education & Prevention** - We offer services to help prevent violence and promote behaviors that create safer environments including acceptance training, date violence and anti-bullying.

**Resources for Survivors of Violent Crimes** - The Family Advocacy Department provides support and guidance to individuals, children and families who have experienced or witnessed violent crimes including sexual assault.

#### **9. Santa Fe Resource and Opportunity Center/Shelter: Interfaith Community Shelter**

The Resource Center provides free meals, legal services, and case management to those in need. It is open twice a week, on Tuesdays and Fridays from 10 am to 1 pm, at the Santa Fe Resource & Opportunity Center. On an average day, between 120 and 140 individuals come to take advantage of these services. Many who want to change their situation eventually end up working with our staff to begin the journey towards self-sufficiency.

#### **10. St. Elizabeth's Shelter**

The overall goal of all our programs is to provide people with the full range of assistance and services they need to find permanent housing and to end the cycle of homelessness. The programs we offer include:

**Men's emergency shelter** - Men's Emergency Shelter is at the core of St. Elizabeth's overall programs. It provides single men with emergency shelter, as well as mail, phone, and laundry services. The shelter has two dormitories that accommodate 28 beds, as well as a communal dining room, small library, and television room. During their stay, shelter guests work together with case management staff to directly address the problems that led to their becoming homeless and to begin the process of regaining control of their lives. Staff also makes referrals for guests, as appropriate, for medical care, employment, housing, benefits and other services offered by partnering human-service and governmental agencies. In return, guests must maintain sobriety, good behavior, and willingness to participate in daily chores.

**Casa Familia Urgent Transition Center** - Casa Familia is St. Elizabeth's dedicated emergency shelter for single women and families with children. It features 5 private rooms for families, two dormitory spaces with 16 beds for single women, a large kitchen, dining room, outdoor patio and common areas. The facility can house over 30 people, more than doubling the number of emergency shelter beds available in Santa Fe and a dramatic improvement from the one room for families and six beds for single women previously available. Besides shelter and food, all guests receive case management services.

**Casa Cerrillos Supportive Living Program** - Casa Cerrillos Supportive Living Program offers transitional housing in a 28-unit efficiency apartment complex to homeless adults with physical or mental disabilities, often with co-occurring substance abuse issues. Residents pay below-market rent based on income and can stay from a few months to several years depending on their needs. On-site counselors and program managers offer a full range of supportive services, from life-skills training to help obtaining benefits, to assist residents in becoming in Sunrise Family Supportive Living Program provides eight apartments to homeless families with children. Below-market rents are based on income, and families can stay in the two- or three-bedroom apartments for up to two years while they save funds to move into permanent housing of their own. Children are the fastest growing homeless cohort nationwide, and studies have demonstrated the detrimental effects homelessness has on a child's development.



**Sonrisa Family Supportive Living Program**, - At Sonrisa, a program manager works directly with families and the children to address behavioral, employment, educational, medical and any other issues that may be impairing progress toward self-improvement and reliance. Financial counseling, life-skills training, parenting skills, weekly group discussions, recreational activities and close cooperation with public school counselors are required for all residents.  
dependent.

**Siringo Senior Housing Program**, - Siringo Senior Housing Program offers supportive services and below-market rents in an eight-apartment unit to homeless seniors 55 and older, with preference given to those 62 and above. An on-site program manager provides case management, financial counseling and assistance with obtaining benefits and referrals to other human-services agencies and healthcare providers. Residents should be able to live alone with a high degree of independence and have some established source of income

**Homeless Court**. - homeless Court is a collaborative effort between the City of Santa Fe Municipal Court and St. Elizabeth Shelter, as well as various other service providers, to assist homeless people with outstanding non-DUI criminal, misdemeanor and traffic cases. Individuals with outstanding warrants can be barred from employment, public housing or entitled benefits and risk fines and/or jail time if caught. As a provider, St. Elizabeth Shelter makes referrals and cooperates with the court in working with the defendants. The court may dismiss the case, keep the warrant in effect or sentence the defendant to continued attendance at various programs. Homeless Court meets monthly at the Santa Fe Resource & Opportunity Center, and outside of Albuquerque, is the only such court in New Mexico.

**Homeless Legal Clinic** - Volunteer attorneys meet with both low-income individuals as well as those experiencing homelessness in private sessions and provide on-the-spot legal information and advice as well as referrals to low income/pro bono legal service programs. The attorneys also help draft legal documents. In many instances, the problems of the interviewees can be resolved at the clinic. Volunteer hours count toward fulfilling the obligation of 50 hours of pro bono work under Supreme Court Rule 16-601 NMRA. The HLC is covered by a malpractice insurance policy through the State Bar of New Mexico

#### **11. County's Pregnant Women Treatment Project**

???? contact county staff, Emily, ANY INFO ON THIS ONE.

#### **12. New Mexico Treatment Services, LLC**

Provides support and treatment for opiate addicted patients. Outpatient substance abuse services include: detoxification, methadone maintenance and methadone detoxification. Opiate addiction can have a very drastic impact on a person's life. Treatment and counseling is very important for those who would want to get over their addiction. Target populations include: persons with HIV/AIDs, gay & lesbians, pregnant/postpartum women, men, women and older adults.

#### **13. CHRISTUS St. Vincent Regional Medical Center**

Located in Santa Fe, NM, is the only Level III Trauma Center in Northern New Mexico. With a medical staff of 380 providers covering 34 specialties, CHRISTUS St. Vincent serves more than

300,000 residents. Our vision is to provide Exceptional Medicine, Extraordinary Care to Every Person, Every Day. The healthcare needs of any community are diverse and often complicated, requiring the skills of medical specialists. CHRISTUS St. Vincent is focused on meeting the unique needs of Northern New Mexico. We have recruited a multi-dimensional medical staff, representing many specialized areas of medicine. This includes emerging disciplines such as palliative care, which seeks to satisfy the physical, psychological, and emotional needs of patients at the end of life's journey. The experts at CHRISTUS St. Vincent work together and with the hospital and our staff to deliver individualized diagnostic and treatment plans to each patient. Services include behavioral health, laboratory, emergency room, surgical services, women's services.

**Behavioral Health Services:** provides care for the inpatient and outpatient behavioral health needs of children and adults. People of all ages, all backgrounds, and every walk of life struggle with psychiatric disorders and chemical dependency. These conditions can have a devastating effect on one's family, career, emotional wellbeing, and physical health. However, with proper medical attention and support, people can learn to manage these conditions and enjoy a healthier, more independent life. CHRISTUS St. Vincent's Behavioral Health Services Department offers a range of services for people 18 and older who suffer from psychiatric disorders. Our therapeutic programs, supportive environment, and professional staff help patients learn to cope and return to a higher level of functioning.

**Emergency Department:** Is open 24 hours a day, seven days a week to serve patients with specialized areas for trauma and heart care, state-of-the-art technology and a caring staff. Our HealthFront board-eligible and board-certified Emergency Medicine physicians consistently receive superior marks from our patients.

The Emergency Department, together with a full-service hospital of 340 physicians, provides Northern New Mexico with access to services not generally available in communities Santa Fe's size. CHRISTUS St. Vincent Regional Medical Center is one of only three trauma centers in New Mexico. Specialized centers like ours have the people and technology to treat the most serious accidents and injuries.

**Santa Fe County Suboxone/Methadone Client Service Matrix**  
**April 2013**

El Centro Family Health Center 711 Bond Street. Española, NM 87532 (505)753-7503		60					Deb Newman
Life Link Laura Brown, MD	20	20		Y	y	N	Laura Brown

2325 Cerrillos Rd Santa Fe, NM 87505 (505) 438-0010 LBNewMexico@gmail.com							
Katie Musgrave, DO 510 N. Guadalupe St. Santa Fe, NM 87505 (505) 913-4660				Y		N	Laura Brown
Presbyterian Medical Services (PMS) Santa Fe Community Guidance Center 2960 Rodeo PRK Drive West Santa Fe NM 87505 (505) 986-9633 www.pms-inc.org	30	30		Y		N	March Boschelli
Gregory Baca, MD 1120 Industrial Park Rd., Ste. 401 Espanola, NM 87532 (505) 747-9696		50		Y		N	Deb Newman

Source: [http://www.buprenorphine.samhsa.gov/pls/bwns\\_locator/bup\\_providers.html](http://www.buprenorphine.samhsa.gov/pls/bwns_locator/bup_providers.html)

Larry Lazarus, MD 1925 Aspen Dr., Ste Santa Fe, NM 87505. 101A (505)820-2302	?	?		Y		N	Laura Brown
Dr. Jonathan Beamer, MD 18702 2 <sup>nd</sup> St. #40 Santa Fe, NM 87505 (505) 284-8841	15 -20	15		Y		N	Shelley Mann- Lev
New Mexico Treatment Services LLC 2001 Chamisa Street Santa Fe, NM 87505 (505) 982-2129 www.nmtreatmentservices. com	Are able to expand to meet demand	180 - 190				Y	Shelley Mann- Lev
Santa Fe Recovery Center Yolanda Basolo Briscoe, M.Ed, PsyD 4100 Lucia Ln Santa Fe, NM 87507 (505) 235-1775 <a href="mailto:ybriscoe@sfirecovery.org">ybriscoe@sfirecovery.org</a>	23 in house patients	23		Y (If patient can afford to purchase film for 7 day detox)		N	
Southwest Care Center 649 Harkle Rd. Santa Fe, NM 87505 (505) 954-1921 <a href="mailto:info@southwestcare.org">info@southwestcare.org</a>	Meets demand for HIV positive patients	24	Y (HIV positive patients only)	y		N	
Women's Health Services Julie Craig 901 W. Alameda #25 Santa Fe, NM 87501 (505) 988-8869 <a href="mailto:JCraig@whssf.org">JCraig@whssf.org</a>	30	28		Y		N	

Santa Fe Methadone Clinics		
New Mexico Treatment Services LLC	2001 Chamisa Street Santa Fe, NM 87505	(505) 982-2129
Santa Fe Buprenorphine Providers		
David S. Rosen, M.D.	850 B Camino Chamisa Santa Fe, NM 87501	(215) 880-7131
Jonathan David Beamer, M.D.	103 South St. Francis, Suite C Santa Fe, NM 87501	(505) 466-4701
Mark W. Reininga, M.D.	520 Paseo de Peralta, Suite 100 Santa Fe, NM 87501	(505) 795-1045
Roxana Gabriela Raicu, M.D.	P.O. Box 6758 Santa Fe, NM 87502	(505) 989-7436
George R. Schwartz, M.D.	2212 Brothers Road Santa Fe, NM 87504	(505) 424-9467
Christopher Philip Novak, M.D.	605 Letrado Street Santa Fe, NM 87505	(505) 476-2670
Jonathan David Beamer, M.D.	649 Harkle Road, Suite E Santa Fe, NM 87505	(505) 989-8200
Lawrence W. Lazarus, M.D.	1925 Aspen Drive, Suite 101B Santa Fe, NM 87505	(505) 820-2302
Barbara Jeanne Troy, M.D.	2442 Cerrillos Road, Unit #221 Santa Fe, NM 87505	(505) 913-0512
Avelina Bardwell, M.D.	455 St. Michaels Drive St. Vincents Hospital Santa Fe, NM 87505	(505) 989-6130
Michael Frank Gzaskow, M.D.	430 Alta Vista, Suite #3 Santa Fe, NM 87505	(505) 988-1828
Natalie E. Armijo, M.D.	1925 Aspen Drive, Suite 901A Santa Fe, NM 87505	(505) 474-9494

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Jordan Kent Davis, M.D.	20 Hollyhock Circle Santa Fe, NM 87506	(561) 504-3458
Yvonne D. Van Arsdale-Imani, M.D.	2801 Rodeo Road, Suite B-13 Santa Fe, NM 87507	(505) 474-0120
Oksana Lyubarsky, M.D.	44 Alteza Santa Fe, NM 87508	(505) 466-1402
Presbyterian Medical Services Santa Fe Community Guidance Center	820 Paseo De Peralta Santa Fe, NM 87501	(505) 986-9633
Ayudantes Inc	1316 Apache Avenue Santa Fe, NM 87505	(505) 438-0035
The Life Link	2326 Gerrillos Road Santa Fe, NM 87505	(505) 438-0010

Source: SAMHSA Buprenorphine Provider Locator, 2013