

February ___, 2022

Los Alamos County Council
 C/o Steven Lynne, County Manager
 1000 Central Ave
 Los Alamos, NM 87544

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RE: Settlement Funds in Case No. D-CV-2018-08036 City of Albuquerque, et al v. Stephanie Schardin Clark and New Mexico Taxation and Revenue Dept., In the Second Judicial District Court of New Mexico

Chair Ryti, Councilors and Manager Lynne,

By letter dated October 7, 2021, and a presentation to Council on the proposed Comprehensive Health Plan on December 14, 2021, myself, as Chair of the Los Alamos County Health Council (LACHC), we would like to further explain the reasoning behind our request for reservation and allocation of a significant portion of the net settlement funds received in the above referenced Settlement Funds case. As the LACHC proceeds with the process of developing the Comprehensive Health Plan, and in order to better inform the Council on an anticipated capital needs requests for health, behavioral health, wellness and basic living services, below we have provided a more in-depth review of the likely scope of space and equipment needs to fully implement programs in these areas.

We have previously outlined four basic areas of capital improvement needs. They are, as follows:

1. **Transitional Housing:** Housing for residents who find themselves homeless for a number of reasons can be combined into the term "Transitional Housing". This includes residents returning from in-patient drug and alcohol or acute behavioral health treatment programs, individuals and families that find themselves without housing due to job loss, housing loss or unavailability or completion, adults with development disabilities who are seeking long term group or individual housing options, individuals being released from incarceration and needing housing as a condition of parole, and residents with and without children departing abusive domestic violence situations with a partner (although co-housing of these individuals with may present a danger

to them and their children and require a separate facility whose location remains confidential). The purpose of transitional housing is to provide shelter until affordable long term housing options are available and to assistance in developing living skills to allow for successful transition to long term independent living.

As our GAP analysis has demonstrated, a continuing census number of residents in need of these services is difficult to quantify, but a reasonable range to work from would be somewhere between 12 and 20 individuals or family units, for Los Alamos' population of ~19,000. The normal expectation might be that the number of individuals, as opposed to families, would predominate.

If we posit a maximum unit requirement of 20 units, with about two thirds of those being for individuals a need distribution might be 13 individual studio apartments units and 7 multi-bedroom units. Without regard to room and space configuration of potential existing facilities, the space needs can be generally summarized as follows:

Kind of Unit	Minimum Size	Maximum Size	Hallway and Common Space
Studio Apartment	350 sq ft	500 sq ft	50 sq ft per unit
One Bedroom Unit	650 sq ft	750 sq ft	75 sq ft per unit
Two bedroom Unit	850 sq ft	1000 sq ft	100 sq ft per unit

If we were to assume an inventory of 13 studio units and 7 two-bedroom units the resulting range of space needs might range from approximately 10, 500 sq ft to 13, 500 sq ft of apartment space with a need for an additional 1,350 sq ft for hallway and reception/common area space. This would yield a total space need between 11,850 sq ft and 14,850 sq ft. This is obviously just a rough example and we have not attempted at this point to do any rough cost estimations.

The number and size of units will also be a function of amenities and services collocated in the same facility. For example, if there are common gathering spaces in the facility, then smaller units may be workable. Whereas, if the unit must serve as an all day and night occupancy unit, then the maximum size units would be more appropriate.

2. LA Cares Food and Household Services Location: Members of County Staff and Councilors have worked on the needs for a permanent food distribution center. I am attaching a projection of the size and needs anticipated. Based upon information developed directly from LA Cares and the size and needs projections prepared by Community Services Staff for a colocation, it is projected that LA Cares would need approximately 3,500 sq ft to create a permanent home that will allow clients to pick up groceries more than once or twice a month, consolidate storage to a single facility, provide space to

develop household goods donations and distribution to ease new moves and save clients costs on renewable cleaning and toiletry items (the household good distribution and storage of these will add about 500 sq ft to previous estimates). Furthermore, it will allow solicitation of perishable food for distribution without spoilage, with the acquisition of frozen and refrigerated food storage this would increase the range of food offerings, particularly with meats, dairy, and cheese. Besides facility acquisition costs, there will be additional remodel, electrical, plumbing and equipment needs for the final space.

3. Daycare Facility: The need for daycare at rates that are affordable for a large segment of the population here has long been documented as it constrains behavioral and physical health and wellness program success, as well as workforce recruitment. With high and escalating housing costs, the added burden of unrealistic cost for daycare continue to handicap meaningful progress.

The scope of need and the range of programs is beyond the capacity of LACHC to make accurate and informed projections. We recommend updating of some of the background information and conclusions from the study of Social Services needs and colocation possibilities. I have attached a copy of the July 2018 power point presentation to the Council to provide some historical context for childcare needs and colocation.

In spite the need of a comprehensive review of daycare needs and requirements, we can make an educated guess that square footage needs might reasonably range from 3,000 to 5,000 sq ft, depending upon the number of different age groups of children enrolled, whether after school programs are contemplated, the extent of outdoor facilities for children, and the size and scale of bathroom and kitchen facilities dedicated solely to a daycare center.

We suggest a review by Social Services staff of prior projection work, combined with coordination with Public Works staff to develop tentative estimates of space needs.

4. Co-location of facilities: The long-term success of a significant portion of Social Services Department basic needs and behavioral health programs hinges on the ease of access and convenience of location for clients to access these programs. Accordingly, we refer the Council back to the presentation of July 24, 2018 (attached), to begin the exploration of what facilities, located with the frequently used services and facilities listed above, would most effectively be located with the first three uses discussed above. There have been significant changes since 2018 and the landscape of treatment methodology has forever been changed by the COVID pandemic.

At a minimum, the space should accommodate counseling and treatment rooms for providers to use, classroom or gathering space to allow education and workforce training programs to meet, facilities space for some non-profit service providers that provide in person services, such as Self Help, Inc. and

the First Born Program and some Social Services and potentially Health Council space.

The answer to the scope of colocation will undoubtedly be impacted by what local space is available. Appropriate space needs might range from a few thousand square feet to ten thousand square feet. Cost efficiencies and savings from the co-locating space will also help dictate effective size and scale. We suggest, in tandem with the Comprehensive Health Plan process, an estimation of scale and cost and available buildings that would be suitable for the above needs.

We know that it will be some time later this year before allocating and approving capital expenditures will be able to be accurately projected, let alone voted on by Council. It is our considered view, that the more examination and work now on defining and meeting capital needs will be helpful in the approval and implementation of a truly Comprehensive Health Plan.

We thank Chair Ryti and the Councilors for the warm and thoughtful reception that our Health planning and services suggestions thus far received and look forward to presenting a Comprehensive Health Plan. A plan that will be created from a broad range of community and stakeholder input and recommendations, to provide concrete goals and meet the expectations of Los Alamos County Council, combined with effective implementation and full funding, to better serve the needs of the entire Los Alamos County community.

Sincerely,

The Los Alamos County Health Council
Philip H. Gursky, Chairman