

MINUTES OF THE
SANTA FE COUNTY
HEALTH POLICY & PLANNING COMMISSION

September 2, 2016

Santa Fe, New Mexico

I. This regular meeting of the Santa Fe County Health Policy & Planning Commission (HPPC) was called to order by Chair Reena Szczepanski at approximately 9:00 a.m. on the above-cited date at the Santa Fe County Community Services Department conference Room, 2052 Galisteo Street, Santa Fe.

II. A quorum was achieved with the following members present:

Members Present:

Reena Szczepanski, Chair
John Abrams
Vivian Heye
Bonnie Keene
Kim Straus
Don Reece
Carolyn Roberts
Anna Voltura
Judith Williams

Member(s) Absent:

[Four Vacancies]

County Staff Present:

Rachel O'Connor, Director, Community Services Department
Patricia Boies, Director, Health Services Division
Kati Schwartz, Mobile Health Van Program, RN
Pablo Sedillo, Public Safety Department Director
Tony Flores, Deputy County Manager
Julia Valdez, Constituent Liaison
Lupe Sanchez, DWI Program Director
Michael Spanier, Community Services Department
Michael Mestas, Captain, Fire Department
Merritt Ayad, Mental Health Director, Corrections

Others Present:

Kathy Holian, County Commissioner	Ed Moreno, Incoming County Commission
Pamela Hyde, Consultant	Desiree Valdez, NMDOH
Kristin Carmichael, Christus St. Vincent	Julian Duran, BCBS
Mark Garnand, State, Peer Recovery	Joseph Jordan-Berenis, Interfaith Shelter
Helen Brooks, PHS	Tom Starke, SF Behavioral Health Alliance
Sheila Lewis, Santa Fe Safe	Bette Sisneros Shover, NAMI
Carol Luna-Anderson, Life Link	Mark Boschelli, PMS
Kevin Norris, Pecos Valley Medical Cnt.	Michele Lis, Consultant
Sofie Undar, Interested Citizen	
Marisol Atkins, Child Youth Family Advocate	

III. Introductions

Those present introduced themselves.

IV. Approval of Agenda

Commissioner Reece moved to approve the agenda as published. His motion was seconded by Commissioner Roberts and passed by unanimous voice vote.

V. Approval of Minutes

Commissioner Roberts moved approval as submitted. Commissioner Abrams seconded and the motion passed without opposition.

VI. Matters of Public Concern

Ms. Shover, NAMI, distributed a flier regarding a free 12-week family-to-family program which focuses on the biological nature of mental illness, medications, and treatments.

Ms. Carmichael, Christus St. Vincent, announced that CSV had completed its Community Health Needs Assessment and also the Community Health Implementation Plan. The study is conducted every three years.

Mr. Starke announced that the One Door Project has arranged to bring the developers of the San Antonio Haven for Hope to Santa Fe for a three-day workshop.

VII. Presentations

A. Santa Fe County Behavioral Health Crisis Triage Center

Ms. Boies said that in 2014 the Santa Fe County Board of Commissioners adopted Santa Fe County's *Health Action Plan* as prepared by the Health Policy and Planning Commission. Half of the high-priority goals identified within the plan deal with behavioral health: reducing suicide, reducing alcohol abuse, and reducing substance abuse. The County has

worked to align its health services and programs to further these goals, and she outlined those efforts, including the Mobile Crisis Response Team.

During the May 2016 Behavioral Health Summit, a priority emerged for the establishment of a behavioral health crisis triage center. The County contracted with Pamela Hyde to explore what the needs are, and what a triage center would look like.

Ms. Boies added that a bond question will be on the November 2016 ballot, the fifth of five questions, asking:

“Shall Santa Fe County issue up to \$5 million in general obligation bonds to acquire, construct, design, equip and improve community health facilities within the County?” Within that question, the BCC has contemplated two projects, the Health Commons in Edgewood and a facility to serve as a behavioral health crisis triage center.

Pam Hyde, former SAMHSA administrator, thanked those who have talked to her about the project. Crisis triage is a countrywide issue receiving a great deal of attention. The crisis triage center was identified as the top priority at the May 2016 summit. Other priorities included care coordination/navigation and provider alignment, data capturing and sharing, universal screening of children, recovery awareness, and workforce development.

Ms. Hyde said the triage center as a “place” would be phase one of attending to some of the behavioral health needs. Dealing with crises for adults differs greatly from those of children, and the focus on this crisis triage program is adults. She surveyed over 30 key informants to determine needs and what is necessary for the center. Her study also included the review of other jurisdictions’ crisis triage centers. If the ballot measure passes, this study will help inform the building parameters. Operating and management funds would be derived from multiple sources.

The key informant surveys identified the following needs: place, program, no time limit, no reject, a place to stabilize and resolve the crisis and make connections to services; open and coordination with crisis lines; educational support opportunities, integrated patient center medical homes, attention to needs of high utilizers. The idea is to do whatever it takes for as long as it takes to ensure that the individual and the family don’t fall through the cracks, by sticking with the family and individuals until the issue is resolved or another entity takes responsibility to provide the needed health services.

Human needs as well as physical and mental health must be addressed. Crisis centers around the country have identified that individuals may need to be fed as the first line of treatment. Transportation continues to be an issue. Housing – transitional, permanent, residential, sober, wet – will need to be addressed.

The goal of the project is to provide a safe and secure place for Santa Fe County adults with behavioral health issues, their families and caregivers to find information and receive assistance in times of crisis until they are stabilized and can link with needed community services. Sub-goals include: establishing a collaborative system of behavioral health and community services to stabilize and connect to services; reducing the number of adults with behavioral health issues entering the County jail/detention center or hospital emergency departments; and helping reduce the number of adults who leave and return to County jail/detention center or emergency departments because of unresolved behavioral health needs.

The most immediate issue, Phase 1, is the crisis triage center. This is not a residential setting but a place for an individual to be observed, treated, stabilized, and connected with case management. The notion of 23/7 has to do with licensing the facility. The facility would offer quick triage, assessment, stabilization, transportation, and referrals. It could have what is referred to as a “living room” which is a calming, supportive, low-demand atmosphere to aid in the recovery process with peers.

Phase 2 would be housing. Many individuals experience a crisis because they don't have a place to live. She discussed housing options and identified the critical providers within the community.

The following questions and points were raised following Ms. Hyde's presentation:

- How will HUD's restrictions – drug use, jail time – affect the housing component? While it is an issue, local HUD has authority to prioritize resulting in greater flexibility
- Consider multiple triage centers - that does not require building a new facility to deal with Santa Fe County's geographic expanse
- Include tribal government in the “players”
- The 911 call data indicates two-thirds of the crisis-related calls are within the city although the exact address is not provided
- Will a triage center accomplish collaboration, data collection, success with treatment/prevention?
- Salem, Oregon has a triage center operated by county staff, located near the hospital with strong working relationships with public safety. The program has reduced low level offenders' jail time and has an enormous staff of case managers, navigators and peers. The facility has food, clothing, etc. to meet human needs
- Portland, Oregon has a unity center which is a collaboration of providers creating one space
- Why not use the hospital to serve as the center? It could be placed away from the ER but on the hospital campus
- A triage center will provide an easier, more welcome access than an ER
- Christus St. Vincent has the sobering center as well as the HUGS program which are natural allies in this priority
- The portability of data is difficult and there are a great many challenges in making the data translate to the different players
- Pieces of the behavioral health crisis services are already being funded, e.g., Mobile Crisis Response Team
- Some of the services can be funded through insurance, Medicaid

Dr. Ayad pointed out that the state has a system where data is stored with medical information, consumer and family information. Why not pursue that system? The Network of Care is available on a state level. Ms. Hyde said they were not necessarily advocating a new system; however, she understood the state's system was voluntary and had limitations.

Ms. Boies said the Network of Care serves as an online resource directory and individual data has not yet been accomplished.

Mr. Starke spoke as a strong advocate of the triage crisis center and supported the 23/7 model. He said individuals in crisis need a safe place and this center is an important start. The

voters will need education on this bond question. It is important that the center is able to link people to existing services rather than duplicating those services. An operational funding plan must be identified in advance.

Ms. Lewis said she was pleased the tribal entities would be involved and recommended reaching out to the undocumented citizens who must be assured that they are safe at the facility. Also, those individuals with warrants need safety when they are in a crisis. Law enforcement must understand the priorities of the citizens for everyone's safety.

In terms of housing, Ms. Luna-Anderson said HUD is valuable and not the only answer. She thanked the County for taking a leadership role. New Mexico has a dynamic homeless data information system that is not well known outside the homeless providers. The Board of Pharmacy also has a vast information system.

Mr. Sedillo said Corrections has a vested interest in the citizens. Detention facilities have become de facto mental institutions. He asked that the impact of the judiciary not be overlooked in this issue. He spoke about the success of treatment guardianship to release wrongly incarcerated individuals. The continuum of care is paramount in the success of this concept. The community needs this facility.

Commissioner Keene asked whether individuals with brain injuries would be included in the facility and Ms. Hyde said that has to do with the definition of behavioral health related crisis. She said good assessments and treatment providers are very important.

Ms. Lewis recommended that in some instances domestic violence situations can be viewed as a mental health crisis.

Deputy County Manager Flores said the GO Bond question related to this issue is \$5 million and includes the Edgewood health facility. He agreed that the mission and scope should be cemented in. Neither County staff nor elected officials can lobby for GO Bonds. An education component will be drafted and crafted in a way that the voter understands without lobbying for passage. Explaining roads and infrastructure is not the same as a 23/7 crisis triage center. Staff will be meeting with bond counsel to review the materials for legality.

Commissioner Williams said the League of Women Voters produces voter guides with pros and cons of bond issues.

Historically speaking, Dr. Ayad said the crisis triage center is a 30-year-old concept, and in fact, one he developed 24 years ago in New Orleans. SAMHSA's GAINS Center came to Santa Fe and the intercept model revealed the need for a triage crisis center. He said this is critical and citizens will be harmed without it. He recommended using multiple forms of dissemination of information about the center to educate voters.

Chair Szczepanski said there were many opportunities for educating the public – letters to the editor, Facebook page, etc.

Chair Szczepanski distributed a resolution for the HPPC's consideration endorsing the planning process. Commissioner Williams moved to approve and Commissioner Heye seconded. The HPPC wordsmithed the resolution resulting in the following:

“Whereas, the County’s *Health Action Plan* has prioritized behavioral health needs in Santa Fe County; and
Whereas, the HPPC reaffirms the need for more behavioral health services, and specifically behavioral health triage services in Santa Fe County; and,
Whereas, the HPPC also recognizes the need for a special physical facility located within Santa Fe County to provide these triage services;
Therefore be it resolved that the HPPC supports Santa Fe County’s planning process to outline the implementation of a behavioral health crisis facility and program that would provide the following services to clients and families: quick triage, assessment, stabilization, transportation, case management, navigation, peer services, information hub and respite services.”

The motion to approve the resolution passed by unanimous voice vote.

VIII. Matters from the Commission and Staff

A. Director’s Report

Ms. Boies noted that the CHRISTUS St. Vincent will be presenting at next month’s meeting on their Community health Implementation Plan. There will also be a presentation by Health Action New Mexico on dental therapist legislation.

Ms. O’Connor reported that Community Services is moving forward with its three-year plan and an RFP has been issued for project management. Teen Court has completed a mural at Whole Foods.

B. Other Matters from the Commission

None were presented.

IX. Future Agenda Items

- CSV – Community Health Implementation Plan (10/7/16)
- Health Action New Mexico – dental therapist legislation (10/7/16)
- New Mexico Health Insurance Collaborative regarding health information exchanges statewide
- San Miguel maternity care issues – DOH to investigate
- Presentation of Teen Court project
- SB 113/Assisted outpatient treatment – Las Cruces and Albuquerque progress
- Long-acting reversible contraceptives (LARC)
- Reentry process and positions at Corrections

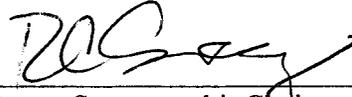
X. Announcements

- A. Next HPPC meeting Friday, October 7, 2016 @ 9 a.m.**

XI. Adjournment

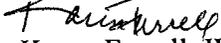
This meeting was declared adjourned at approximately 11:05 a.m.

Approved by:



Reena Szczepanski, Chair
Health Policy & Planning Commission

Respectfully submitted by:



Karen Farrell, Wordswork

COUNTY OF SANTA FE)
STATE OF NEW MEXICO) ss

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I Hereby Certify That This Instrument Was Filed for
Record On The 21ST Day Of October, 2016 at 08:43:26 AM
and Was Duly Recorded as Instrument # **1807650**
of The Records Of Santa Fe County



Deputy  Witness My Hand And Seal Of Office
Geraldine Salazar
County Clerk, Santa Fe, NM