

MINUTES OF THE
SANTA FE COUNTY
HEALTH POLICY & PLANNING COMMISSION

October 7, 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
Bonnie Keene
Kim Straus
Don Reece
Carolyn Roberts
Anna Voltura
Judith Williams

Member(s) Excused:

John Abrams
Vivian Heye
[Four Vacancies]

County Staff Present:

Rachel O'Connor, Director, Community Services Department
Patricia Boies, Director, Health Services Division
Kyra Ochoa, Health Care Assistance Program
Lupe Sanchez, DWI Program
Michael Mestas, Captain, Fire Department
Chanel Delgado, Teen Court
Jennifer Romero, Teen Court

Others Present:

Miguel Chavez, County Commissioner	Joyce Bond, LFMC
Pamela Hyde, Consultant	Desiree Valdez, NMDOH
Kristin Carmichael, Christus St. Vincent	Julian Duran, BCBS
Tom Starke, SF Behavioral Health Alliance	Ron Hale, Healthcare consultant
Marisol Atkins, CYF Advocate	

Peter DeBenedittis, Alcohol Tax
Mary Lou Ortega-Shaw, NAMI
Christa Trujillo, DOH
Carol Rose, SFPA
Mara Brophy, LFMC Dental Clinic
Maire Claire Voorhees, SFPA

Helen Brooks, Presbyterian Healthcare Services
Rachel Wexler, DOH
Shelley Mann-Lev, SFPA
Julian E. Duran, BCBS NM
Terrie Rodriguez, NM Alliance of Health Councils
Ken Hendricks, Home Instead Senior Care

III. Introductions

Those present introduced themselves.

IV. Approval of Agenda

Chair Szczepanski announced that the presenter for the dental therapist legislation sends regrets that he is unable to attend. That item will be removed from the agenda.

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

V. Approval of Minutes

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

VI. Matters of Public Concern

Chair Szczepanski welcomed Commissioner Chavez to the HPPC. Commissioner Chavez thanked the HPPC for their work over the years adding that he has been watching the *Health Action Plan*. He said he will be introducing a proclamation recognizing Santa Fe County Mental Illness Awareness Week. County Commissioners are charged to inspect the adult and youth detention facilities on an annual basis and that opened his eyes to the County's role in the mental health arena, with over 65 percent of the inmate having a mental illness. He read from the proposed proclamation highlighting that should general obligation bond question No. 5 be approved by the voters, one of the projects that the County anticipates funding is a behavioral health crisis triage center and perhaps some kind of transitional housing. He hopes the voters will pass all the General Obligation bond questions, which total \$30 million.

Ms. Boies pointed out that the HPPC at its September meeting formally supported planning for the behavioral health crisis triage center.

Commissioner Chavez said the County and its officials are prohibited from campaigning for the bonds and he encouraged the HPPC to send a strong support message. He invited members of the HPPC to attend the BCC meeting and speak during matters from the public regarding their support and the community's need for these services.

Ms. Boies said Pam Hyde has been engaged by the County to assist in developing a business plan for the crisis triage center, with a focus on operations and maintenance.

As volunteers, the HPPC members are not prohibited from lobbying as individuals for the bonds. Mr. Straus noted that the HPPC unanimously passed a resolution affirming the need for more behavioral health services, and specifically behavioral health triage services in Santa Fe County. Chair Szczepanski said the resolution was in direct support of Question 5. An opinion piece in the *New Mexican* was suggested.

Mary Lou Ortega-Shaw, NAMI, announced that on October 17th NAMI will be hosting an information booth at a community education meeting about the bond issue to be held at Life Link at 6 p.m. She said the event will be advertised in the *New Mexican* and *Reporter*.

Commissioner Chavez said the National Latino Behavioral Health Association, will be conducting four public meetings to educate and encourage voters to support the bond issues.

Responding to Commissioner Chavez's question, consultant Pamela Hyde, said she continues to work with CSD staff on the crisis triage center.

Tom Starke reported there were openings available in trauma response training. The One Door Campus, an integrated system of housing and services to eliminate homelessness in Santa Fe, is sponsoring a public lecture November 10th and a two-day workshop is planned.

Shelley Mann-Lev announced that 350 Narcan nasal spray kits have been received. She lauded the support from Santa Fe County and in particular the Community Services Department.

VII. Presentations

A. Dental Therapist Legislation [Deferred]

B. Alcohol and Cancer

Carol Rose introduced herself as being a recovering alcoholic and a breast cancer survivor diagnosed a year and a half ago. Her stage 1 small mass was detected early and since her diagnosis she has learned about the connection between alcohol use and cancer – breast cancer specifically.

Ms. Rose said the US Department of Health and Human Services has listed alcohol as a human carcinogen. Since 2013 researchers estimate that close to one-third of all attributable cancer deaths occur among those who consume as few as one and a half drinks a day, suggesting that even low levels of alcohol consumption contribute to cancer risk.

As a survivor, Ms. Rose said she wants people, especially young people, to know that they can reduce the risk of cancer by avoiding alcohol. She hoped the public health strategy to lower the health risks associated with tobacco use can be employed to educate the public regarding alcohol. This is a public health crisis.

The CDC states that one of the most effective means to reduce alcohol related harm is to raise the price, and Ms. Rose advocated raising the alcohol excise tax in New Mexico. The additional funds raised by the tax should be used for treatment, prevention and health care.

Ms. Rose said there are limited recovery options in northern New Mexico and she supported Alcohol Taxes Save Lives and Money efforts. The tax is projected to reduce drinking, resulting in an estimated savings of 52 lives, 13 fewer cancer deaths, 12 fewer DWI fatalities, 305 fewer acts of violence and reduce underage drinking by 13 percent.

Chair Szczepanski noted that the HPPC has endorsed the increased tax on alcohol.

Ms. O'Connor said there was a staff meeting earlier in the week discussing the link between alcohol and cancer and the DWI program will be putting together a campaign regarding this link.

Ms. Mann-Lev said that 15 percent of breast cancers are attributed to alcohol. She discussed the J-shaped curve where the health effects of ethanol are dependent on the amount of alcohol consumed. Originally, the pattern of light to moderate drinkers was to have less risk than abstainers, and heavy drinkers from heart related ailments. It has now been determined that the J-shaped curve study was not accurate, having included as non-drinkers many people in recovery from alcohol abuse. In fact, there is no safe level of drinking and there are no health benefits of moderate alcohol consumption.

C. CHRISTUS St. Vincent Community Health Implementation Plan
[Plans are posted at christusplan.org]

Kristin Carmichael, Director, Community Health CSV, said per IRS 990 requirements, the hospital develops a community health needs assessment every three years. The Community Health Needs Assessment (CHNA) is a representation of the critical health needs in the community. Three years ago, CSV partnered with Santa Fe County to produce the document and chronicled health needs that were impacting the community. The current document works off the list from three years ago and prioritizes those needs. It is challenging to prioritize health needs because people have different opinions.

The Community Health Implementation Plan (CHIP) is how CSV intends to address the needs identified in the CHNA. Number one, partnerships will be necessary. Six lifespan categories were identified: maternal health and early childhood; school-age children and adolescents; adult behavioral health; adult physical health; women's health; and seniors. Within each category there are three indicators communicating health or wellness. CSV structured the CHNA's framework on "results based accountability."

Aside from the IRS requirement, Ms. Carmichael said Christus has a goal to reduce unnecessary utilization of their emergency department and health disparities. As Christus moves from volume based care to value based care, managing the health in the community is important. The CHNA includes more than clinical and/or physical health but also housing, addiction and behavioral health issues.

Ms. Carmichael discussed the CHNA and CHIP processes. From an internal perspective, CSV looked to see what they may be doing in perpetuating the problems and developed a list of strategies to support the system of care in the community and create better processes. Each of the 18 indicators were compared to the US and New Mexico data.

The super priorities were identified as follows: adult behavioral health – drug related deaths, adult suicide and alcohol dependence; senior care – fall related unintended deaths, immunizations, elder abuse; and violence in the home – child abuse and neglect, domestic violence, and elder abuse. Some of the indicators for the super priorities – adult suicide and overdose – were double the national rate.

Ms. Carmichael said CSV will maintain a level of effort with current priorities as they implement a plan to address the newly identified super priorities to include linkage and follow-up for the patient, and collaboration with partners. She emphasized the importance of working with partners in the community.

Referring to the adult drug related deaths, Commissioner Roberts asked how CSV planned to collaborate with the two medication assistance programs in Santa Fe. She said her concern was getting more services into the community. Ms. Carmichael said that could be developed through CSV's community benefit funding and said she would forward that concern to the CSV.

Ms. Carmichael offered to email the CHIP to staff, and Ms. Boies said she will distribute it to the HPPC.

In regard to adult behavioral health, Commissioner Chavez pointed out that the adult detention facility inappropriately serves as holding facility for those with mental health issues and the triage center is slated to help address that deficiency.

Ms. Carmichael referred to an 8 percent increase of child abuse in children under five between 2014 and 2015. This is one of the findings that drove violence in the family to a super priority. The information provided in the CHNA refers to rate per 100,000 and may be misleading. Ms. Atkins said the information is based on CYFD agency wide information depicting that abuse and neglect occurs more often to those five and under.

Commissioner Straus said an increase of awareness regarding child abuse and neglect may influence the rate increase.

With CYFD having over 90 vacancies, the question of whether that rate could be much higher came up.

Chair Szczepanski said the implementation plan has specific actions that appeared good.

Ms. Carmichael noted that there are healthy measures around healthy eating and exercise in Santa Fe that is reflected in the lower figures for chronic disease. Income disparity skews the data.

It was noted that Camino Real was left out of the south side school data.

Ms. Boies requested an update on CSV's adult behavioral health unit. Ms. Carmichael said within the emergency department CSV will dedicate a space for behavioral health issues. CSV recognizes not having that designated unit has been part of the problem. An architect has reviewed the current psych unit and plans are being formulated.

CSV has created a Population Health Transition Team to look at the CHIP priorities and strategies for implementation. This team will serve to direct the transition of the internal focus around the population health effort.

Ms. Boies observed the overlap between the priorities in the Santa Fe County *Health Action Plan* and what CSV has deemed as priorities.

Ms. O’Conner noted that CSD has been meeting with Ms. Carmichael to identify areas in which collaboration can occur, especially in the area of seniors, where the County provides a great many services.

Rachel Wexler anticipated that a huge gap in data on seniors will surface. The nationwide trend to care for the caregivers is key to the health of seniors especially with dementia rates increasing. This year will be the first that DOH has collected this data which the Alzheimer’s Foundation paid for.

Of all the lifespan stages, Ms. Carmichael said the least amount of collaboration and data occurs within the senior group.

Ms. O’Connor said that Santa Fe County has developed a Senior Strategic Plan and noted that there is inadequate funding from the federal or state government. While the plan is fairly bare bones, Santa Fe County was the first county to have a plan to deal with their seniors. Hunger and isolation issues are of great concern with the seniors.

Commissioner Williams noted that Medicare does not pay for social services of long-term care.

Ms. Wexler said there has been no planning for this epidemic of Alzheimer’s and related dementias which is now the sixth cause of death for people over 60.

There is an economic opportunity for a community who cares about their seniors, stated Commissioner Straus.

Joyce Vaughan mentioned that LFMC sees a lot of seniors, many of whom are undocumented and do not qualify for the available social services and the families are not in a position to hire an ADL aide for the basic tasks of everyday life.

VIII. Matters from the Commission and Staff

A. Director’s Report

Ms. Boies reported on the following:

- CSV provided Santa Fe County with 500 doses of flu vaccine. The mobile health van will be traveling to senior centers and other community locations across the county throughout November administering the vaccine. A calendar will be posted on the County website.
- A groundbreaking event for Presbyterian Healthcare Services new medical center at Las Soleras, which was presented at the April HPPC meeting, is scheduled for October 20th.
- The Health Care Assistance Program has a new position, that of health care advocate.

Ms. Ochoa spoke about the role of Trudy Archuleta in the new position of health care advocate. She said people are still falling through the cracks, and the position was created to help individuals navigate patient assistance policies at the local hospital. It is important this public money be used as intended. The advocate, in addition to Medicaid enrollment, is working with a group from up north on benefits enrollment center work to connect seniors to all the benefits available. This provides an avenue for the County’s Community Services Department to continue to reduce barriers to health care.

Ms. O’Connor reported on the following:

- The County put enough money in the budget to support 530 Narcan kits
- Within the DWI program there is a small pilot program to provide compliance monitoring on domestic violence cases as well as funding treatment for offenders. The pilot is in partnership with the DA and Magistrate Court
- As an outcome of the special session, there will be substantial cuts to the DWI program

B. Other Matters from the Commission

Chair Szczepanski said DOH will be experiencing serious budgetary cuts. A number of programs for the developmentally disabled and other programs for the disabled were cut.

Commissioner Chavez noted that there is a clawback on capital projects and Chair Szczepanski said based on criteria, projects from 2004 and prior were de-authorized.

A discussion ensued regarding the drafting of an op-ed piece in support of the Question 5 of the bond issue and Commissioner Roberts introduced the following motion:

“That the HPPC direct staff to investigate the wording of an op-ed piece to be signed by the HPPC members, explaining the importance, their endorsement of and encouraging Santa Fe County residents to vote for yes on Question 5 of the general obligation bond issue and the advisory question.”

Commissioner Straus seconded and the motion passed by unanimous voice vote.

IX. Future Agenda Items

- Santa Fe County Senior Strategic Plan
- Health Action New Mexico – Dental Therapist Legislation -- likely in November
- New Mexico Health Insurance Collaborative, regarding health information exchanges
- SB 113 – Assisted Outpatient Treatment Program Act
- Teen Court program
- Long-acting reversible contraceptives (LARC)
- Positions at the jail
- Status update on San Miguel maternity care issues

X. Announcements

- A. Next HPPC meeting Friday, November 4, 2016 @ 9 a.m.

SEC CLERK RECORDED 12/14/2016

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
Karen Farrell, Wordswork

ATTEST:

GERALDINE SALAZAR
COUNTY CLERK

12-13-2016
SANTA FE COUNTY



COUNTY OF SANTA FE)
STATE OF NEW MEXICO) ss

HEALTH POLICY & PLAN M
PAGES: 8

I Hereby Certify That This Instrument Was Filed For
Record On The 14TH Day Of December, 2016 at 02:39:56 PM
And Was Duly Recorded as Instrument # 1812124
Of The Records Of Santa Fe County

Deputy *[Signature]* Witness: My Hand And Seal Of Office
Geraldine Salazar
County Clerk Santa Fe, NM