

MINUTES OF THE
SANTA FE COUNTY
HEALTH POLICY & PLANNING COMMISSION

November 2, 2012

Santa Fe, New Mexico

This regular meeting of the Santa Fe County Health Policy & Planning Commission (HPPC) was called to order by Chair Judith Williams at approximately 9:00 a.m. on the above-cited date at 2052 S. Galisteo, Suite B, Santa Fe, New Mexico.

Roll call indicated the presence of a quorum as follows:

Members Present:

- Judith Williams, Chair
- Kathleen Rowe, Vice Chair
- Bertha Blanchard
- James Bond
- Shirlee Davidson
- George Gamble
- Catherine Kinney
- Richard Rodriguez
- Reena Szczepanski

Member(s) Excused:

- John Abrams
- Anna Vigil
- [One vacancy – District 1]

Staff Present:

- Rachel O'Connor, Health & Human Services Division Director
- Patricia Boies, MCH/HPPC Coordinator

Others Present:

- Robin Hunn, Santa Fe Project Access
- Mary Justice, Christus St. Vincent
- Terrie Rodriguez, City of Santa Fe
- Sun W. Vega, Teambuilder Counseling Services

Chair Williams mentioned that John Abrams was recently appointed to the Commission and was unable to attend today's meeting.

III. APPROVAL OF AGENDA

Commissioner Bond moved approval of the agenda. His motion was seconded by Commissioner Blanchard and passed by unanimous [8-0] voice vote. [Commissioner Szczepanski was not present for this action]

IV. APPROVAL OF MINUTES: October 5, 2012

Commissioner Kenney moved to defer action on the minutes. Her motion was seconded by Commissioner Blanchard and the motion passed by unanimously [8-0] voice vote. [Commissioner Szczepanski was not present for this action and arrived shortly thereafter.]

There was Commission consensus that the minutes be prepared in a concise format.

V. MATTERS OF PUBLIC CONCERN

None were presented.

VI. PRESENTATION

A. CARE Connection Report on the Detox Center and Central Intake Assessment Referral [*Exhibit 1: CARE Connection FY13 1st Q Report*]

Mary Justice, Program Manager, CARE Connection, said CARE is an acronym for Connect, Assess, Refer and Engage. It was started in 1992 and originated from the Mayor's Blue Ribbon Task Force to recommend behavioral health alternatives.

One of the task force recommendations was for a detox center which is addressed by the Sobering Center with a 15-bed facility, where there is an average stay of 73 hours and average age of 39 years. Initially, the clientele was predominantly alcohol-related; however, that has dropped over the years to 50 percent with the remainder having heroin, cocaine, prescription drug-abuse and marijuana abuse issues. She discussed the regime used for heroine addicts. This past quarter saw the highest population of female clients. She mentioned clinical meetings, NA and AA meetings that occur daily on-site; yoga is available for anxiety reduction. There has been a spike in pregnant addicted patients delivering addicted babies; ED is now pregnancy testing females that come to the Sobering Center.

The central intake assessment center administers a federal grant that pays for the substance abuse treatment if the individual cannot. Those vouchers have decreased over the years. The assessment center has seen 14,000 individuals since 2005, 120 per month. People are either self-referred or sent by the courts. Through a contract with OptumHealth, patients can be referred to community providers for treatment.

Ms. Justice attributed the low recidivism rate to the center's aggressive case management.

Ms. O'Connor explained that the County provides funding to the Sobering Center through DWI funding which comes through the State's Alcohol Excise Tax. County residents

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convicted of DWI receive assessment through the CARE Connection and are referred out to other providers.

Ms. Justice confirmed that with the reduction in vouchers it is a challenge to find treatment options. Many times those individuals are referred to providers who access County indigent funds. She said in the past, the Center received vouchers from the County for DWI-related incidents, which was very helpful.

Ms. Justice stated that New Mexico is ranked 51st in the nation on behavioral health expenditures on a per capita basis.

Ms. O'Connor said the County may want to focus on expanding its voucher program with an eye to the rising trend in women with substance abuse and DWI issues.

There was consensus to invite representatives from OptumHealth and the State Collaborative to discuss behavioral health services. Also recommended was a youth presentation with Teambuilder, Mountain Center, Youth Shelters, etc.

Sun W. Vega, Teambuilder Counseling Services, mentioned the population of youth/teens where there is a tremendous gap in services regarding substance abuse and alcohol. She said many teens lack Medicaid coverage and any private coverage is very limited.

Ms. Justice was informed that this Commission recommended to Christus that they look at increasing Buprenorphine (Suboxone) treatment.

VII. MATTERS FROM THE COMMISSION

A. Director's Report

Ms. O'Connor reported on the following:

- John Abrams was appointed to the Commission and represents District 3
- The County Health Division through its Senior Services program held three flu clinics
- The nurse practitioner and part-time nurse positions are re-posted and the publication has been expanded for the positions
- Drug Take Back program which was partnered with other entities (including required law enforcement) was very successful – the County has applied to the McCune Foundation for future funding of the program
- Santa Fe Public Schools is the recipient of the federal Drug Free Community grant

Ms. Vega applauded the County for developing partnerships within the programs.

Commissioner Davidson recommended developing a one-page information sheet on the Drug Take Back program for distribution to the prescription-writing professionals on the excessive use of drugs. Ads targeting grandparents on the dangers of keeping prescriptions

around was also mentioned. It was also suggested developing a dollar amount for the 700 pounds of medication collected during the Drug Take Back Day.

Ms. O'Connor said in the future educational events will be staged at the Drug Take Back drop-off locations.

B. Community Needs Assessment

Chair Williams announced that Christus at \$15,000 and the County at \$5,000 will partner to pay for a consultant to put together the community health profile. Ms. O'Connor said a joint letter was released seeking interested consultants. She said the County will participate in choosing the consultant.

Chair Williams said Christus is going forward with their focus groups and will be hiring a consultant to conduct community forums. She said a provider profile is necessary and will be part of the community profile.

Commissioner Davidson reminded the Commission that Christus is mandated to do a community needs assessment to maintain their IRS status.

The Association for Community Health Improvement website was recommended as a resource for community profile templates.

C. Discussion of HPPC Roles

Ms. Boies reviewed the duties and responsibilities of the commission as established in the resolution language that created this body and followed that with proposed language for needs assessment and plan; advisory role to the BCC and Santa Fe County Health and Human Services; and role of the HPPC vis-à-vis other health-related commissions and to the public.

The following comments were offered:

- Add "on a recurring basis and if funds are available" regarding development of needs assessment
- Change the order starting with advisory role to the BCC, followed by role of the HPPC and ending with needs assessment
- Revisit the health action plan/needs assessment at least annually
- Use plan to guide the commission meeting agendas – should be seen as a living document
- Inclusion of public at large in collaboration efforts

Ms. Boies said she would rework the document to include the commissioners' suggestions.

D. Other Matters from the Commission

None were presented.

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VIII. FUTURE AGENDA ITEMS

The following items were mentioned:

- HPPC roles and responsibilities
- Terrie Rodriguez to present City's priorities
- Legal presentation on Indigent funding procedures and policies (January)
- Identify available mental health resources in the community

IX. ANNOUNCEMENTS

A. Next PC meeting: Friday, December 7, 2012, 9 a.m., 2052 Galisteo St.

X. ADJOURNMENT

This meeting was declared adjourned at approximately 11:10 a.m.

Approved by:

Kathleen Rowe
 Judith Williams, Chair
 Health Policy & Planning Commission

Kathleen Rowe
 Vice Chair

Respectfully submitted by:

Karen Farrell
 Karen Farrell, Wordswork



COUNTY OF SANTA FE) HEALTH POLICY & PLAN M1
 STATE OF NEW MEXICO) ss PAGES: 7

I Hereby Certify That This Instrument Was Filed for
 Record On The 14TH Day Of December, 2012 at 12:22:46 PM
 And Was Duly Recorded as Instrument # 1690595
 Of The Records Of Santa Fe County

Valerie Espinoza
 Witness My Hand And Seal Of Office
 Valerie Espinoza
 Deputy County Clerk, Santa Fe, NM



CHRISTUS ST. VINCENT REGIONAL MEDICAL CENTER

CARE CONNECTION DETOX CENTER

FY 13 FIRST QUARTER PROGRESS REPORT

July-September, 2012

The following are stats for this quarter:

- Number of intakes 351;
- Number of unduplicated clients was 262; of those 17% were repeats.
- Average length of stay was 73 hours;
- The average age of clients was 37;
- For unduplicated clients, 68.7% were male and 31.3% were female;
- 50.9% said alcohol was their most recently used drug;
- Other drug uses reported: heroin 25.68%, cocaine 8.78%, pain/other narcotic drugs 7.2%.

The biggest change in this quarter report is percent of female clients. This is the largest percent of females ever reported since the Detox Center opened in 2006. Other changes include a slight decrease this quarter in the repeat rate from 19% in the first quarter of FY12. Heroin continues to increase. In FY 08 it was 11%; in FY 09, 14% and FY 12, first quarter 19%. This quarter Heroin reached 25.68%, an all-time high. There has also been a steady trend down for ETOH. In FY 08 ETOH accounted for 64.71%; in FY 09 it was 58%. It seems to have stayed somewhat steady now at around 50%.

Seven evenings a week there is either an AA or NA meeting conducted on site at the Detox Center. There is a community meeting every morning with all clients to go over what the day schedule will be, discuss the rules of the program, how to file a grievance and what have clients sign up for cleaning duties.

In addition to the Community meeting, the Case Manager or staff conducts a recovery/education group which includes inspirational videos. Additionally, three Detox staff have been trained in I AM meditation and yoga and work with clients on this. In addition to other types of groups, there is also a weekly meeting led by Juan Valdez who operates the only Sober House in Santa Fe. Frequently, a former Sobering client will also attend to talk about their recovery.

Also, during this quarter, the Medical Clearance that every client must have to enter the Detox Center has been altered for female clients due to the rising number of pregnant-opioid-addicted patients delivering addicted babies at the hospital. The concern was raised recently by a hospital Case Manager. A woman who had been in the Detox Center, but at the time did not know she was

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pregnant, delivered an addicted infant at the hospital. Because clients are sent to us with a certain drug regimen, there is concern that the drugs could be harmful to the fetus should we and the client not know about the pregnancy. The Emergency Department has begun pregnancy testing on females who are coming to the Detox Center. This is a community-wide issue so we have formed a committee of hospital and community physicians, nurses, and case managers to develop protocols for how to deal with this growing problem.

Another change this quarter was the resignation of the Case Manager for Detox. We are in the process of interviewing and hiring a replacement. This position is critical to linking clients to longer-term treatment and to other community services that clients need. We expect to have someone hired by early November. In the meantime, Detox staff and manager are providing case management services to clients.

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