

MINUTES OF THE

SANTA FE COUNTY

HEALTH POLICY & PLANNING COMMISSION

March 1, 2019

Santa Fe, New Mexico

I. This regular meeting of the Santa Fe County Health Policy & Planning Commission (HPPC) was called to order by Chair Laurie Glaze at approximately 9:04 a.m. on the above-cited date at the Santa Fe County Community Services Department conference Room, 2052 Galisteo Street, Santa Fe.

II. The following members were present:

Members Present:

Laurie Glaze
Christa Coggins
Barry Cooney
Nelsy Dominguez
Sandy Dransfield
Bonnie Keene
Michael Munson
Carolyn Roberts
Kim Straus
Laura Brown

Member(s) Absent:

None

County Staff Present:

Patricia Boies, Director, Health Services Division
Rachel O'Connor, Director, Community Services Department
Jennifer Romero, Interim Health Care Assistance Program Manager
Julia Valdez, Constituent Liaison
Melissa Moya, County Fire Department

Others Present:

Meredith Root-Bowman, PHS
Leigh Caswell, PHS
Terri Marney, PHS
Jesse Cirolia, CSV
Dawn Abriel, Bright Heart Health
Erica Abeyta, Prevention Alliance
Kristen Carmichael, Southwest CARE
Winona Gishal, BCBS

Ramona Flores Lopez, Citizen
Andres Mercado, SFFD
Bernita Woody, BCBS
Aurora Trujillo, CSV
Chris Gay, Millennium Treatment
Susan Carter, Life Healing Center
Anji Estrellas, Esperanza
Gwendolyn Gallagher, DOH

SFC CLERK RECORDED 05/14/2019

Desiree Valdez, NMDOH, Health Promotion

III. Introductions

Those present introduced themselves.

IV. Approval of Agenda

Commissioner Coggins moved to approve and Commissioner Munson. The motion to approve the agenda passed without opposition.

V. Approval of Minutes

February 1, 2019: Referring to page 3, Commissioner Straus pointed out that it is the federal government, not the state that is providing \$5.4 million for pre-school development.

Commissioner Roberts moved approval as amended. Commissioner Dominguez seconded and the motion to approve the February minutes passed without opposition.

VI. Matters of Public Concern

Commissioner Dominguez announced that Con Alma is doing a survey on interest in healthcare reform. There is a link on the website. Their grant cycle is opening and there will be workshop March 21st in Espanola and details can be found on the Con Alma website.

Ms. Cirolia stated Christus St. Vincent recently received a grant for a peer support program. Three positions are posted on the CSV website.

VII. Presentations

A. Presbyterian Healthcare Services Community Health Needs Assessment

Leigh Caswell, Terri Marny and Meredith Root-Bowman gave details on their experience in the healthcare field.

Ms. Root-Bowman, Manager of Community Health at PHS explained the requirements of the IRS in terms of needs assessment. With the Affordable Care Act the regulations expanded from demonstrating community benefit, financial assistance and uncompensated care to understanding health needs and factors that are driving the state of health in a community and to address the needs. A health needs assessment and implementation plan has to be submitted every three years. This will be the first PHS Santa Fe submission.

Ms. Root-Bowman noted Christus has already embarked on their needs assessment. PHS currently has three broad priorities: healthy eating, active living, and the prevention of unhealthy substance use. Other counties have priorities involving violence, behavioral health, economic needs and access to care in the case of rural areas. Following the needs assessment an implementation plan is formulated. Hospitals are required to list the needs they are able to address and why they are not able to address certain needs. Lastly, the IRS requires self-evaluation.

Commissioner Straus noted these are requirements for non-profit hospitals. What is required of for-profit hospitals? Ms. Root-Bowman said these requirements are only for non-profits to justify that status.

Ms. Root-Bowman indicated that a big part of the needs assessment is talking to those in the field and she solicited feedback from the Commission.

Commissioner Roberts asked about the distinction between Presbyterian Hospital and Presbyterian Medical Services. Ms. Caswell said Presbyterian Healthcare Services has nine hospitals, 30 clinics, three ambulance services, home health and hospice, and urgent care centers. Presbyterian Medical Services is a federally qualified health center. "They are not connected at all... They are everywhere where we're not." They do work closely with PMS, as well as with other partners.

Ms. Caswell distributed PHS's "change model" identifying what it takes to build a culture of health in a community. She stressed the importance of health councils which inform how community benefit is distributed. She reviewed the chart, stressing the uniqueness of Santa Fe and working to bring in funding from other sources.

Ms. Root-Bowman said they are cognizant of the silo effect and duplication of services, and she recognized that people are tired of assessments. That is why collaboration is so important.

Commissioner Dransfield lauded the pay-for-success component and asked if was currently being implemented. Ms. Caswell said they are working to figure out the best strategy for implementation and mentioned bonuses as a possibility.

A discussion of social impacts and determinants ensued. Ms. Caswell said they view their grants as investments in the community and capacity building. The role of Accountable Health Communities is key, along with a regional approach. Ms. Caswell named their sub-awardees as UNMH, First Nations, First Choice and social service providers.

Among the conversations they are having, domestic violence and behavioral health are emerging as a priority. Ms. Caswell said they use Center for Disease Control funding through REACH (Racial and Ethnic Approaches to Community Health) to build a wellness referral center that promotes healthy eating, exercise and chronic disease management in a hands-on manner.

Commissioner Cooney noted that there are social, legal and political impediments to health outcomes, particularly vis-à-vis behavioral health and substance abuse. He asked if there were efforts to align the various perspectives from the different points of interface. Ms. Caswell mentioned the involvement of the Fire Department as a model of innovative response. Albuquerque has a Department of Justice grant for a community-based crime reduction initiative led by Raul Torrez that is examining those issues and also involving schools.

Returning to the area of social determinants, Ms. Caswell said they are asking everyone about food, housing and safety as a start and how those factors are contributing to the state of their health. Commissioner Brown mentioned the role played by economic inequality.

Ms. Caswell said they are thinking of themselves as an “anchor institution” and committed to looking at local hiring and procurement and how they relate to economics.

Ms. Root-Bowman spoke of their hospital in Espanola where they are gathering data and emphasizing training. Primary prevention is key.

Commissioner Dominguez asked about how their work interfaces with changing policy in order to have a bigger impact. Ms. Caswell said they work closely with the Regional Council of Governments whose focus is on training planners in issues such as land use. Additionally, they are looking at best practices regarding opioids. She indicated that the hospital cafeteria, funded through USDA, has fed almost 40,000 kids in conjunction with the summer and after-school feeding program. The food pharmacy and kitchens are especially useful for those with chronic health problems.

Ms. Marny said the health councils have also been instrumental in driving policy change.

Commissioner Straus suggested there is momentum in New Mexico around criminal justice reform and he gave as an example the decriminalization of addicted pregnant woman. This would encourage better pre-natal care and treatment.

Commissioner Cooney encouraged active dialogue among the different segments. Ms. Caswell asked who would be likely to convene such a group and Ms. Cirolia mentioned the Drug Task Force, Corrections, NAMI, there are topic-specific work groups on senior and behavioral health needs. There is an Early Childhood Steering Committee and multi-disciplinary groups addressing trauma-informed care where all the FQHCs are at the table.

Ms. Root-Bowman spoke of their assessment process and the need for alignment. As they go through the IRS process they are learning the landscape and seeing what’s already been done. She again voiced a plea for feedback. They will be holding community forums: March 27th from 1:00 to 3:00 at the new hospital; and May 24th from 1:00 to 3:00 at the Group Clinic on St. Michael’s. She volunteered to return to the HPPC in a few months with a progress report on the needs assessment and get more input.

Ms. Carmichael encouraged collaboration between the two hospitals. Ms. Root-Bowman say they are committed to that and do not want to compete.

Ms. Estrellas offered to give a tour of Esperanza Shelter to better inform their domestic violence initiatives.

Ms. Marney stressed the importance of involving the staff and supporting them

VIII. Matters from the Commission and Staff

A. Director's Report

Ms. Boies gave an update on legislature:

- She testified in support of HB 308, the dental therapy bill. At the hearing there was testimony from someone in the Dental Association who was “okay” with the bill, which could be enough to ensure success
- The Medicaid Buy-in bill, HB 416 has passed the Health and Human Services Committee and is now in House Appropriations and Finance
- HB 295, the Health Security Act, also passed Health and Human Services and had a great number of people wishing to testify
- HB 328, fresh fruits and vegetables passed the Agriculture and Water Committee
- HB 137, health councils, has passed the House and also the Indian Cultural Affairs Committee. It still appears to say “shall” rather than “may” which is the source of some concern. Commissioner Straus said \$1 million in funding was stripped from this bill but could still be included in HB 2. Ms. O'Connor said that is customary

Ms. O'Connor indicated they are partnering with Bernalillo County and First Choice in a small, living room crisis center in Edgewood in order to provide behavioral health programming in that area.

She recalled that the BCC authorized Health Tracks, a joint program with Christus and the County Fire Department to identify high-risk seniors with problems maintaining independence. There have been positive outcomes and she said they could look forward to a presentation in the future. Teresa Casados, ex-director of Senior Services is now working for the Governor's Office. Anna Bransford is serving as interim director.

Regarding the legislature, Ms. O'Connor said all the bills with funding attached are in Appropriations Committees. There is potentially \$2.5 million in new funding for behavioral health and jail projects. They are following a number of other bills, including one involving mobile crisis teams. Another future project is navigation for young, high-risk offenders with behavioral health issues in pre-adjudication in magistrate court. The funding would come from the DWI program.

B. Other Matters from the Commission

Commissioner Brown stated she attended the previous BCC meeting where they voted to not support a bill before the legislature, HB 290 – now memorial – that would recommend a two-year pilot plan for medication assisted treatment in corrections facilities. Santa Fe County was listed as one of the counties to participate. She expressed her disappointment with the Commission opposing the bill and felt they did not get a balanced perspective. It was agreed that given the great amount of data already accumulated, medication assisted treatment (MAT) has been shown to be effective, even in a jail setting.

Ms. O'Connor said it was a late addition to the agenda and she was not able to attend the meeting.

After discussion by the HPPC there was consensus that Chair Glaze and Commissioner Brown would write a letter to the BCC recommending support MAT. Commissioner Roberts offered the following wording: "We the members of the Santa Fe Health Policy and Planning Commission recommend that all correction facilities of the city, state and county provide medication assisted treatment to all those incarcerated needing MAT." Ms. Boies stated she would report that this action was taken.

Commissioner Brown said she would write a letter to the editor regarding the issue. Ms. Boies said she would look into the issue of writing it as coming from the HPPC.

Commissioner Straus asked what was happening with the Edgewood clinic and Ms. O'Connor said it was "happening." He also suggested that the HPPC meet at a senior center and Ms. O'Connor mentioned the Eldorado Center might be appropriate.

IX. Possible Future Agenda Items

- Accountable Health Community project
- Health Tracks
- Christus St. Vincent community health needs assessment
- Crisis Center
- Presbyterian Update

X. Announcements

- A. **Next HPPC meeting Friday, April 5, 2019, 9 a.m., Santa Fe County Community Services Department Conference Room, 2052 Galisteo Street**

XI. Adjournment

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

Approved by:



Laurie Glaze (pb)
Laurie Glaze, Chair
Health Policy & Planning Commission

Respectfully submitted by:

Debbie Doyle (pb)
Debbie Doyle, 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 14TH Day Of May, 2019 at 09:54:46 AM
And Was Duly Recorded as Instrument # **1886193**
Of The Records Of Santa Fe County

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