

III. Introductions

Those present introduced themselves.

County Manager Miller recognized the HPPC for their work on the *Health Action Plan*. She lauded the Community Services Department staff that has taken components of this plan and integrated it into the department's budget. She looked forward to implementation of the plan over the next three years.

Chair Williams thanked Ms. Miller for taking the time to come to the HPPC meeting. She said Ms. O'Connor and Ms. Boies were instrumental in the success of the plan. [Ms. Miller excused herself from the remainder of the meeting.]

IV. Approval of Agenda

Upon motion by Commissioner Reece and second by Commissioner Davidson, the agenda was unanimously approved as published.

V. Approval of Minutes

Commissioner Kinney moved to approve the minutes of the April 4, 2014 meeting. Commissioner Reece seconded and the minutes passed by unanimous voice vote.

VI. Matters of Public Concern

County Commissioner Holian thanked the HPPC for the *Health Action Plan*. She said she was greatly impressed with the plan's comprehensiveness and the focus on priorities.

VII. Presentation: City of Santa Fe Community Health Initiative (CHI)

Ms. O'Connor said over the past six months there has been a lot of discussion with Santa Fe County and amongst a number of different agencies about the role of the Fire Department and in general in healthcare issues. Discussions have been ongoing with Chief Sperling to identify a role that the Fire Department can take in addressing healthcare issues. The City has an intervention proposal developed through its Fire Department and Mr. Mercado will present the City's model.

Andrés Mercado, Paramedic, Santa Fe Fire Department, explained that Santa Fe County's Fire Department and the City's Fire Department are two distinct entities and he represents the City. Last year the City's Fire Department responded to 13,377 calls for 911 service. 80 percent were for emergency medical services and 50 percent of those were not true emergencies, meaning they could be handled by a different, less costly setting than the emergency room. An interesting statistic, 34 percent of the City's census population accounted for 18 percent of the 911 calls and a large number of the remaining 72 percent are preventable.

Mr. Mercado said through the proactive concept of fire prevention, the number of fires has been greatly reduced in the US. He advocated taking a proactive approach on emergency medical services as well. He spoke of the collaboration with DOH Region II staff, State EMS Bureau, CSV, Southwest Care Center, La Familia, Health Care for the Homeless, and Project Echo to develop the Community Health Initiative.

Mr. Mercado said he recently met with Ms. O'Connor and Chief Sperling to ascertain whether what the City is doing can be expanded with the County to serve the regional population.

Two populations will be addressed in the immediate future, the elderly and high-utilizers -- anyone who has used the 911 system four or more times in 12 consecutive months (253). SFFD will provide three services to the two groups: home safety assessment/risk reduction, medication reconciliation and a broad social-medical needs assessment.

Thanks to the *Community Health Action Plan* Mr. Mercado said there is widespread support to work on the priority goals. He hoped the program will evolve into a comprehensive mobile health care system. He defined the scope of services paramedics and firefighters can provide and said they have a unique relationship because they enter homes when an individual is the most vulnerable.

A select group of paramedics and firefighters will receive additional training from the medical director and others. Two community health paramedics will work in a non-ambulance vehicle performing scheduled home visits to referred geriatrics patients and internally identified high utilizers. Each patient will receive a minimum of two visits.

Chair Williams congratulated the SFFD on the Community Health Initiative.

Mr. Mercado said he hoped the program can be promoted and funding obtained from other entities.

Questions about the home healthcare agencies came up and Mr. Mercado said he has reached out to them and anticipates working with them. No MOUs have been developed.

Mr. Mercado said the EMTs work under a physician's license and all program activities will be physician driven. SFFD Community Health Initiative is meeting with the Mayor to advocate hiring a dedicated medical director for the program.

Commissioner Conkling observed that the Community Health Initiative was in the early planning stages.

In regard to budgeting, Chief Litzenberg said to this point the work has been conducted within the existing budget.

Wenoah Veiley, Southwest Care Center, said the Community Health Initiative is a linkage to care program rather than a duplication of existing services.

Commissioner Davidson commented on the complexity of care required for the high need community as well as the need to develop trust within those relationships. She spoke about the coordination of care.

Commissioner Conkling said the high utilizer patients tax the systems and pre-empting that would save dollars for other resources.

Mr. Mercado said this program is working in Maine, Washington and Minnesota as well as New Zealand, Australia, Canada and the UK.

Commissioner Szczepanski's comment that lauded the innovativeness of this program was echoed by the other Commissioners.

A. Director's Report

Ms. O'Connor and Ms. Boies offered the following updates:

- May is Mental Health Month. Spanish and English radio PSAs including the crisis response hotline will run during the month
- The mobile health van in conjunction with CSV will provide mental health screening at the SF Community College 9-3 on May 6th
- The Board of County Commissioners approved the *Santa Fe County Health Action Plan*
- The service to opioid addicted pregnant women that La Familia is providing currently has 31 pregnant enrollees. A recent article in the *New York Times* cites that 24 percent of pregnant women enrolled in Medicaid are being prescribed opiates
- Funding for the public awareness campaign for the pregnant women to get prenatal care has been enhanced through the Community Foundation and CSV
- The County's healthcare enrollment efforts have been extended with La Familia in coordination with the County health van
- The Food Policy Council recently released a draft Food Plan
- Drug Take Back, coordinated by Santa Fe County, was successful with 600 pounds of drugs collected

La Familia was lauded for stepping up and taking on the program for addicted pregnant women. Ms. O'Connor offered to provide data on the aftercare at a future meeting.

B. Other Matters from the Commission

Commissioner Kinney reported that the City's plan to form a healthcare-related study group with County participation continues and she and HPPC Commissioner Abrams will represent the County. Kathy Armijo-Etre, Lillian Montoya from CSV and Councilor Ives from the City will meet as a small planning group prior to the larger task force meeting. The task force will not meet until after the union negotiations are completed.

Chair Williams requested an update at the next meeting and Commissioner Kinney advised that in her absence Commissioner Abrams would make that presentation.

Commissioner Davidson updated the Commission that the Farmers Market has instituted a program where low income individuals can use their EBT card (food stamps replacement) to purchase fresh food at a low cost.

IX. Action Items

A. Discussion and Approval of Healthcare Assistance Program Moving Forward

Chair Williams said the legislation that changed counties' participation in the indigent sole community provider program also removed the requirement that payments must be based on claims. There are remaining funds traditionally used for community services for indigent care that the HPPC is charged to earmark. She reviewed a chart showing funding streams for direct health-related service in FY14. Using that chart recommendations were developed for FY2015.

Commissioner Kinney reviewed the recommendation [*Exhibit 1*] for the \$1.852 million that the County will have for direct services. She noted that there was also DWI money that flows into preventive care. The work group with a focus on the *Health Action Plan* priorities developed a series of recommendations. She reviewed the policy statements that direct the work group recommendations. The categories for funding include primary care, drug and alcohol treatment, prenatal, mental health, burial, ambulance, hospitals and administrative costs.

Ms. O'Connor said in some areas the County has seen an over 50 percent drop in claims since January 2014. Although the severely disabled mentally ill population are eligible for Medicaid they are not getting enrolled.

In addition to claims, the recommendation is for funds to be spent on contracts via RFPs in two areas: reducing low birth weight and crisis intervention. A mobile crisis intervention team existed in the past and this could be something similar.

Ms. O'Connor noted that new legislation will allocate more money for drug and alcohol abuse through the DWI program. She advised the Commission that next year will be transitional in terms of healthcare systems in the county.

Commissioner Szczepanski recommended including a premium assistance program for special populations. Ms. O'Connor said premium assistance was vetoed by the Governor but understood that veto may be challenged. If the challenge is successful the County can reconsider the possibilities of the expanded language.

Medicaid enrollment is slated as a staff function, stated Ms. Boies. This could fit in program costs.

Ms. O'Connor assured the Commission that County Fire is actively engaged in the conversations about the City and/or the mobile crisis intervention team.

The budget is scheduled for BCC review and action on May 27th.

Ms. Veiley said linking individuals who have behavioral difficulties and substances abuse with care is a consistent challenge. Women's health challenges are substance abuse and mental health. Again, Medicaid enrollment for someone with drug abuse issues and no fixed address is a challenge. Commissioner Conkling said the Fire Departments know where some of these individuals presenting a challenge to enroll reside and Mr. Mercado said they would welcome involvement in that.

Ms. Veiley mentioned that Southwest Care Center has recently opened a local birth center for out-of-hospital births with committed midwives.

Commissioner Szczepanski moved to approve the working group's recommendations, with the integration of an additional category on enrollment and the understanding funding could fluctuate.. Commissioner Reece seconded. The motion passed by unanimous voice vote.

Commissioner Holian said provider support and any additional information would be useful to support the presentation to the BCC. She asked that the HPPC try to send out information to the BCC in advance of the meeting.

Identifying her particular interest is immigrants, Commissioner Szczepanski said depending on their status there is a huge gap in healthcare assistance. Many people have legal status but are not eligible for the exchange or Medicaid. She suggested looking at how to address that population. She said an immigration attorney is necessary to correctly identify status.

Jeff Thomas, Southwest Care Center, said they may be able to extract data on the legal status of individuals who received care.

There was consensus that after six months they re-review the funding allocations and review the rules of who gets services.

X. Future Agenda Items

- Review the rules and regulations for eligibility of indigent care
- Hospital Study work group update
- Consider how to keep the *Action Plan* alive

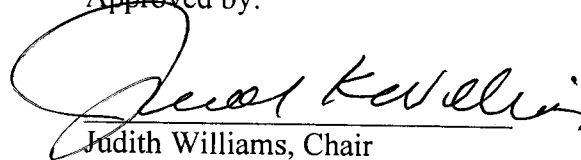
XI. Announcements

A. **Next HPPC meeting Friday, June 6, 2014, 9 a.m., 2052 Galisteo St., Suite B**

XII. Adjournment

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

Approved by:



Judith Williams, Chair
Health Policy & Planning Commission

Respectfully submitted by:



Karen Farrell, Wordswork