

MINUTES OF THE
SANTA FE COUNTY
HEALTH POLICY & PLANNING COMMISSION

July 1, 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 9:05 a.m. on the above-cited date at the Santa Fe County Community Services Department Conference Room, 2052 Galisteo Street, Santa Fe.

II. Although a quorum was not immediately achieved, the following members were present:

Members Present:

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

Member(s) Absent:

John Abrams
Kim Straus
[Four Vacancies]

County Staff Present:

Patricia Boies, Director, Health Services Division
Rachel O'Connor, Director, Community Services Department
Kyra Ochoa, Health Services Staff
Wendy Dubois, Health Services Staff Intern
Kati Schwartz, Mobile Health Van RN
Michael Spanier, CSD Staff

Others Present:

Kristen Carmichael, Community Health, CSV
Desiree Valdez, NMDOH, Health Promotion
Christa Trujillo, NMDOH
Wendy Johnson, La Familia
Jay Jolly, La Familia
Kim Krupnick, La Familia
Kimberly Garner, La Familia
Betty Sisneros Shover, NAMI
Tim Dabbs, NAMI

Julian Duran, BCBS
Mark Boschelli, PMS
Danielle Gretner, SFMC
Linnea Moreno, Las Cumbres
Anna Morelos, Las Cumbres
Jeff Thomas, SCC
Matt Baca, SVH Support
Tom Starke, SFBHA
Pam Hyde, P&P Consulting

III. Introductions

Those present introduced themselves.

IV. Approval of Agenda

V. Approval of Minutes

These items were deferred pending arrival of a quorum. [See page 4.]

VI. Matters of Public Concern

Tom Starke announced the Behavioral Health Alliance has made a commitment to the SAMHSA trauma-informed response training for criminal justice personnel and other agencies. The goal is to help those interacting with people with mental challenges to understand the influence of trauma. They will be training trainers in August.

Additionally, he is working with St. Elizabeth's Shelter and Healthcare for the Homeless to establish a campus for social services, modeled after a program in San Antonio. He noted there are approximately 1400 homeless adults and 300 homeless youth and children in the community, in addition to a number of those "precariously housed."

Kristen Carmichael stated the hospital recently submitted a needs assessment based on focus groups and panels. A number of indicators were adopted and prioritized. The report will be released within the next few months and she offered to give a presentation to the commission.

VII. Presentations

A. Mobile Crisis Response Team (MCRT) – One-Year Report

Mark Boschelli distributed a presentation. He stated the MCRT is exactly one year old and he thanked the County for funding this innovative program, which is being recognized throughout the state. He explained its role in providing services to individuals who need mental health treatment. MCRT responds to referrals from first responders where mental health consultation and intervention are needed. He reviewed the year's data as follows: There were 498 client contacts, 265 911 callouts, and 24 behavioral health unit (BHU) hospitalizations. Most contacts result in referrals and linkages.

Mr. Boschelli said they are learning from feedback, including from NAMI. They are doing continual training with SFPD due to the turnover in that agency, and a training video will be developed. He stressed that in the 498 contacts they have had, there have been no deaths.

Ms. Shover asked how the 24 admissions into the BHU compared to previous rates and Mr. Boschelli said it represents a slight increase.

Commissioner Williams asked what changes are anticipated and Mr. Boschelli said he expected the same number of clients. They are looking forward to greater flexibility in the ER diversion process and will be bringing on a third crisis worker. Family members have requested site intake to diminish the negative effects.

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Mr. Dabbs asked how the public is made aware of their services. Mr. Boschelli indicated the design is to work with first responders, and they partner with NAMI.

Ms. Hyde asked if they work with young people and/or substance abusers. Mr. Boschelli stated 60 percent of their contacts involve co-occurring issues of active substance abuse and mental health. He said they do same-day assessments at the high schools. In the summer there is an increase in young people seen by the MCRT. Lately, there is a huge gap for the elderly population which is a big concern.

Ms. Boies asked about demographics and linkages. Mr. Boschelli said linkage is the biggest part of the program and they are aggressive in making those linkages. He explained the role of the Program of Assertive Community Treatment (PACT).

Commissioner Vultura asked about the hospital intake procedure and Mr. Boschelli said there has been improvement. They don't have a baseline to make comparisons. PACT has a good relationship with the BHU. He said they respond to suicide attempts and overdoses and work with MIHO, the Mobile Integrated Health Office.

VII. B. Low Birth Weight Prevention Initiative – One-Year Report
1. La Familia

Dr. Wendy Johnson introduced Kim Krupnick, director of health education and Kimberly Garner, OB education coordinator and lactation consultant, who have been instrumental in implementing the initiative. She thanked the County for its support and stated the program focuses on three high risk groups – substance abuse, teens and the undocumented. There were approximately 50 deliveries in the medication assisted substance abuse program, 100 teen deliveries and approximately 150 to 200 deliveries to undocumented immigrants. To reach these populations they provide classes, incentives, transportation and patient assistance and various auxiliary services. She noted 47 percent of La Familia's perinatal patients participated in one or more of the programs and she provided birth weights correlated with various forms of participation.

Ms. Garner explained the Breastfeeding Wall of Fame.

Dr. Johnson spoke of the public awareness campaign designed by focus groups, which include PSAs. Plans for the future include improving screening tools, reducing barriers, group classes and more cohesive networking. She mentioned that the benchmark for low birth weight is 2500 grams or less, or about 5 ½ pounds.

Ms. Boies noted low birth weight was selected as one of the County's health priorities because the County's rate was higher than the state rate.

Commissioner Heye asked how many women were in the Subutex program and Dr. Johnson said five to seven, but there have been around 50 deliveries in the medication assisted program, which is tracked separately. Ms. Ochoa said that population had about an 88 percent healthy birth weight over the last two years.

Commissioner Keene asked about the focus of prenatal classes and Ms. Krupnick spoke of the Centering Pregnancy model, which has had good outcomes. Prenatal visits are combined with education. There are peer support groups and women are empowered to take ownership of their own health.

Regarding home visits, Ms. Garner said these are offered through the hospital and are postpartum visits are tracked.

Ms. Hyde asked about risk assessment data and breakdowns. Dr. Johnson that could be done in the future, however, it is time consuming and takes a backseat to providing services. Ms. Ochoa talked about the Early Childhood Steering Committee which looks at screening tools with an eye toward standardizing questions and understanding risks, such as smoking, high altitude, substance abuse, lack of prenatal care, etc. Dr. Johnson spoke of the difficulties associated with analyzing data.

VII. B. 2. Las Cumbres

Linnea Moreno said she supervises the ¡Qué Cute! Healthy Baby Program, which is part of the low birth weight initiative. They provide intensive case management to high risk pregnancies, including home visits and advocacy to help navigate systems. Last year they served 25 families. They partner with various organizations in the community.

Anna Morelos reviewed the risk factors by percentages. They use the ACE (Adverse Childhood Experience) assessment to assess trauma as a risk factor, which included 88 percent of those served. Additionally, 44 percent were homeless. Of the 25 pregnancies only one was low birth weight and that was from someone who was high risk and did not participate actively. She said they impose no barriers and work on transportation issues, which helps with case management. Trust is an important factor and is essential in forming relationships with other support agencies. Opioid addiction is a big problem and those actively using tend not to participate. She described home visits.

Ms. Morelos stated they get participants from the Methadone clinic, the homeless shelter, courts, pregnancy centers and soon will be looking into jails, drug centers, CARE Center and Planned Parenthood.

Ms. Moreno spoke of the trauma-informed practice, focusing on behavioral health and continuation of support through a SAMHSA grant.

IV. Approval of Agenda

With a quorum now present Commissioner Roberts moved to approve the agenda and Commissioner Keene seconded. The motion passed without opposition.

V. Approval of Minutes

June 3, 201: Commissioner Reece moved approval. Commissioner Roberts seconded and the motion to approve the June minutes passed without opposition.

VIII. Matters from the Commission and Staff

A. Director's Report

Ms. Boies reported on the following:

- Teen Court received an award from NACo, and will make a presentation in the future
- Rio en Medio Community Center has a new mural
- As part of the three-year funding that the HPPC and the BCCC endorsed, a gap analysis will be conducted

Ms. Hyde stated the goal of a gap analysis is to look at the delivery systems, which leads to where to put the funding. The principles are to avoid duplication and to concentrate on all health needs – mental, dental, etc, and prevention as well as treatment. One issue is whether to look at the entire population or focus on low-income, and whether to look at publicly funded needs or all needs.

Members of the Commission offered feedback on project scope. Commissioner Reece spoke in favor of all populations and all funding sources. Commissioner Williams preferred concentration on indigents and public funding. Commissioner Heye noted middle income people sometimes fall through the cracks.

Ms. Hyde stated an inventory has to be done and compared with standards for how many providers would be required. The study should achieve a balance between width of scope and depth.

Dr. Johnson spoke of barriers for the uninsured, especially those over the 400 percent of poverty level which makes them a vulnerable population, as are the undocumented.

Commissioner Keene said the study should not strictly target the indigent, since the elderly have a set of problems as well.

Commissioner Williams said looking at all the providers is a daunting task. Commissioner Voltura said Christus St. Vincent should have a large amount of data.

Chair Szczepanski said there appeared to be a consensus to focus on the middle range of incomes and below.

B. Other Matters from the Commission

Chair Szczepanski said there was a small meeting held to discuss vacancies. Representation is needed from young people, pueblos, food interests, behavioral health and state government. There was emphasis on the importance of weighing in on legislative proposals and having a convener role. Another subject of discussion was holding five or six meeting per year off-site in various community centers in order to expand the commission's reach.

Commissioner Reece mentioned they also discussed providing updates to the BCC.

Returning to the vacancies, Ms. Boies said recommendations are welcome as is diversity. Commissioners from Districts 1, 2 and 5 are needed, as well as a countywide representative.

Commissioner Williams thanked the County for funding innovative projects.

Commissioner Reece said he attended a meeting at the district courthouse on behavioral health that was very impressive. Mr. Starke said the next meeting of that kind is in September.

IX. Announcements

A. Next HPPC meeting Friday, August 5, 2016 9 a.m., at the Community Services Department Conference Room, 2052 Galisteo Street Santa Fe


X. Adjournment

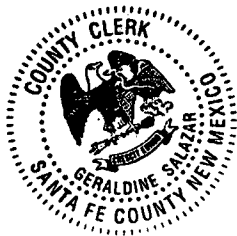
This meeting was declared adjourned at approximately 11:10 a.m.

Approved by:

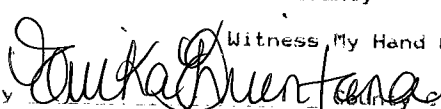

Reena Szczepanski, Chair
Health Policy & Planning Commission

Respectfully submitted by:


Debbie Doyle, Wordswork



Santa Fe County
HPPC: July 1, 2016

COUNTY OF SANTA FE) HEALTH POLICY & PLAN M
STATE OF NEW MEXICO) ss PAGES: 6
I Hereby Certify That This Instrument Was Filed for
Record On The 10TH Day Of August, 2016 at 11:38:31 AM
And Was Duly Recorded as Instrument # 1801110
Of The Records Of Santa Fe County
Witness My Hand And Seal Of Office
Deputy  Geraldine Salazar
County Clerk, Santa Fe, NM