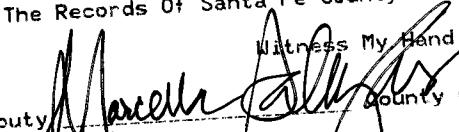


I Hereby Certify That This Instrument Was Filed for
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Deputy  Witness My Hand And Seal Of Office
Geraldine Salazar
County Clerk, Santa Fe, NM

MINUTES OF THE

SANTA FE COUNTY

HEALTH POLICY & PLANNING COMMISSION

October 4, 2013

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
John Abrams
Allan Bendorf
Bertha Blanchard
Vivian Heye
Catherine Kenney
Reena Szczepanski
Sun Vega

Member(s) Excused:

James Bond
Shirlee Davidson
Bryan Conkling

Staff Present:

Rachel O'Connor, Director, Community Services Department
Patricia Boies, Health Services Director

Others Present:

Lisa Leiding, Santa Fe County Corrections
Tomasita Espinoza, Santa Fe County Corrections
Bernie Lieving, Southwest Cares
Amy Sandoval, NM DOH
Melissa Heinz, NM DOH
George Gamble
Shelley Mann-Lev, Santa Fe Public Schools, SFUDPA

REC. CLERK RECORDED 12/05/2013

III. Introductions

Those present introduced themselves.

IV. Approval of Agenda

Commissioner Abrams moved to approve the agenda. His motion was seconded by Commissioner Blanchard and passed by unanimous voice vote.

V. Approval of Minutes: August 2, 2013

Commissioner Blanchard moved to approve the minutes. Her motion was seconded by Commissioner Abrams and passed by unanimous voice vote.

It was requested that exhibits to the minutes be emailed along with the minutes.

VI. Matters of Public Concern

None were presented.

VII. Presentation/Discussion

A. Drug Overdose Prevention in Santa Fe County

Ms. O'Connor said the Community Services Department is actively pursuing funding a position at the jail that will provide Narcan training for people identified with opiate problems. The position will also be responsible for enrolling people in Medicaid before discharge. She acknowledged the support received from HPPC for pursuing this position, and especially help from members Szczepanski and Heye. The position description is currently with the Human Resource Department. It is envisioned the position will report directly to the Director of Public Safety and will coordinate efforts (education, prescription) with the use of Narcan/Suboxone, enrollment for Medicaid and overall referral services outside of the facility.

Mr. O'Connor thanked the participants in this process, stating it was a rewarding endeavor.

Melissa Heinz, DOH, Injury Prevention Coordinator, Epidemiology and Response Division, said the project is groundbreaking, providing lifesaving medication to detainees as they leave the prison. These individuals will have entered the facility and gone through opiate detox. Providing the Narcan rescue kit and Suboxone has proved to be a challenge, and the only other jail in the country doing this is a small San Francisco facility.

Ms. Heinz said DOH is trying to expand Suboxone services across the state and Santa Fe County is leading that effort. She mentioned a Suboxone pilot occurring at La Familia where opiate-addicted high-risk patients can receive a Narcan rescue kit.

Ms. Heinz said the effort going on at the jail must be connected to the community by expanding access to the knowledge and rescue medication.

Lisa Leiding, Registered Nurse Administrator, Santa Fe County Department of Corrections, mentioned there were two distinct populations in the use of opiates: those that initially started the drug for pain control who are generally older, and those using it to get high, generally young. These two groups require different training. Information packets are being developed, as well as protocol and cross-training with Santa Fe County Fire Department. She mentioned that she was recently approached by the Interfaith Shelter and they would like their employees to be trained responders.

Ms. O'Connor said staff estimated there are 1,300 detainees who enter the facility with an opiate addiction. She referred to the Suboxone kit as the "Kick-it Kit." Santa Fe County Fire Department Chief Sperling has indicated a willingness to have his agency train the community responders, primarily family and friends.

Ms. Heinz said training the family members is very important and it is anticipated that training at the fire station will provide a friendly accessible space. She mentioned that Boston has invaluable materials regarding Narcan and Suboxone.

Noting that both Narcan and Suboxone are prescription, Ms. Leiding said the prescription is written to the patient not the family. Narcan is part of Medicaid and there is a push to have pharmacists provides Narcan training. Ms. Heinz mentioned that Santa Fe County is paying for this program. The detention facility is buying the Narcan and the detainee is the patient.

Ms. O'Connor said La Familia was awarded the Santa Fe County Suboxone provider contract at \$95,000. The program will serve opiate-addicted pregnant women as well as others. The training began last week and they are partnering with Southwest Care Center and New Vistas. An awareness campaign focused on prenatal care is being developed. Through the County's Healthcare Assistance program, Life Link and Santa Fe Recovery Center will also participate in providing comprehensive Suboxone services for the community.

Ms. Leiding said data will be collected regarding the use of Narcan and Suboxone. Ms. Heinz said DOH has a monitoring-type form that will be forwarded to the jail for utilization. She noted that overdose prevention is integral to opiate-replacement therapy. Opiate addiction is a chronic relapsing disease and Narcan is instrumental to insure they survive the relapse.

Commissioner Bendorf expressed concern about the Narcan dosage and Ms. Leiding offered to share the protocol with him.

B. Draft Health Action Plan
[Exhibit 1: Draft]

Commissioner Kinney said the draft skeleton is an attempt to streamline and clarify to the HPPC the next steps with the plan. The draft has been organized to apply overarching issues to all the topics; identifies problems to goals and indicators with a report card. The indicators are proposed and include a source for data. A priority (very high, high, medium, low) was assigned to each goal for community wide action. The notion of a "convener" was developed. The

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convener will pull together people interested in the topic, confirm the indicator, identify what needs to be done and provide an annual report on the topic to HPPC for the report card.

Commissioner Szczepanski asked how the overarching issue of poverty is addressed in the draft structure. Commissioner Kinney said it will fall under the goal areas and the question is how poverty affects that issue. Poverty, disparity, aging and access to providers are considered overarching issues.

George Gamble, a member of the public, recommended that the County develop a slogan to publicize the plan and activate the community.

Commissioner Vega asked whether the action plan should identify those actions that Santa Fe County will support financially. Clearly, the action plan will provide a framework that will offer areas for the County to consider funding, as well as a tool for the County to go to the State and Federal government for funding.

Ms. O'Connor highlighted that the County is influential and mentioned the Narcan program with DOH.

The action plan will allow the County via HPPC to build connections with community health-related issues.

Amy Sandoval, DOH Health Promotion Specialist, offered to serve as a resource for HPPC and provide available data needed from DOH.

A discussion ensued regarding the indicators and issues of mental/behavioral healthcare availability and reporting measures. There was consensus that the draft skeleton was an excellent structure.

VII. Matters from the Commission

A. Director's Report

Ms. O'Connor referred to her report provided within the Commission's packet. She highlighted the following item:

- The County is interviewing for a Community Health Nurse for the mobile van.
- Santa Fe County is hosting flu clinics at community and senior centers, as well as at other locations using via the Mobile Health Van.
- Staff continues to work with other providers to promote public awareness regarding healthcare reform.
- Kinks are present in the online enrollment system for the new health exchange. The County website provides excellent information that can be downloaded
- An RFP is in the works for enrolling individuals in Medicaid, especially in the rural areas of the County, which may be of interest to providers already doing enrollment.
- The County is continuing to stay abreast of efforts by the State to take the second 1/8 of the GRT that has been earmarked and used for the sole community provider and indigent

care. This is a complicated issue that involves state statutes, federal waivers, lack of alternative funding sources, and the fiscal year commitments through July 2014.

A discussion ensued regarding the state's online process for enrolling people in Medicaid. A denial letter will go out for individuals who are not eligible under the old guidelines but who may be eligible under the new guidelines effective January 1, 2014. At this point there is not an attachment stating the individual may be eligible January 1st. The application is combined with TANF/SNAP and is exceedingly lengthy.

Regarding the State's plan to take the second 1/8, Ms. O'Connor said there is a legitimate claim that as more individuals enroll in Medicaid, the demand on the indigent funding will be reduced. Besides the hospital, the County uses about half of the second 1/8 to make claim-based payments on behalf of indigent clients to community providers of primary care, drug and alcohol treatment, and mental health, including La Familia, Life Link, and Santa Fe Recovery Center. Staff will be meeting with providers and encouraging them to talk with their legislators.

Ms. O'Connor expressed her appreciation for the tremendous work Ms. Boies has accomplished in the past few months, including with the flu clinics, the mobile van, and health care reform, and the Commission recognized staff for their excellence.

B. Other Matters from the Commission

None were presented.

VIII. Future Agenda Items

Legislative topics, alcohol issues, Medicaid enrollment update, Con Alma: Health equity

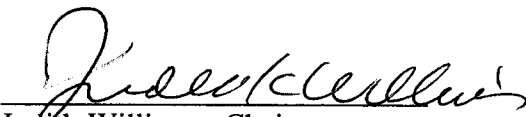
IX. Announcements

A. Next meeting Friday, November 1, 2013, 9 a.m., 2052 Galisteo St., Suite B

XI. Adjournment

This meeting was declared adjourned at approximately 11:15 a.m.

Approved by:


Judith Williams, Chair
Health Policy & Planning Commission

Respectfully submitted by:


Karen Farrell, Wordswork

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**Santa Fe County
Santa Fe County Health Action Plan
Discussion Document ONLY**

Background:

Three HPPC members (Judy Williams, Kate Rowe, Cathy Kinney) worked with County staff to review the information in the draft Action Plan prepared by the consultant. We also considered the expressed desire of the HPPC to have an ongoing "report card" of measurable progress on key goal areas. Also, we agreed that it is important to distinguish between community wide indicators requiring collaborative action and specific actions that County Government can take.

The workgroup developed an outline of several sections as a guide to our discussion at the October 4 meeting and after in order to improve the organization and simplify the Action Plan appearance. The several sections are structured to guide the HPPC discussion and decision-making in a logical progression. The final format of the plan may be different.

The new organization is listed below. Once the HPPC and County staff have agreed on the outline and elements of the plan, the substantial content of recommended actions and County intended actions (developed by the consultant and County staff) will be inserted into the outline.

- A set of overarching issues is presented (moved from the original list of priorities); the intention is to have these overarching issues considered in every one of the specific problems.
- A table that includes the 11 problem statements, goal and proposed indicator, source of data and comments. The indicators were developed using the principle that they should be easily available as standard measures over time, rather than having to be collected by county staff or the HPPC.
- The workgroup suggests priorities based on our earlier-defined criteria for selecting them.
- Multiple issue conveners will be needed to review the proposed indicator and the actions contained in the original report and revise as necessary. The role of the convener is defined in the workgroup document.
- Table of proposed countywide actions (to be completed using consultant's draft plus community input obtained by the conveners).
- Table of County Government planned actions and expected results

Next steps: If the HPPC reaches agreement on the indicators and the broad outline (set of tables), we can help design a community process for working with conveners to agree on the indicators and action steps. We hope that the identified conveners will continue to play a coordinating role for their identified goal area.

A. Statement of problems, goals, and indicators:

1. Overarching issues: (to be addressed within each goal):

- i. Demographic issues: poverty; disparities in health status by ethnic group, income; growing aging population
- ii. Provider issues: adequate and appropriate manpower; emphasis on prevention; coordination across agencies

2. Problems/goals and proposed county wide overall indicator (to be tracked over time in county "report card"):

Problem	Goal	Proposed Indicator	Source of data (for SF County and comparisons)	Comments
Lack of insurance	Increase enrollment of SF County residents in insurance	% of persons with medical insurance	NMDOH	CDC Healthy People 2020 indicator (HP2020)
Alcohol abuse among adults and youth	Reduce alcohol abuse	% youth using alcohol during past 30 days % of adults engaging in binge drinking during the past 30 days	NM DOH :Youth Risk and Resiliency Survey (YRRS) Behavioral Risk Factor Surveillance Survey (BRFSS)	HP 2020
Drug abuse among adults and youth	Reduce drug abuse	Death rate due to drug overdose % youth using illicit drugs during past 30 days	NMDOH NMDOH:YRRS	HP 2020
Lack of prenatal care	Increase receipt of prenatal care in first trimester	% of pregnant women who receive prenatal care in first trimester	NM DOH: PRAMS survey	
Lack of mental health services	Increase availability of mental health services			Needs more discussion to clarify our intentions
Lack of food availability	Increase availability of healthy food	% of population who are low income and do not live close to a grocery store		County Health Rankings indicator (CHR)
Domestic violence	Reduce the occurrence of domestic violence	Rate of reported incidence of domestic violence	NMDOH	May not be available annually
Teen pregnancy	Reduce pregnancy	Rate of births to teens	NMDOH	

Problem	Goal	Proposed Indicator	Source of data (for SF County and comparisons)	Comments
	rates among adolescents	15-17years of age		
Obesity among children and adults	Reduce prevalence of obesity among children and adults	% of adults with a Body Mass Index (BMI) equal to or over 30 % of high school students with BMI =>30	NM DOH BRFSS YRRS	CHR
Diabetes	Reduce prevalence of diabetes	% of adults who have been diagnosed with Type II diabetes	NMDOH: BRFSS	
Vaccination for preventable diseases	Increase percentage of adults who have received key vaccinations	% of adults who have received flu shot or vaccine in last 12 months % of adults over 65 who have had pneumonia vaccination	NMDOH: BRFSS	Current indicators don't include pertussis

B. Relative priority of goals for community wide action over next three-five years and proposed community wide convener:

Criteria for priorities:

- Prevalence (#of people affected);
- Severity of impact;
- Community readiness to address (as indicated by community forum, HPPC, and/or County Commissioners' interest);
- Urgency;
- Appropriate for community wide stakeholder engagement (rather than being primarily the responsibility of one organization).

Role of convener:

- Convene interested stakeholders (agencies, government, consumers, etc.) on this topic;
- Confirm proposed community wide indicator;
- Identify and coordinate current initiatives;
- Identify and catalyze additional initiatives as needed, particularly evidence based approaches, which can improve performance and address disparities;
- Track performance on community wide indicator and on other measures (if group desires);

- Provide annual update to HPPPC for annual county “report card.”

Goal	Proposed Priority	Community wide convener
Increase enrollment of SF County residents in insurance	Very high	
Reduce alcohol abuse	High	
Reduce drug abuse	High	
Increase receipt of prenatal care in first trimester	High	MCH Council
Increase availability of mental health services	High	
Increase availability of healthy food	High	Food Council
Reduce the occurrence of domestic violence	Medium	Coordinated Community Response Council
Reduce pregnancy rates among adolescents	Low	
Reduce prevalence of obesity among children and adults	Low	
Reduce prevalence of diabetes	Low	
Increase percentage of adults with timely vaccinations	Low	

C. Proposed community-wide actions: (to be reviewed and refined by community wide group convened on each topic): These proposed actions would draw from the content of the consultant’s draft, and would include other suggestions from HPPC and County staff.

Goal	Proposed actions
Increase enrollment of SF County residents in insurance	<i>Ex. Work with state to disseminate information to all regarding new Medicaid eligibility and Health Insurance Exchange</i>
Reduce alcohol abuse	
Reduce drug abuse	
Increase receipt of prenatal care in first trimester	
Increase availability of mental health services	
Increase availability of healthy food	
Reduce the occurrence of domestic violence	
Reduce pregnancy rates among adolescents	
Reduce prevalence of obesity among children and adults	
Reduce prevalence of diabetes	
Increase percentage of adults with timely vaccinations	

D. County Government planned actions and expected results: Examples are listed below: County staff is developing this content.

Goal	County Government Planned Actions	County Government Expected Results
Increase enrollment of SF County residents in insurance	<i>EX: Increase capacity to enroll inmates in Medicaid upon release</i>	<i>EX: % of eligible inmates enrolled in Medicaid increases</i>
Reduce alcohol abuse		
Reduce drug abuse		
Increase prenatal care in first trimester		
Increase availability of mental health services		
Increase availability of healthy food		
Reduce the occurrence of domestic violence		
Reduce pregnancy rates among adolescents		
Reduce obesity		
Reduce prevalence of diabetes		
Increase the percentage of adults with timely vaccinations		