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SANTA FE COUNTY  
HEALTH POLICY & PLANNING COMMISSION  
November 4, 2011

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<b>ADJOURNMENT</b>	<b>Adjourned at 11:05 a.m.</b>	10

HPC CLERK RECORDED 02/07/2012

**MINUTES OF THE**  
**SANTA FE COUNTY**  
**HEALTH POLICY & PLANNING COMMISSION**

**November 4, 2011**

A meeting of the Santa Fe County Health Policy and Planning Commission was called to order at 9:05 a.m. by Chair Judith Williams on the above-cited date at the Santa Fe County Health & Human Services Department, 2052 Galisteo Street, Suite B, Santa Fe, New Mexico.

Roll call indicated the presence of a quorum for conducting official business as follows:

**MEMBERS PRESENT:**

Judith Williams, Chair  
James Bond  
George Gamble  
Antoinette Montaño  
Kathleen Rowe  
Anna Vigil

**MEMBER(s) ABSENT:**

David Harwell, excused

**STAFF PRESENT:**

Marie Garcia, Health and Human Services Department  
Joseph Gutierrez, Community Services Department Director  
Steve Shepherd, Health and Human Services Department Director  
Greg Smith, Healthcare Assistance Board (Indigent)

**OTHERS PRESENT:**

Nancy Adelsheim, Women's Health Center  
Anne Albrink, Local Collaborative, National Alliance on Mental Illness  
Kathy Armijo-Etre, CHRISTUS/St. Vincent Regional Medical Center  
Sun Vega, Behavioral Health Collaborative  
Jo Ann G. Valdez, Stenographer

## APPROVAL OF AGENDA

Item VI-B (Future Agenda Items) was moved down on the agenda.

Commissioner Bond requested to add discussion about the distribution list to the agenda. This was added under Matters from the Commission.

**Commissioner Bond moved to approve the Agenda as amended. Commissioner Gamble seconded the motion, which passed unanimously by voice vote.**

## APPROVAL OF MINUTES

*Draft Minutes for October 7, 2011*

Chair Williams noted that she had a couple of minor editorial revisions to the Minutes. These are available for review. She asked if there were any corrections or additions to the Minutes.

**Commissioner Bond moved to approve the Minutes of the October 7, 2011 meeting as amended. Commissioner Gamble seconded the motion, which passed unanimously by voice vote.**

## MATTERS FROM PUBLIC CONCERN

There were none.

## MATTERS FROM THE COMMISSION

### A. Adult Corrections Facilities Tour (Chair Williams)

Chair Williams said after the tour of the Adult Corrections Facilities, there was a request for someone from the HPPC to make the speech at the commencement ceremony for the Correctional Officers, and Commissioner Bond gave the speech. Commissioner Bond noted that he sent a summary of his speech to the Commissioners via e-mail.

Commissioner Bond asked about the e-mail distribution list. He said there is a long list of people who are not on the Commission. He asked Mr. Shepherd what his basis was to have a distribution list beyond the Commission members.

Mr. Shepherd said the distribution list includes people from the community who have asked to be on the list. It also includes some of the County Commissioners. He offered to go over the list with Ms. Garcia.

Commissioner Bond asked if the individuals that the HPPC recommended at the last meeting (to fill the HPPC vacancies) have been appointed.

Mr. Shepherd said the appointments have been on hold due to the redistricting. He asked the County Manager and the Deputy Manager for some direction on this; and whether or not the members would remain on the same district seat and is waiting to hear back from them.

Commissioner Rowe asked about flu shots. She noted that she has not seen any advertisements on flu shots.

Mr. Shepherd said the County Health Van has been going around and administering flu shots. However, they cannot do this on weekends. He offered to check why this is not being advertised.

Ms. Garcia mentioned that the Public Health Office on Entrada Street administers flu shots on Wednesdays from 8:00 a.m. to 12:00 p.m., and 1:00 p.m. to 4:00 p.m. This is next to the Salvador Perez Park.

## **INFORMATIONAL ITEMS**

### **A. Community Needs Assessment**

Chair Williams said CHRISTUS-St. Vincent Regional Medical Center (CSV) is working on a Community Health Needs Assessment, as mandated by the Healthcare Reform Act, and Kathy Armijo-Etre has been working on it.

Commissioner Gamble said this is a mandate for the HPPC and it has been mentioned at various times, however, the members have not spent much time formally thinking about it. He noted that the previous healthcare assessments were done in 2002 and 2006. He said when these were done; they were contracted to two different outside consultants, as there were resources to do that. In both cases, they assembled a team of some key community members to do the planning and they obtained quantitative data/measures from various local sources. Focus groups were also formed and there was some attempts to get input from the community on what they thought were the needs. Commissioner Gamble noted that these were all put together in a Call to Action Plan and he thinks that the Commission members have copies of the Call to Action Plan. The Action Plan included some recommendations in terms of priorities and changes.

Commissioner Gamble said that he spoke with Mr. Shepherd about whether or not the HPPC has the resources to go out and hire someone to do a community assessment, and Mr. Shepherd is looking into this.

Commissioner Gamble said, however, the HPPC has learned that CSV and Kathy Armijo-Etre are working on a community health needs assessment as mandated by law. He said the HPPC and CSV has to do a community health needs assessment and he asked if it made any sense for the HPPC and CSV to work together on collecting the data. He said it is appropriate to get as many people from the community to collaborate on this.

Commissioner Gamble proposed that the HPPC adopt a general plan to proceed with a community health needs assessment; and the HPPC may have to adjust this based on resources.

Also, the HPPC could collaborate with CSV and Kathy Armijo-Etre on gathering the data because it does not make sense for two organizations to go out to collect the data.

Chair Williams asked Ms. Armijo-Etre to talk about CSV's requirements and deadlines, etc.

Ms. Armijo-Etre said in order for the hospital to maintain the non-profit status, CSV is required to demonstrate the community needs and benefits. CSV is presently doing a health assessment and also has to do a strategic plan. CSV has to have a document that goes in for the reporting purposes, but it won't be the "living, breathing" process in terms of the community needs assessment and community planning. She noted that she and Commissioner Gamble have talked about how to do these both things. She said it was a very collaborative process for the past health needs assessments.

Ms. Armijo-Etre explained that CSV is using a life-span approach, which she shared with the HPPC at a previous presentation. The life-span approach includes the areas from birth to elder care and they are looking at several key indicators.

Ms. Armijo-Etre said there are different health care needs for different age groups. She said they are building on the current groups that already exist. She noted that there are lead partnership groups or community action teams; and for early childhood that is the United Way Project Launch group; and for the school-age adolescent that is the Santa Fe Public School Student Wellness program.

Ms. Armijo-Etre suggested that they do a study group with the HPPC.

Commissioner Gamble said there are other aspects, such as tobacco use and teen pregnancies. He sees this as life-long implications.

Ms. Adelsheim said many community providers are struggling with the Medicare cuts, and not being sure what is going to happen in 2014; and the immigrant population is increasing. She said it is going to take all the providers to work together to meet the demand.

Ms. Adelsheim noted that some really great surveys have gone out in the past and it may be good to review those surveys and alter the questions, if necessary.

Ms. Albrink is with the local collaborative of the National Alliance on Mental Illness (NAMI). She asked about the process to involve other organizations.

In response, Ms. Armijo-Etre said the process is open to other groups and is totally inclusive. She said they could talk about the role of the local collaborative. She explained that there will be some actions that will emerge or evolve out of the assessment.

Commissioner Gamble asked Mr. Shepherd if they have any of the instruments that were used in the past.

Chair Williams said the prior HPPC created a provider survey and Erika Campos of CSV, and former member of the HPPC; send it out on Survey Monkey, sent it out. Only one provider responded and that was Women's Health Services. The survey was specifically intended to see what the impact of the state healthcare budget cuts was going to be on the providers. She said the HPPC could try to update this survey. She offered to scan the copy she had and e-mail it to the Commissioners. She said the survey could also be a joint survey with CSV.

Ms. Armijo-Etre said Erika Campos has a lot of data that they could use in terms of data collection.

Commissioner Rowe suggested that the HPPC come up with a timeline and a process for bringing the community providers together.

Chair Williams said one of the things that the Board of County Commissioners has asked the HPPC to do is to convene a provider forum and they could have a questionnaire there. She said the question is how to structure the forum so that the providers can provide their input. She said this should be an integral part of the needs assessment.

Chair Williams asked if the Behavioral Health Collaborative included all of the behavioral health providers and can the HPPC be on one of their agendas.

Ms. Sun Vega said she is present today on behalf of Larry Martinez of the Behavioral Health Collaborative and she could certainly take this information back to them.

Chair Williams asked Mr. Shepherd if January 2012 would be a good time for a community forum. Mr. Shepherd said he did not see a problem with this.

Commissioner Rowe asked if the HPPC has the resources to do this. Mr. Shepherd and Ms. Garcia offered to see if they have the resources and funding available.

Commissioner Gamble said one of the things he did not find in the Call to Action Plan was the list of groups who were contacted or participated in the previous healthcare needs assessments. This is referenced as the Appendix in the Call to Action Plan.

Mr. Shepherd offered to see if he can find this.

Commissioner Bond said there are a lot of providers out there and is the provider forum going to be inclusive of all the providers.

Chair Williams thinks the HPPC is looking at the safety net providers and the providers who serve the indigent population.

Commissioner Gamble said the HPPC needs to decide what data they want.

Ms. Adelsheim said there are documents and a list of specific measures of the community organizations and maybe this could be shared with the HPPC.

Chair Williams said healthcare at the jail is another important community health issue. She said there has been progress made with the revolving door between the jail and the hospital.

Ms. Armijo-Etre said the case managers of the Psychiatry Unit and the ER of CSV have been meeting with the jail representatives on improving healthcare services.

Commissioner Rowe suggested that the HPPC check and see what data is out there in other counties who have done a community needs assessment already, possibly through the Association of Counties.

Chair Williams said in terms of comparisons, the County could try to work with the San Juan and Dona Ana County hospitals, because they are also non-profit hospitals that are similar to Santa Fe. She said the HPPC could also work with the court diversion programs.

Commissioner Gamble will meet with Ms. Armijo-Etre at the end of the month; discuss a timeframe, some sort of calendar and plan of action and report back on the Community Needs Assessment at the next meeting.

The Community Health Assessment will be a continued agenda item.

**B. Indigent Care and Sole Community Provider  
(Santa Fe County Staff)**

Chair Williams said there was discussion at the last Healthcare Assistance Program Board meeting about a possible Indigent Mil Levy. The BCC could impose a levy against the net taxable value of the property in the county. The Healthcare Assistance Program Board has asked the HPPC to weigh in on this. Chair Williams asked Mr. Shepherd to talk about Indigent Care and Sole Community Provider funding further.

Mr. Shepherd distributed the following handouts: "*Santa Fe County Health Policy & Planning Commission – Indigent Care and Sole Community Provider* (Exhibit A); *Sole Community Hospital Fact Sheet* (Exhibit B); and *County Program Contributes \$200 million to New Mexico's Sole Community Provider Hospitals* (Exhibit C).

Mr. Shepherd reviewed the handouts. Please see Exhibits A, B and C for the specifics of this presentation.

Mr. Shepherd noted that the base funding hospital requests are generally received by the counties in November or December. Hospitals must deliver requests that are approved by the Board of County Commissioners to the New Mexico Human Services Department (HSD) by January 15<sup>th</sup>. 30-day extensions can be given to February 15<sup>th</sup>. Extensions were longer in the past year due to the shortage of funds at the county level to allow for hospitals to research other match sources.

Mr. Shepherd said the NM HSD generally issues the amounts of the supplemental funding that is available for specific hospitals around the 1<sup>st</sup> of September. Commitments must be made in the middle of September, and payments are due to NM HSD by September 30<sup>th</sup>. This year the supplemental process is still open due to the pending settlement between the state and the Centers for Medicare and Medicaid Services (CMS).

Mr. Shepherd noted that Chair Williams asked that he include some information about the upper payment limit. The Upper Payment Limit (UPL) is the difference between what Medicaid will pay for a service and the higher amount Medicare will generally pay for the same service. This difference is what is used to calculate the amount available for Supplemental Sole Community Provider for each hospital.

Chair Williams said the Board of County Commissioners has requested information from CSV - on how they spent the Supplemental Community Provider funds- and they have been unable to obtain this information from them because of the hospital's accounting system.

Mr. Shepherd said Santa Fe County currently funds Sole Community Provider match from the 2<sup>nd</sup> 1/8<sup>th</sup> Indigent Fund Gross Receipts Tax (GRT). This tax is forecasted to raise about \$4.275 million in the current fiscal year. \$2.166 million is budgeted to be used on Indigent Fund expenses for primary care, substance abuse treatment, mental health care, ambulance, out-of-county hospital, and \$165,000 for supplement SCP and staff to run the program. The balance, with the exception of \$9,000 is being used for Sole Community Provider. The other previous source of SCP match funding, the "232 EMS/Other Healthcare Fund" (3<sup>rd</sup> 1/8<sup>th</sup> GRT) is fully budgeted for the Regional Emergency Communications Center and other healthcare uses.

Mr. Shepherd was asked what the 1<sup>st</sup> 1/8<sup>th</sup> of the GRT is budgeted for. He offered to check on this.

Mr. Shepherd explained that there are some issues with the Sole Community Provider program: a lawsuit was filed in federal district court in 2009 accusing hospitals in Chavez, San Miguel, and Luna Counties and the respective counties of having an improper financial relationship with each other. This lawsuit is progressing and attracted the attention of the CMS and Department of Justice.

CMS performed an audit on federal fiscal year 2009 match payments to private hospitals. They determined that \$53 million dollars of improper federal match payments were made, due to improper financial relationships between hospitals and counties. They have requested that the \$53 million dollars be returned to the federal government. NM HSD is currently in negotiation of a universal settlement to settle the Pro tem lawsuit and any claims from 2009, and any previous fiscal years. It would be expected that any settlement would be a smaller amount than what was determined in the audit.

Chair Williams asked if it has been determined who is going to pay the \$53 million.



Mr. Shepherd said he believes that the hospitals offered to pay it; however, they have also heard that they may ask the counties to pay this and this would be an issue for Santa Fe County. He explained that the program is currently in a state of flux due to the pending settlement. Payments due to private hospitals from NM HSD for the last quarter of fiscal year 2012 and the first quarter of fiscal year 2012 have not been made. These two payments amount to \$8,817 million. Supplemental Sole Community Provider funding has also been on hold for this year.

Mr. Shepherd said the County is looking at two options: A tax that would be placed on hospital receipts. This tax could raise sufficient funding to fund the program statewide, but is unlikely to be signed by the Governor, even if passed by the Legislature. The other option is a hospital Mil Levy [*Information about the Mil Levy is included in Exhibit B.*] The amount imposed is certified annually by the Healthcare Assistance Program Board (Indigent Board) based upon its determination of funds needed to support indigent claims. The mil levy would require one-time voter approval. The election must be conducted in the same manner as for general elections. The mil levy would generate approximately \$6.5 million.

Mr. Shepherd said he will need to talk to the County Attorney about the timelines for placing a levy on the election ballot.

Chair Williams suggested that this be on next month's agenda.

### **C. Behavioral Health Collaborative**

[Copies of the *New Mexico Behavioral Health Expert Panel White Paper* dated September 29, 2011 were distributed in the Commissioners' packets.]

The purpose of the white paper is to present findings and recommendations about the next phase of implementation of New Mexico's behavioral health system. This paper presents information gathered from approximately 50 behavioral health experts who gathered in July and August of 2011 for three one-day meetings to discuss and define the evolution and future of behavioral health services and systems in New Mexico.

The information presented in this paper is to be used as a guide for State government leaders, policy makers, consumers, advocates, providers and others working together to ensure better and more integrated behavioral health services for all New Mexicans.

Ms. Vega introduced herself. She noted that she is representing the Local Behavioral Health Collaborative.

She said, in the past, funding was made available to support a Collaborative Action Team (CAT). However, funding has been dwindling, so the Local Behavioral Health Collaborative, as well as Los Alamos and Rio Arriba Collaborative(s) have decided to pass some measures to sustain funding and decided to cut the number of meetings.

Ms. Vega referred to the White Paper that was included in the Commissioners' packets.

She said the New Mexico Behavioral Health Collaborative convened a **Behavioral Health Expert Panel** to make recommendations related to the future of behavioral health services in New Mexico. This Expert Panel consisted of approximately 50 consumers, family members, adult and youth providers, advocates and state personnel, and met for three one-day meetings in July and August, 2011. The Expert Panel was asked to provide input to the State and stakeholders as New Mexico enters into a Medicaid modernization process and prepares to re-negotiate all Human Services Department-administered contracts for behavioral and physical health services. This Panel offered recommendations regarding structure, funding, governance, guiding principles and other aspects to improve the behavioral health system and ensure better integration of behavioral health and physical health services.

Ms. Vega explained that the critical need to increase integration of behavioral health with primary care was a strong and overarching recommendation. At the same time, there was not consensus regarding whether behavioral health should remain carved out, become carved in, or developed into a hybrid model.

The Behavioral Health Expert Panel said there is a need to protect behavioral health funding. Funding for behavioral health services must be tracked and administered separately and a greater percent of behavioral health dollars should be spent on services and a smaller percent on administration.

Ms. Adelsheim referred to the conclusions of the NM Behavioral Health Expert Panel on page 27 and 28. She said some of the issues that have been raised are outlined here and suggested that the HPPC review these. She noted that there was consensus that improvement in specific behavioral health outcomes for consumers and families is more critical than the specific model selected (carve in, carve out or a hybrid model). There was also a strong preference or interest in local/regional governance and administrative structures within any new model. There was also some thought that the next entity/entities must manage the behavioral health system should be a non-profit (s) and possible a New Mexico agency (ies).

Ms. Vega said in addition, the State has contracted with Alicia Smith and Associates to gather stakeholder input related to the Medicaid redesign and with that input, assist the State in the development and submission of an application to the Centers for Medicare and Medicaid Services.

Commissioner Rowe asked if they are collecting the data on what the workforce needs are. She said there is not enough input from the community.

In response, Ms. Adelsheim said she has this data and offered to provide it to the Commission.

**B. Future agenda items for November and December 2011  
(Chair Williams)**

Chair Williams requested that future agenda items be placed at the end of the agenda.

- Agenda items for the December 2011 meeting:
- 1) The Community Health Needs Assessment
  - 2) Mil Levy proposal

**ACTION ITEMS**

There were no action items.

**ANNOUNCEMENTS**

The next HPPC Regular Meeting is scheduled for December 2, 2011 at 9:00 a.m. at the Health and Human Services Conference Room. There was brief discussion about holding the meetings at other venues in the future.

**ADJOURNMENT**

Having completed the agenda, Commissioner Gamble moved to adjourn, second by Commissioner Rowe, the meeting adjourned at 11:05 a.m.

Approved by:

*Judith Williams*  
 Judith Williams, Chairperson

Respectively submitted by:  
 Jo Ann G. Valdez, Stenographer



COUNTY OF SANTA FE )  
 STATE OF NEW MEXICO ) ss

HEALTH POLICY & PLAN  
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I Hereby Certify That This Instrument Was Filed for  
 Record On The 7TH Day Of February, 2012 at 01:21:11 PM  
 And Was Duly Recorded as Instrument # 1659691  
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Witness My Hand And Seal Of Office  
 Valerie Espinoza  
 County Clerk, Santa Fe, NM

Deputy *Marcella [Signature]*

SFC CLERK RECORDED 02/07/2012