

SEC. CLERK RECORDED 05/15/2013 01:02/01/58

MINUTES OF THE
SANTA FE COUNTY
HEALTH POLICY & PLANNING COMMISSION

April 5, 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, 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
- James Bond
- Shirlee Davidson
- George Gamble
- Catherine Kinney
- Reena Szczepanski
- Sun Vega

Member(s) Excused:

- Bertha Blanchard
- Anna Vigil
- [Two vacancies]

Staff Present:

Rachel O'Connor, Health & Human Services Division Director

Others Present:

- Robin Hunn, Santa Fe Project Access
- Nandini Kuehn, Health Services Consulting
- Vivian Heye, Community volunteer – applicant for HPPC position
- Jeff Thomas, Southwest CARE Center



III. INTRODUCTIONS

Those present introduced themselves.

COUNTY OF SANTA FE)
STATE OF NEW MEXICO) ss

HEALTH POLICY & PLAN M
PAGES: 15

I Hereby Certify That This Instrument Was Filed for
Record On The 15TH Day Of May, 2013 at 01:43:17 PM
And Was Duly Recorded as Instrument # **1705686**
Of The Records Of Santa Fe County

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

IV. APPROVAL OF AGENDA

Commissioner Bond moved approval of the agenda as published. His motion was seconded by Commissioner Abrams and passed by unanimous voice vote.

V. APPROVAL OF MINUTES: March 1, 2013

Chair Williams had a number of changes on page 3 clarifying the name to be health insurance exchange council; State Memorial ~~Bill~~ 77 and other items.

Commissioner Bond moved approval of the March minutes as corrected. His motion was seconded by Commissioner Rowe and passed by unanimous voice vote.

VI. MATTERS OF PUBLIC CONCERN

None were presented.

VI. Presentation

**A. Maximizing Enrollment of the Uninsured into Medicaid or the Exchange
*[Exhibit 1: Santa Fe Project Access Fact Sheet]***

Robin Hunn, Santa Fe Project Access, a non-profit in Santa Fe County, stated the organization is funded by Christus St. Vincent and has been in existence for 10 years. She said Project Access is a safety net program for uninsured individuals below 200 percent of the federal poverty level and they help 800 to 1,000 patients annually. Since inception, Project Access has seen over 6,000 patients and provided over \$30 million in care. She discussed eligibility for the program and noted they serve documented as well as undocumented county residents. Ms. Hunn said they have an incentive program for physicians and after seeing a specified number of uninsured Project Access can pay at 100 percent of Medicaid rates.

Project Access has a contract with Con Alma to figure out how to get individuals in Santa Fe enrolled starting in October in either Medicaid or the Exchange. There is an estimated 30,000 uninsured individuals in the county. She reviewed projected state enrollment from 2014 through 2020. A group of the safety net providers has been created to see how they work together to help individuals understand their health insurance options and are prepared to sign them up for coverage. She anticipated conducting massive community education, and awareness events – a gamut of activities to spread the word. The working group is concerned about the premium/out-of-pocket costs and is exploring a variety of strategies.

Ms. Hunn anticipated returning to the HPPC with marketing materials for the commission’s input.

Ms. Hunn offered to forward claims data that would provide numbers regarding primary diagnose.

VIII. MATTERS FROM THE COMMISSION

A. Director's Report

Ms. O'Connor reported on the following matters:

- The County mobile health van continues to seek a nurse practitioner
- PE-MOSA (Presumptive Eligibility – Medicaid On Site Application) training is being considered for County healthcare staff and affiliates
- A partnership with Española Hospital for services (pneumonia clinic) has been established for northern senior centers and will be ongoing; Staff is investigating a partnership with a provider for the Edgewood area
- Drug-take-back is scheduled for April 27 in partnership with DEA and there will be sites throughout the County – other than actual weight of drugs received DEA will not provide additional information
- SBIRT – screening, brief intervention, and referral to treatment – has received CDC recognition as being evidence-based and the County will begin collecting data in conjunction with DOH
- The County has received applications from strong candidates for the HPPC vacancies
- Final version of the needs assessment is in edit phase

A suggestion was made to bring on the new commissioners at the same time for efficiency sake.

B. Other Matters from the Commission

[Exhibit 2: Timeline; Exhibit 3: Proposed priority criteria; Exhibit 4: Draft list for provider forum]

Chair Williams said the County finalized the contract with Nandini Kuehn, Health Services Consulting, yesterday and Ms. Kuehn has already started work.

Ms. Kuehn said the one of the deadlines for this project is June 30 and she outlined the steps required to meet that deadline. The final product is to have an action plan for the County coming out of the health profile, which she characterized as a treasure trove of information. The HPPC needs to determine a manner to select criteria: how do you cull from that report the things the HPPC wants the County to invest in? As part of the development of the action plan a provider forum will be conducted and HPPC needs to decide who gets invited to the forum and what the purpose of the forum will be. The forum has been scheduled for June 4 and the plan is to send the health profile out with the invitation.

- Ms. Kuehn was lauded for the level of organization she presented
- There was a recommendation that feasibility be considered much later in the process following the identification of the County needs
- There was a recommendation to develop a set of priorities that are specific to the County's organizational role

- It was expected that the community profile, community input from the Christus focus groups and forums, provider forum and the issues that arise from those things would be countywide. However, the solutions might not be.

Ms. O'Connor said the needs assessment highlights where Santa Fe County is doing well and where it isn't. She anticipated issues will float to the surface that can be impacted by the County or the larger provider population. This document will set out what will be done with the issues that surface in the needs assessment.

- Referring to the timeline, it was mentioned that the finalized written health plan should be considered as a catalyst for an ongoing report card
- There was concurrence that it would be a mix of process and outcome
- In terms of urgency within the criteria, alcohol-related diseases that take years to manifest should also be considered and not lost within the urgency list. The notion of an "emerging" category surfaced
- The document should be considered a living document
- Interventions have been demonstrated to have long-term benefits

Ms. Kuehn invited additional recommendations stating they should be forwarded to Ms. Boies. She said the community health profile could be forwarded to the attending forum providers with the caveat that it was still in draft form.

Ms. Kuehn said she was working on a very general provider survey to obtain a snapshot of what the providers do within the County and the community they serve. The notion is to keep the survey simple. The questions asked at the forum will be different from the survey.

In reference to the draft provider list [*Exhibit 4*] it was noted that the list tries to reach every provider that receives indigent funds, organizations that are major players in delivering health related support, including all County geographic areas, with an expectation of 50 individuals participating.

With the County's desired focus on prevention and early detection opportunities, providers involved in that should be included. County Public Health will include prevention and clinical care. Recognizing this was the only forum for this plan it was determined it should be as expansive as possible. Organizations should include Food Depot, Project Access, mental health services, providers working in the opiate program, Santa Fe Mountain Center, Literacy Volunteer Services (literacy and health status are strongly correlated), Recovery Center, Santa Fe County emergency response preparedness, the Housing Trust, representation from the LBGT community, Interfaith Shelter.

A discussion ensued about the logistics of handling 100 people at a forum versus 50 with the idea of creating smaller groups and HPPC commissioners serving as facilitators for the groups.

Santa Fe Project Access offered to send out a communication on the forum to private providers.

Mr. Thomas announced that Women's Health has merged with the Southwest CARE Center.

To promote a more substantive discussion at the HPPC May meeting it was suggested that priorities be presented, criteria and possible outcome yielding the HPPC report card. There was agreement that having Ms. O'Donnell's report available before the next HPPC meeting would be meaningful.

Ms. O'Connor said she expected a good turnout at the provider forum and added that she has received many questions for the needs assessment. Also regarding forum attendance, she said staff would track who is coming to insure there are no major gaps.

The invitation will probably come from the County Health & Human Services Division. Ms. Boise will be creating the invitation and sending it in a manner that offers verification the invitation was received.

The Jemez Room at the Community College was mentioned as a possible venue. The issue of snacks was discussed.

It was mentioned that Con Alma may be able to pick up any venue and/or snack charges for the forum.

The forum has been scheduled for June 4 and the HPPC debriefing June 7.

Organization of the forum was discussed and having experience in this, Commissioner Kinney offered to work with staff, noting she would not be present for the forum.

Identifying good, reasonably reliable measures to track over time was mentioned.

The question of whether one agency representing the food coalitions was enough and the same question was asked about homeless shelters. Could a spokesperson be selected?

Reviewing Christus' forums data may be valuable.

It was mentioned that HPPC commissioners could serve as group facilitators/leaders and the important component was having appropriate representation.

Ms. Kuehn was tasked to provide a rough draft of a subset of priorities with a proposed outcome at the next HPPC meeting.

The May meeting will be devoted to the forum.

Ms. Kuehn was encouraged to work with staff to develop additional meetings with the HPPC.

C. Other Matters

Ms. O'Connor announced that Ms. Boies is attending a regional meeting of the New Mexico Alliance of County Health Councils in Las Vegas, NM.

VIII. FUTURE AGENDA ITEMS

Continued work with Ms. Kuehn. Report on the Kellogg Foundation grant for the Health Equity Partnership, housed at the Santa Fe Community Foundation.

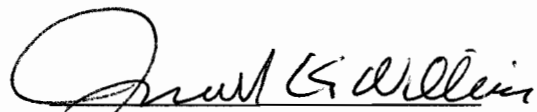
IX. ANNOUNCEMENTS

A. Next HPPC meeting: Friday, May 3, 2013, 9 a.m., 2052 Galisteo St.

X. ADJOURNMENT

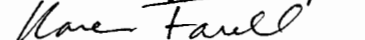
This meeting was declared adjourned at approximately 11:15 a.m.

Approved by:



Judith Williams, Chair
Health Policy & Planning Commission

Submitted by:


Karen Farrell, Wordswork

SEC CLERK RECORDED 05/15/2013



WHAT IS SANTA FE PROJECT ACCESS?

Santa Fe Project Access helps uninsured individuals in Santa Fe County through a network of services in partnership with CHRISTUS St. Vincent Regional Medical Center. Over 200 physicians and providers volunteer to care for uninsured patients.

There are an estimated 30,000 uninsured individuals in Santa Fe County and SFPA is the only safety net for specialty care for many of these patients. SFPA is temporary safety net assistance, not ongoing health care coverage. These patients have no other source of care and all are below 200 percent of the federal poverty level and the majority are below 100 percent of the poverty level. Through SFPA, over 6,100 patients have received over \$30 million in care since 2003.

SFPA GOALS

- Increase access to primary and specialty care services.
- Reduce inappropriate emergency room use.
- Document volunteer care given to the uninsured by Santa Fe providers.
- Link the uninsured with available state programs for coverage.
- Improve the health of Santa Fe County residents.

PATIENT ELIGIBILITY

- Must not have health insurance, Medicaid, or Medicare.
- Must be a resident of Santa Fe County (citizens and noncitizens).
- Must meet income criteria.
- Must be referred by a physician or other medical provider to SFPA.

SERVICES

SFPA services are for patients that have an immediate need for treatment or management for acute and urgent conditions. SFPA is not health care coverage or insurance and is not for the purposes of preventive care or ongoing management of chronic disease. See Attachment 1 for more information on SFPA services.

SFPA PLUS PROGRAM

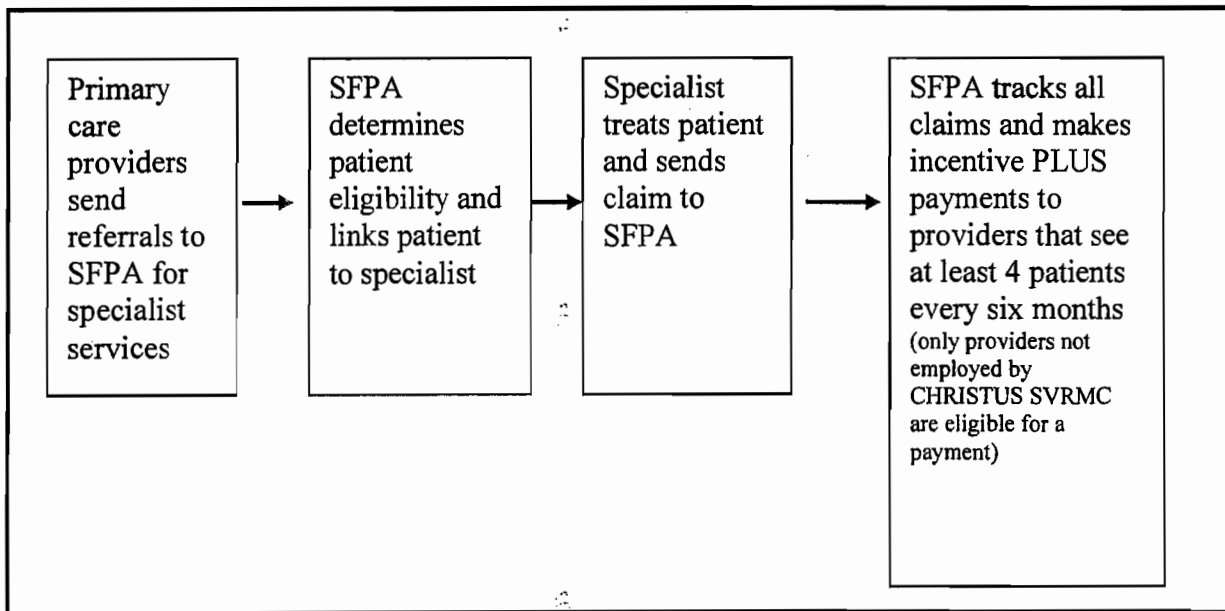
The SFPA PLUS program is for community-based providers who are not employed by CHRISTUS St. Vincent Regional Medical Center. A provider is eligible to receive PLUS incentive payments if they see at least four SFPA patients every six months. PLUS providers receive an incentive payment based on the claims they submit with payments prorated based on Medicare rates.

FUNDING

SFPA receives funding from CHRISTUS St. Vincent Regional Medical Center. SFPA also receives occasional small foundation grants.

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HOW IT WORKS



MAXIMIZING COVERAGE IN SANTA FE COUNTY

SFPA recently received funding from the Con Alma Foundation to bring together a partnership team to ensure effective implementation of health care reform in Santa Fe County. The project will work to ensure that all residents of Santa Fe County understand their coverage options for Medicaid expansion or the Health Insurance Exchange and how to access that coverage.

While no single safety net provider has the resources to conduct comprehensive outreach and education on coverage options, by working together as a partnership team there is an opportunity to reach and inform the majority of the uninsured in the county. The project will engage safety net providers in Santa Fe County as well as other stakeholders such as the City, County, business groups, and others.

The project is on a short time frame to coincide with the start of enrollment into Medicaid expansion and the Exchange planned for October 1, 2013. (See Attachment 2 for more information on the Exchange.)

SFPA BOARD

Mary Ann Shaening, PhD, President
Daphne Currier, MS, OTRIL
Mark French
Patrick Quinn, M.D.

Raphiel Benjamin, M.D.
James Delgado, M.D.
Emily Kaltenbach, MHA

CONTACT

Robin Hunn, Executive Director
www.sfaccess.org robinhunn@comcast.net (505) 250-3105
Lynda Longacre, Operations Manager (505) 795-2356

ATTACHMENT 1--SFPA SERVICES

General principles for scope of medical services

- SFPA services are for patients that have an immediate need for treatment or management for acute and urgent conditions. SFPA is not health care coverage or insurance and is not for the purposes of preventive care or ongoing management of chronic disease.
- SFPA is the provider of "last resort"; patients must not be eligible for any other coverage or source of services.
- SFPA services are only temporary safety net care services for a specific health care need.
- SFPA services are only available if there are providers willing to donate such services.
- SFPA does not cover services outside of Santa Fe County.

Time-limited Services - SFPA does not offer permanent or ongoing access to care for patients. Patients are eligible for six months upon enrollment. This six month period may be extended once for an additional six months if the patient is still receiving treatment at the end of the initial six month period.

Waiting Lists - SFPA may institute a waiting list at any time if there are not sufficient resources to handle additional enrollment.

Enrollment Fee—Patients must pay a \$10 enrollment fee.

Specific services that are outside the scope of SFPA SFPA has a limited scope and does not have resources to provide the following services:

- Ambulance care
- Behavioral health care
- Bariatric surgery
- Circumcisions
- Chronic disease management
- Chronic pain management
- Conditions for which third party liability payments exist
- Cosmetic surgery
- Dental care
- Diabetes II for glucose control
- Emergency Room services
- Fibromyalgia
- Flu shots
- Gynecological—non-urgent or voluntary services
- Hepatitis C
- Hernias (except when incarcerated)
- HIV
- Immunizations and allergy testing
- Infertility treatments or sterilizations
- Joint replacements
- Maternity care and deliveries
- Medical Equipment
- Dialysis
- Physicals for any reason other than presurgery or for diagnosis of urgent medical conditions
- Prescription Drugs
- Preventive services unless they are part of a diagnostic work-up
- Sleep studies
- Research and experimental treatments
- Transplants

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ATTACHMENT 2—HEALTH CARE REFORM INFORMATION

Background

Governor Martinez’s decision to expand Medicaid as allowed under federal law will result in large numbers of additional eligible individuals. In addition, the development of a state Health Insurance Exchange will provide most of the remaining uninsured in the state access to health care coverage with some level of federal subsidy assistance. The projected number of individuals eligible for Medicaid expansion or the Exchange are shown below:

State of New Mexico							
Projected Exchange Enrollment (Leavitt Partners estimate)							
	2014	2015	2016	2017	2018	2019	2020
Individual	73,876	102,605	128,637	153,389	173,855	172,779	177,574
SHOP	8,681	16,147	20,296	28,751	33,890	33,896	33,859
Exchange	82,557	118,752	148,933	182,140	206,745	206,675	211,433
Projected Medicaid Expansion Enrollment (HSD estimate)							
Expansion	89,114	105,847	122,515	126,844	126,997	131,108	131,044
Total Projected Medicaid Expansion and Exchange Enrollment							
Total	171,671	224,599	271,448	308,984	333,742	337,783	342,477

Projected Uninsured in Santa Fe County

There is little detailed data on the uninsured at the county level. The following projections are based on Leavitt and HSD statewide estimates and extrapolating numbers based on Santa Fe County’s percentage of the total state population.

Santa Fe County							
Projected Exchange Enrollment (extrapolated from Leavitt Partners estimate)							
	2014	2015	2016	2017	2018	2019	2020
Individual	5,171	7,182	9,005	10,737	12,170	12,095	12,430
SHOP	608	1,130	1,421	2,013	2,372	2,373	2,370
Exchange	5,779	8,313	10,425	12,750	14,542	14,467	14,800
Projected Medicaid Expansion Enrollment (extrapolated from HSD estimate)							
Expansion	6,238	7,409	8,576	8,879	8,890	9,178	9,173
Total Projected Medicaid Expansion and Exchange Enrollment							
Total	12,017	15,722	19,001	21,629	23,432	23,645	23,973

Who Falls Under the Coverage Mandate?

Starting January 1, 2014, individuals are required to maintain minimum essential coverage or pay a penalty. The penalty will be paid as a federal tax liability on income tax returns. The penalty per individual is the greater of either a flat fee or a percentage of the individual's taxable income. Most uninsured individuals in New Mexico would likely be subject to the flat fee rather than the percentage of income methodology. The flat fees are as follows:

Penalties for Not Having Coverage

2014 \$ 95 2015 \$325 2016 \$695

After 2016 the amount is indexed to inflation.

Individuals who are exempt from the mandate are:

- Individuals with a religious conscience exemption;
- Incarcerated individuals;
- Undocumented individuals;
- Individuals who cannot afford coverage (i.e. required contribution exceeds 8% of household income)
- Individuals with a coverage gap of less than 3 months;
- Individuals with a hardship situation (as defined by HHS);
- Individuals with income below the tax filing threshold; and
- Members of Indian tribes.

Income Levels for Medicaid and for the Exchange Subsidies

The chart below shows the income levels for Medicaid as well as for subsidies on the Exchange.

FEDERAL POVERTY LEVEL 2013 AND ELIGIBILITY

No. in Family	Medicaid Eligible	Eligible for Exchange Subsidies					
	138%	150%	200%	250%	300%	350%	400%
1	\$ 15,856	\$ 17,235	\$ 22,980	\$ 28,725	\$ 34,470	\$ 40,215	\$ 45,960
2	\$ 21,404	\$ 23,265	\$ 31,020	\$ 38,775	\$ 46,530	\$ 54,285	\$ 62,040
3	\$ 26,951	\$ 29,295	\$ 39,060	\$ 48,825	\$ 58,590	\$ 68,355	\$ 78,120
4	\$ 32,499	\$ 35,325	\$ 47,100	\$ 58,875	\$ 70,650	\$ 82,425	\$ 94,200
5	\$ 38,047	\$ 41,355	\$ 55,140	\$ 68,925	\$ 82,710	\$ 96,495	\$ 110,280
6	\$ 43,594	\$ 47,385	\$ 63,180	\$ 78,975	\$ 94,770	\$ 110,565	\$ 126,360

What Will Patients Have to Pay on the Exchange?

Different Plan Levels: There will be choices of Platinum, Gold, Silver, or Bronze plans. The levels are based on the actuarial value of the plan which is the percentage of total health care costs that a plan will cover:

Actuarial Value

Platinum 90-100% Gold 80-90% Silver 70-80% Bronze 60-70%

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Premium Credits: Premium credits are available to individuals eligible for Exchange coverage with incomes up to 400 percent of the federal poverty level. Premium Credits are paid directly to the insurer. The amount of a tax credit that an individual can receive is based on the premium for the second-lowest cost silver plan in the Exchange. Premium Credits are on a sliding scale based on income. The amounts below reflect the minimum premium costs to an individual based on the sliding scale. Premium costs would be higher if an individual chooses a plan more costly than the second-lowest cost silver plan.

Maximum Annual Premium Out-of-Pocket Payments						
Percent of Federal Poverty Level						
No. in Family	138%	200%	250%	300%	350%	400%
1	\$ 317	\$ 1,448	\$ 2,312	\$ 3,275	\$ 3,820	\$ 4,366
2	\$ 428	\$ 1,954	\$ 3,121	\$ 4,420	\$ 5,157	\$ 5,894
3	\$ 539	\$ 2,461	\$ 3,930	\$ 5,566	\$ 6,494	\$ 7,421
4	\$ 650	\$ 2,967	\$ 4,739	\$ 6,712	\$ 7,830	\$ 8,949
5	\$ 761	\$ 3,474	\$ 5,548	\$ 7,857	\$ 9,167	\$ 10,477
6	\$ 872	\$ 3,980	\$ 6,357	\$ 9,003	\$ 10,504	\$ 12,004
Maximum % of Income	3.00%	6.30%	8.05%	9.50%	9.50%	9.50%

Maximum Monthly Premium Out-of-Pocket Payments						
Percent of Federal Poverty Level						
No. in Family	138%	200%	250%	300%	350%	400%
1	\$ 26	\$ 121	\$ 193	\$ 273	\$ 318	\$ 364
2	\$ 36	\$ 163	\$ 260	\$ 368	\$ 430	\$ 491
3	\$ 45	\$ 205	\$ 328	\$ 464	\$ 541	\$ 618
4	\$ 54	\$ 247	\$ 395	\$ 559	\$ 653	\$ 746
5	\$ 63	\$ 289	\$ 462	\$ 655	\$ 764	\$ 873
6	\$ 73	\$ 332	\$ 530	\$ 750	\$ 875	\$ 1,000
Maximum % of Income	3.00%	6.30%	8.05%	9.50%	9.50%	9.50%

Cost-Sharing Subsidies: Cost-Sharing Subsidies are available to help pay for the copayments and deductibles and are based on income level. To receive Cost-Sharing Subsidies, individuals must enroll in at least a "Silver" plan. Cost-Sharing Subsidies are paid directly to the insurers. These subsidies cap the total copayments and deductibles an individual can be required to pay. It can also lower copays and deductibles for individuals at certain income levels by increasing the plan's actuarial value.

The total out-of-pocket spending limits are based on the limits that apply to high deductible plans used with Health Savings Accounts (HSAs). People with incomes below 400 percent of the FPL will get subsidies to lower those caps based on their income. The limits are as follows (based on 2011 HSA limit):

Income Level

- 100-200% FPL
- 200-300% FPL
- 300-400% FPL
- Over 400% FPL
- Native Americans below 300% FPL

Out-of-Pocket Limits

- 1/3 HSA limit (\$1,983 individual; \$3,967 family)
- 1/2 HSA limit (\$2,975 individual; \$5,950 family)
- 2/3 HSA limit (\$3,967 individual; \$7,933 family)
- 100% HSA limit (\$5,950 individual; \$11,500 family)
- No out-of-pocket costs except for premium contributions

Health Plan Timeline (Draft 4/3/13)

Task	Lead Responsibility	Input	Timeframe
1. Obtain provider and community perspectives			
Gather provider input on final report, including provider forum	County staff/Kuehn	HPPC	Provider Forum 6/4; HPPC debrief 6/7/13
Incorporate community input from earlier focus groups and community forums	County staff/ Kuehn	HPPC	April-May
2. Select priorities for plan			
Identify criteria for selection of priorities	County staff/ Kuehn	HPPC	4/5/13 HPPC meeting
Select priorities	County staff/ Kuehn	HPPC, providers from forum	May-June
3. Recommendations for health plan			
Draft recommendations	Kuehn /County staff	HPPC	6/20/13
Review and comment on recommendations		HPPC	HPPC individual comments by 6/27/13; discuss at 7/5/13 HPPC meeting
4. Finalize written health plan	Kuehn/County staff		7/19/13
5. Present health plan to BCC	Kuehn		7/30/13
6. Distribute to providers/community	County staff		Ongoing once completed

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EXHIBIT

OBJECTIVE: GENERATE A COUNTY HEALTH IMPROVEMENT PLAN

In order to develop the priorities for health improvement, the first step is to agree on the criteria that will help select issues for focus. The following list of criteria is for discussion and approval.

Suggested Criteria

1. *Feasibility*: What can the County do that is feasible and will make an impact directly or by influence?
2. *Population Impact*: What can have the maximum impact – numbers of people, widespread geographic impact?
3. *Mitigate vulnerability or risk*: How can benefits accrue to those who are most vulnerable? (Measures for vulnerability include poverty, disproportionate share of disparities based on race or ethnicity, lack of geographic access to services)
4. *Urgency*: What urgent needs have arisen that call for new services?
5. *Investment*: What interventions generate long term benefits (for example through prevention and/or early detection)?

DRAFT LIST FOR PROVIDER FORUM

Provider	Contact and Phone/Address
La Familia Medical Center	982-4425 1035 Alto Street and 2145 Caja del Oro Grant Road
Presbyterian Medical Services	Larry Martinez Healthy Tomorrows Van: 467-1575 For adults or children over age 3. The van is located at different public schools- call for schedule. SBHCs Santa Fe High School- 467-2439; Capital High School- 467-1081; (Counseling - 986-9633,2960 Rodeo Park Dr. West)
Villa Therese Catholic Clinic	983-8561, 219 Cathedral Place
Health Care For The Homeless	988-1742, 818 Camino Sierra Vista
First Choice Community Health Care, Edgewood	505) 281-3406, 8 Medical Center Rd, Edgewood, NM 87015
Southwest Care Center	(505) 989-8200; 649 Harkle Road Santa Fe
Women's Health Services	(505) 988-8869; 901 West Alameda Street #25 Santa Fe
Teambuilders - Zia BH	820-0262/471-5006,2504 Camino Entrada
Molina Clinic	505-490-4042; 1714 St. Michaels Drive Santa Fe, NM 8750
Christus St. Vincents	ED or Medical Director
SF County Department Of Corrections - Jail Health	
The Life Link/La Luz, Santa Fe	438-0010; 2325 Cerrillos Rd
Youth Shelters And Family Services	983-0586, 5686 Agua Fria Bldg.B.
Solace Trauma Treatment Center	986-9111, 988-1951,
Esperanza Shelter	473-5200
Care Connection	
DWI Program County	
Santa Fe Community Services	310-3624; 802 Early Street
Las Cumbres Community Services - Infant Mental Health	955-0410
New Vistas	988-3803
United Way First Born Program (Project Launch)	660-7720
Santa Fe Public School Wellness	Shelly Mann-Lev
Pecos Valley	Pecos Valley Medical Center; 757-6482
Indian Health Service	
Hoy Alcohol Program	
Millennium Treatment	Brian Parkhill
Santa Fe County Public Health	Susan Gonzales, Director NE Region
St. Elizabeth's Shelter, ROC	Deborah Tang, Executive Director
Resource Opportunity Center	2801 Cerrillos Road, Santa Fe NM 87507; 505-982-6611
El Centro, Espanola	Lore Pease, CEO
Los Alamos Medical center	Executive or Medical Director
Espanola Hospital	Executive or Medical Director
City of Santa Fe Ambulance	Brian Caldwell
Santa Fe County Fire Dept - Ambulance	Lorie Schonrock
Espanola Hospital Ambulance	Lupe Lucero