

MINUTES OF THE
SANTA FE COUNTY
INDIGENT HOSPITAL & HEALTH CARE BOARD
HEALTHCARE ASSISTANCE PROGRAM

May 27, 2014

This meeting of the Santa Fe County Indigent Hospital & Health Care Board was called to order on the above-cited date in the Santa Fe County Legal Conference Room at the County Courthouse at approximately 9:05 a.m. by Acting Chair Liz Stefanics.

Roll call indicated the presence of a quorum with the following Board members present:

Members Present:

Liz Stefanics
Miguel Chavez
Robert Anaya, Vice Chair [telephonically]

Member(s) Excused:

Danny Mayfield, Chair
Kathy Holian

Staff Present:

Katherine Miller, County Manager
Rachel Brown, Deputy County Attorney
Rachel O'Connor, Community Services Director
Patricia Boies, Community Services
Teresa Martinez, Finance Director
Dave Sperling, Fire Chief
Lisa Garcia, Health Care Assistance Program
Chris Barela, Constituent Liaison
Adan Mendoza, Sheriff's Office

Others Present:


Judy Williams, HPPC
Catherine Kinney, HPPC
Reena Szczepanski, HPPC
Mark Boschelli, PMS
Kristin Carmichael, Christus St. Vincent
Jeff Thomas, Southwest Care Center
Ben Baur, Public Defenders Office



COUNTY OF SANTA FE)
STATE OF NEW MEXICO) ss

INDIGENT MINUTES
PAGES: 8

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

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III. Introductions

Those present introduced themselves.

IV. Approval of Agenda

Commissioner Anaya moved to approve the agenda and Commissioner Chavez seconded. The motion passed by unanimous [3-0] voice vote.

V. Approval of Minutes: April 29, 2014

Commissioner Anaya moved approval and Commissioner Chavez seconded. The motion passed by unanimous [3-0] voice.

VI. Matters of Public Concern – Non-action

None were offered.

VII. Matters from Staff

Ms. Boies pointed out that the statistics and May schedule for the mobile health van are in the packet. She distributed the June schedule. She noted that van visits are up significantly. The long-time weekend driver is retiring and the position will be posted. Sessions promoting insurance enrollment continue and are being coordinated with the locations where the van is visiting.

This year's resource directory for families with young children is out in English and Spanish. Ms. Boies distributed copies;; more copies are available from the Community Services Department office.

**VIII. Presentation
Recommendations for the County Health Care Assistance Program**

HPPC Chair Judy Williams distributed copies of the recommendations [*Exhibit 1*]. She reminded the Board that big changes were made in healthcare at the state level. In addition to the elimination of the sole community provider program and institution of the Safety Net Care Pool, payments will no longer be claims-based which should afford more flexibility. In conjunction with community groups the HPPC developed a set of recommendations in time for the next fiscal year budgeting. They reviewed the various funding sources for context. She stressed that this is a transitional year and would afford an opportunity to develop new projects based on evidence.

The HPPC used as guiding principles that the recommendations would be in line with the Santa Fe County Health Action Plan the Board approved last month. They are proposing the previous cap – \$35,000 per person per provider over a lifetime – be reduced to \$25,000 per individual.

Commissioner Stefanics noted when there is a catastrophic illness \$35,000 could go instantly. Ms. Williams stated that the recommendation is that hospital services not be paid for. She said this cap is in line with what other counties are doing. Ms. Kinney pointed out that there

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have been few cases where the cap has been reached.

Commissioner Stefanics asked if the Albuquerque Heart Hospital was covered by the newly established Safety Net Care Pool. Ms. Garcia noted that under the current system that includes payments to hospitals, the policy has been for services to be provided at a non-profit hospital but that occasionally the Heart Hospital has been the only option and claims from them have been paid.

Ms. Boies said they did research into where the cap was reached in the past under the current regulations which have a \$10,000 cap for alcohol and substance abuse providers, and this cap was reached by a handful of claimants at Life Link and Santa Fe Recovery.

Saying she understood few cases reached the cap, Commissioner Stefanics asked to see data for ten years to ascertain if there are individuals that could benefit. It might be possible to have a variable policy where instances could be considered on a case-by-case basis. Ms. Williams said most of the high-cost claims were for hospital care.

Commissioner Anaya asked if was necessary to approve the recommendations today. Commissioner Stefanics said parts could be approved and amendments made later. Ms. Williams said the provision regarding the cap could be held in abeyance pending research of data. She said there will be increased funding for substance abuse programs.

Ms. O'Connor said some of those funds come from the DWI program starting in fiscal year 2016. She said there has been a significant drop in claims, up to 50 percent, and it is not known where that will level out.

Ms. Williams indicated ambulance and burial services will be handled as they have been in the past with a slight increase in funding. She reviewed the areas recommended for funding, highlighting the \$350,000 allocated for a mobile crisis intervention team.

Ms. Szczepanski stated there had been extensive, robust discussion on each item. She suggested that Policy Number 9 [on Exhibit 1] regarding the cap could be modified to allow staff to create an application or waiver process in case of extreme need. Ms. Kinney noted that Commissioner Holian participated in meetings where these issues were discussed and expressed her support. She said \$2.6 million in County money will be going to the State Human Services Department to support expanded payment for Medicaid, which would enable the hospitals to provide charity care, which is a federal requirement.

Commissioner Anaya reiterated that any needed adjustments could be made in the future.

Commissioner Stefanics asked about the decrease in management and administration. Ms. Boies said the amount is actually the same; it has been split to show that staff time is going into health insurance enrollment.

Regarding the mobile crisis intervention team, Commissioner Stefanics said the primary care clinics might have relationships to some of the clients. Ms. Williams said she assumed they would be eligible to apply for funding but the concept behind the mobile team is that they go out

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into the community and work with law enforcement to do crisis intervention on site. Ms. Kinney said that mental health services are currently funded in some medical homes but this is part of the integrated model. Ms. O'Connor said the intent is to get the person into a stable, full-time treatment plan.

Commissioner Stefanics indicated that in the past clinics have sought psychiatrists and have had to look for special funding for that. She asked if this would be excluded. Ms. Williams said this model is becoming increasingly popular throughout the country to intervene in a crisis and divert people from hospitals and jail while diffusing a situation and connecting people to services.

Jeff Thomas, Southwest Care Center offered his support for the mobile crisis intervention concept. He said he was involved in a similar program in Pima County 30 years ago. It's a cost-effective model that takes pressure off emergency responders. It provides outreach, engagement, linkage to services and retention of care.

Mark Boschelli, behavioral health clinical director from PMS, stated from 1994 to 2002 PMS ran a mobile psychiatric crisis team. They learned that in only 20 percent of the cases did the people need to go to the hospital. A greater focus was linkage to community services. He said PMS is interested in the program and is part of a national coalition affiliated with SAMSHA.

CSV Director of Community Health Kristin Carmichael said the hospital is very interested in the program as a way to get people to the correct level of care which may not be the emergency room. She said they are prepared to collaborate in any way necessary.

Fire Chief Dave Sperling said the Fire Department is also well positioned to assist, and Captain Adan Mendoza said law enforcement has also been seeking other ways to deal with the mentally ill besides the hospital or jail. He felt this was a good foundation.

Ben Baur, District Public Defender, also supported the crisis response funding, which has been missing for 13 years. He said it will save the County money. He said mental health is not a law enforcement issue.

Commissioner Chavez asked about the chaplain that worked with the Sheriff's Department. Captain Mendoza said that program is no longer in effect.

Commissioner Stefanics stated this is time sensitive and the HAP Board will not meet again until the end of June. Manager Miller said part of this is to integrate this into the budget but the other measures would have to come back in the form of a resolution.

Commissioner Chavez moved to amend the agenda to hear action item XI. B. next. Commissioner Stefanics seconded and the motion carried unanimously.

XI. B. Approval of Health Care Assistance Program

Commissioner Chavez moved to approve the funding for fiscal year 2015 and to leave the policy recommendations for a later action. Commissioner Anaya seconded. The motion carried

unanimously 3-0.

Commissioner Stefanics requested data from the last ten years be reviewed.

IX. Information Items

- A. Sole Community Provider Hospital Claims FY-2014**
- B. Comparison of FY-2013 to FY-2014 Claims**
- C. Contracted Expenditures for Fiscal Years 2014**

Ms. Boies said this is the next to last time the information will be provided in this format. Due to the increased number of Medicaid eligible some providers will not be spending down their allocation. The exceptions are La Familia and Santa Fe Recovery. The money remaining will drop to cash and claims will continue to be paid against next year's budget.

Ms. Boies said the claims show significant decreases over the previous year.

D. HPPC Update

Judy Williams, HPPC Chair, said the previous meeting was taken up with discussions of the recommendations. She referred to the minutes in the packet.

E. Christus St. Vincent Regional Medical Center

No one was present to provide an update.

X. Matters from the Board

Commissioner Chavez thanked the County for the recognition of May as Mental Health Month through numerous PSAs. Ms. Boies said the health van did the first mental health screenings at the Community College. Commissioner Chavez commended the opening up of discussions on mental health.

XI. Action Items

- A. Approval of Indigent Hospital and County Health Claims**

Commissioner Anaya moved to approve 81 claims in the amount of \$109,182.70 as recommended by staff. His motion was seconded by Commissioner Chavez and passed by unanimous [3-0] voice vote.

XII. Executive Session

There was no need for executive session.

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XIII. Adjournment

Having completed the agenda and with no further business to come before the Board, this meeting adjourned at approximately 10:55 a.m.

Approved by:



Liz Stefanics, Acting Chair
Indigent Hospital & Health Care Board

ATTEST TO:



GERALDINE SALAZAR
COUNTY CLERK

6-24-2014

Respectfully submitted,



Debbie Doyle, Wordswork

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Health Care Assistance Program Funding and Policy Recommendations FY 2015

HAP Category	Health Action Plan Goal	HAP Budget FY14	FY15 1/12 GRT	Recommended FY15 HAP Funding	FY 15 HAP Funding: Claims	FY 15 HAP Funding: Contracts	Policy Statement Reference
Primary Care	<i>All/Crosscutting</i>	\$655,000		\$500,000	\$500,000	N/A	See policies 1, 2, 3, 5
Drug and Alcohol Treatment	<i>Reduce drug and alcohol Abuse</i>	\$490,000		\$255,000	\$255,000	N/A	See policies 1,2, 4, 5
Prenatal	<i>Reduce low birth weight babies</i>	0		\$250,000	0	\$250,000 Projects to reduce low birth weight	See policy 1
Mental Health	<i>Decrease suicide rate</i>	\$55,000		\$425,000	\$75,000	\$350,000 Mobile Crisis Intervention Team	See policy 1, 2, 4, 5
Burial	N/A	\$20,000		\$25,000	\$25,000	N/A	N/A
Ambulance	N/A	\$33,000		\$45,000	\$45,000	N/A	See policy 1, 2
Hospitals	N/A	\$3,053,000	\$2,600,000	0			See policy 6
Health Insurance Enrollment	<i>Increase enrollment in Medicaid/Centennial Care</i>	0	0	\$45,875	N/A	N/A	See policy 7
Management & Administration	<i>All/Crosscutting</i>	\$352,000		\$306,125			
TOTALS		\$4,658,000	\$2,600,000	\$1,852,000	\$900,000	\$600,000	

Policy Statements:

1. The Health Care Assistance Program (HAP) must connect as much as possible with the goals and priorities described in the Santa Fe County Health Action Plan approved in April, 2014.
2. The HAP will not pay for services covered by any insurance, including Centennial Care.
3. The definition of primary care includes dental and mental health services when provided within a covered medical home. Payment for dental and mental health services may be capped.

4. For FY15, HAP will provide funding for residential treatment for substance abuse, when accompanied by an independent professional assessment verifying the need for that level of care.
5. The HAP only pays for prescription drug medication when provided as part of a covered office visit for primary care or substance abuse treatment. (The Santa Fe County Community Services Department operates the Coast2Coast program, which saves individuals up to 75 percent on prescriptions.)
6. Due to the legislative creation of a centralized state Safety Net Care Pool Fund for hospitals, to which Santa Fe County contributes one-twelfth of its Gross Receipts Tax, we are not recommending any locally controlled HAP funding for hospitals.
7. Enrolling County residents in Centennial Care/Medicaid is the highest priority of the County Health Action Plan, with a significant effect on all the other priorities. To further this priority, existing HAP staff will conduct enrollment efforts both within the Community Services Department and out in the field.
8. Eligibility for services is based on financial status.
9. The lifetime cap for claims for services for individuals will be \$25,000 per individual, regardless of provider.