

**MINUTES OF THE**  
**SANTA FE COUNTY**  
**INDIGENT HOSPITAL & HEALTH CARE BOARD**

**September 24, 2013**

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 9:25 a.m. by County Commission Vice Chair Danny Mayfield.

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

**Members Present:**

Danny Mayfield, Vice Chair  
Robert Anaya  
Liz Stefanics

**Member(s) Excused:**

Kathy Holian, Chair  
Miguel Chavez

**Staff Present:**

Katherine Miller, County Manager  
Rachel Brown, Deputy County Attorney  
Rachel O'Connor, Community Services Department, Director  
Patricia Boies, Community Services  
Lisa Garcia, Health Care Assistance Program  
Lorice Griego, Health Care Assistance Program  
Erik Aaboe, County Manager's Office  
Pablo Sedillo, Public Safety Director  
Teresa Martinez, Finance Director  
Chris Barela, Constitute Liaison

**Others Present:**

Kathy Armijo-Etre, Christus St. Vincent  
Judy Williams, Health Policy & Planning Commission, Chair  
Frances Ong, Housing Authority Board member

**III. Introductions**

Those present introduced themselves.

**IV. Approval of Agenda**

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

**V. Approval of Minutes: August 27, 2013**

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

**VI. Matters of Public Concern – Non-action**

None were presented.

**VII. Information Items**

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

Ms. Boies stated there was nothing out of the ordinary to report in the reports. Commissioner Stefanics asked what the highest average claim was historically. Ms. Garcia said it was around \$1,000.

**D. HPPC Update**

HPPC Chair Judy Williams said no meeting was held in September due to problems with noticing. She anticipated the action plan would be completed soon. This is intended to outline actions that can be taken by the County and by the community.

Commissioner Stefanics asked if there was entity that posted all the meetings. Ms. Miller said each board or committee is responsible for their own notices. The Manager's Office posts the notices on the web but it is up to the departments to send the information. Ms. O'Connor stated the problem in this case was miscommunication between the *New Mexican* and her office. Ms. Brown confirmed that it has to be posted in the newspaper.

Commissioner Anaya asked if the entire schedule could be posted at the beginning of the year. An exorbitant amount of money is spent on newspaper advertising. Ms. Miller said theoretically all regularly scheduled meetings could be posted, but Legal advised against it. Commissioner Stefanics said the Commissioners receive a list of all of the meetings scheduled for the coming month. Ms. Miller noted there are 62 committees and there are many other groups that meet that the Commissioners do not regularly attend. The various committees, boards and task forces change their meeting dates more flexibly.

Commissioner Anaya noted that this could be a matter to bring up at the legislature, since so few people get their information from the newspapers and it is so costly. The public should be apprised of the resources being expended on noticing.

2013 SEP 24 10:58 AM  
SANTA FE COUNTY  
INDIGENT HOSPITAL & HEALTH CARE BOARD

Commissioner Mayfield asked to be provided with a list of all committees and noted any committee created by the Commission has to adhere to the Open Meetings Act. Ms. Miller said there is a complete list on the website. Commissioner Mayfield asked that the issue of noticing be put on the agenda for a regular BCC meeting. Commissioner Anaya asked that the disbanding of the RPA also be discussed.

#### **E. Christus St. Vincent Regional Medical Center**

Ms. Armijo-Etre distributed a power point presentation given at a “State of the Hospital” breakfast recently. *[Exhibit 1]* Commissioner Stefanics noted that the CEO is always welcome at the Indigent Health Care meetings. Ms. Armijo-Etre said she would pass that message on to Mr. Tassin.

Ms. Armijo-Etre reviewed hospital statistics involving core measures leading to outcomes, mortality rates, readmission rates and HealthGrades awards. She pointed out the board has approved \$1 million in workforce development. She spoke of the finance challenges including reductions in reimbursements, and future outlook. The comprehensive three-year strategic plan focuses on four key areas: reinvesting in the workforce, upgrading facilities, preparation for health care reform, and aligning around patient and family needs.

Ms. Armijo-Etre said they took pride in the relation forged with HPPC and County Community Services in doing the Community Health Profile. Referring to implementation strategies, Ms. Armijo-Etre said these are integrated into the strategic plan. Implementation strategies are organized by age groups. She noted the investment that has been made in cancer care, the leading cause of mortality.

One comment often made in the focus groups was the frustration with how fragmented the system is so they are working to integrating patient navigation, including centralized registration and scheduling.

Ms. Armijo-Etre reviewed the fund allocations in the community benefits – \$400,000 from Christus St. Vincent and \$200,000 from SVH Support. *[Exhibit 2]* These were made to providers and are separate from the CARE Connection and sobering center, Project Ann and Project Access.

Commissioner Stefanics asked about the listing for falls on the spreadsheet. Ms. Armijo-Etre indicated that falls are one of the top three leading causes of mortality in seniors and they are bringing in a consultant to help train seniors in fall prevention, in conjunction with County Community Services.

Commissioner Anaya asked about the disparities in the costs of medical care and if St. Vincent provides information on the cost of procedures. He said it was important that consumers know the comparative cost of services. Commissioner Stefanics said the federal government is doing a comparison and hospitals have to post their fees. However, the entities can charge different rates for the type of payer.

Ms. Williams pointed out that hospital billing data includes charges and patient care expenses. The state is not allowed to give out certain kinds of information. Commissioner Stefanics said the Hospital Inpatient Discharge Data, HIDD, can't publish information by hospital or by county; it has to be done in the aggregate. They can only share information with

other governmental entities; they charge a fee and it tends to be several years old.

Ms. O'Connor said her department works closely with the State Epidemiology Department and can get some data through them. Commissioner Anaya said the first priority would be to figure out what data they need, and then request it from community providers. He said the County should gather as much information as possible to pass along to the community so people are better informed and know what to expect. He asked to see mortality rates with other nearby hospitals. Ms. Armijo-Etre said that data is available through HealthGrades and she offered to provide it.

Commissioner Anaya asked if there was a venue for the public to bring in feedback, complaints, etc., something akin to the Landlord/Tenant hotline. Commissioner Stefanics said the Superintendent of Insurance used to have a health care ombudsman, but this has been phased out. Currently, the Southwest Women's Law Center and the Center on Legal Aid have a contract under the Affordable Care Act to receive complaints and appeals. Citing complicated times, Commissioner Anaya asked if there was a role for the County in this process. Ms. O'Connor said her department has been working to get the word out about enrolling people in the New Mexico Health Care Exchange or Medicaid. Health Resources Services Administration (HRSA) has funded grants to Santa Fe to help people navigate through the system. They will be distributing flyers throughout the county and have a website. They will also be working with the jail.

Commissioner Stefanics asked if they were coordinating with HR. Ms. O'Connor said they have just begun the process. Ms. Armijo-Etre said Project Access will be holding a large event to answer questions.

Ms. Ong stated there is a need for a place to go with complaints.

Commissioner Mayfield asked about billing and price agreements between insurance companies and medical providers, and whether everyone would be treated the same. Ms. O'Connor stated it depends on the funding sources and whether those are public. Ms. Armijo-Etre indicated Medicare and Medicaid set the rates which is the minimum that has to be paid. St. Vincent physicians all accept Medicare and Medicaid but not everyone does. Agreements are renegotiated every year. However, people cannot receive a lower level of care, but there can be a choice to spend more. Regarding premature discharge, she said that does not serve the hospital's interest and readmission rates are monitored closely.

Returning to the presentation, Ms. Armijo-Etre spoke of Christus St. Vincent's economic impact in terms of employees, compensation and general input into the overall economy.

Commissioner Mayfield asked how many plans would be on the exchange. Commissioner Stefanics said there are numerous plans for employers and individuals. Ms. Armijo-Etre stated CSV has agreements with all the main plans.

Commissioner Anaya asked that there be something about insurance prominently displayed on the County website. Ms. O'Connor said they are putting that together with links to a big clearinghouse of information. Commissioner Stefanics said Xerox has the contract for

a call center; she will forward the number to staff. Commissioner Anaya said contingency funds could be used to get the information out. Commissioner Mayfield noted that Congressman Lujan did a twitter feed from a health fair and social media can be used to promote new information.

**VIII. Matters from Staff [Exhibit 3: Director's report]**

Ms. O'Connor highlighted the following:

They have reposted for a nurse, part-time and full-time, for the health care van. They have received good applicants for the full-time position. The van is still operating, although there is an issue with the generator that will have to be attended to. A discussion ensued regarding the mechanical status of the health care van. Ms. O'Connor said it is in relatively good shape.

She distributed flyers for the flu shot clinics. [Exhibit 4] There are individual flyers for various areas of the county and more will be added. Commissioner Stefanics asked that there be something in the Highway 14 area. Ms. Boies explained that DOH was now requiring DOH personnel to administer the vaccines, which makes Saturday and Sunday clinics problematic. There was consensus a request be lodged with DOH to consider a weekend clinic. Commissioner Mayfield asked if shots could be provided to people in cars. Ms. O'Connor said she'd seen that happen and Ms. Armijo-Etre stated CSV has a free drive-up clinic on Saturdays; she will provide the dates.

**IX. Matters from the Board**

Commissioner Anaya referred to and expanded upon his comments from the previous meeting:

- Relative to the Mobile Health Van vaccines, coordinate with Madrid, Cerrillos, Hwy 14, La Cienega Community Center, Moriarty/Edgewood School District and East Mountain High School
- Expand the County's marketing, outreach and rebranding to create a communication and outreach policy to ensure County information gets to community leaders and the public in a systematic and organized manner
- Build a community resource directory to improve communications; this could be web-based
- Include "Updates from the County" on all County board and committee agendas
- Organize a meeting with the Class A counties (commission and staff around the NMAC conference) to discuss: detention, water, law enforcement, youth services, senior services, public works, and health care and include Class A counties update on this meeting's agenda in the future

A desire was also expressed for having a flu shot clinic on Highway 14.

**X. ACTION ITEMS**

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

Commissioner Stefanics moved to approve 847 claims in the amount of \$384,909.67 as

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presented by staff. Her motion was seconded by Commissioner Anaya and passed by unanimous [3-0] voice vote.

**XI. Executive Session**

There was no need for executive session.

**XII. Adjournment**

Having completed the agenda and with no further business to come before the Board, this meeting adjourned at approximately 10:38 a.m.

Approved by:

*Kathy Hahn for Danny Mayfield*

Danny Mayfield, Vice Chair  
Indigent Hospital & Health Care Board

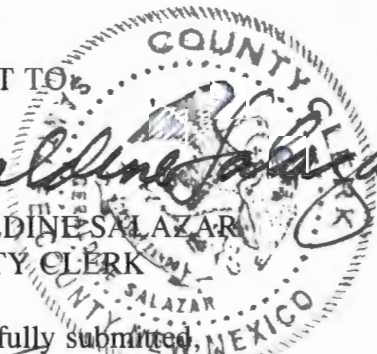
ATTEST TO

*Geraldine Salazar*  
GERALDINE SALAZAR  
COUNTY CLERK

*10/30/2013*

Respectfully submitted,

*Debbie Doyle*  
Debbie Doyle, Wordswork



COUNTY OF SANTA FE ) INDIGENT MINUTES  
STATE OF NEW MEXICO ) ss PAGES: 30

I Hereby Certify That This Instrument Was Filed for  
Record On The 30TH Day Of October, 2013 at 12:31:04 PM  
And Was Duly Recorded as Instrument # **1721878**  
Of The Records Of Santa Fe County

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

SEE CLERK RECORDS 10/30/2013

CHRISTUS  
ST. VINCENT

# State of the Hospital

CHRISTUS St. Vincent Regional Medical Center

- Breakfast
- Welcome
- State of the Hospital
- Community Needs Health Assessment
- Q&A



## Economic Impact

Number of Employees  
**1,950**

Total compensation and benefits  
**\$160,000,000**

Total spent with New Mexico Vendors  
**\$45,018,000**

Total Spent in Northern New Mexico  
**\$31,672,293**





## Numbers at a Glance

Emergency Room visits  
**53,876**

Surgeries  
**8,910**

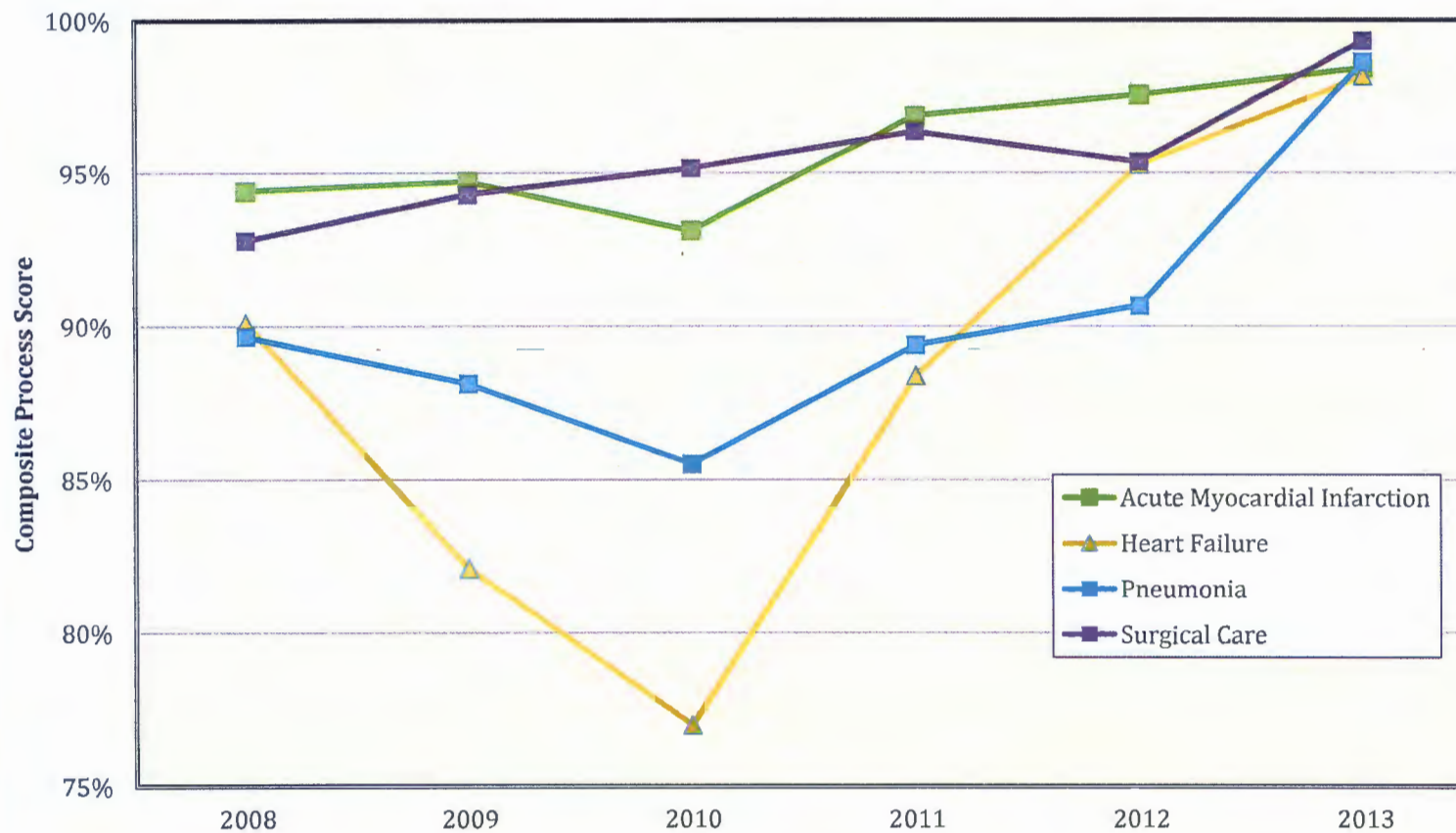
Outpatient visits  
**201,263**

Inpatient Admits  
**12,652**

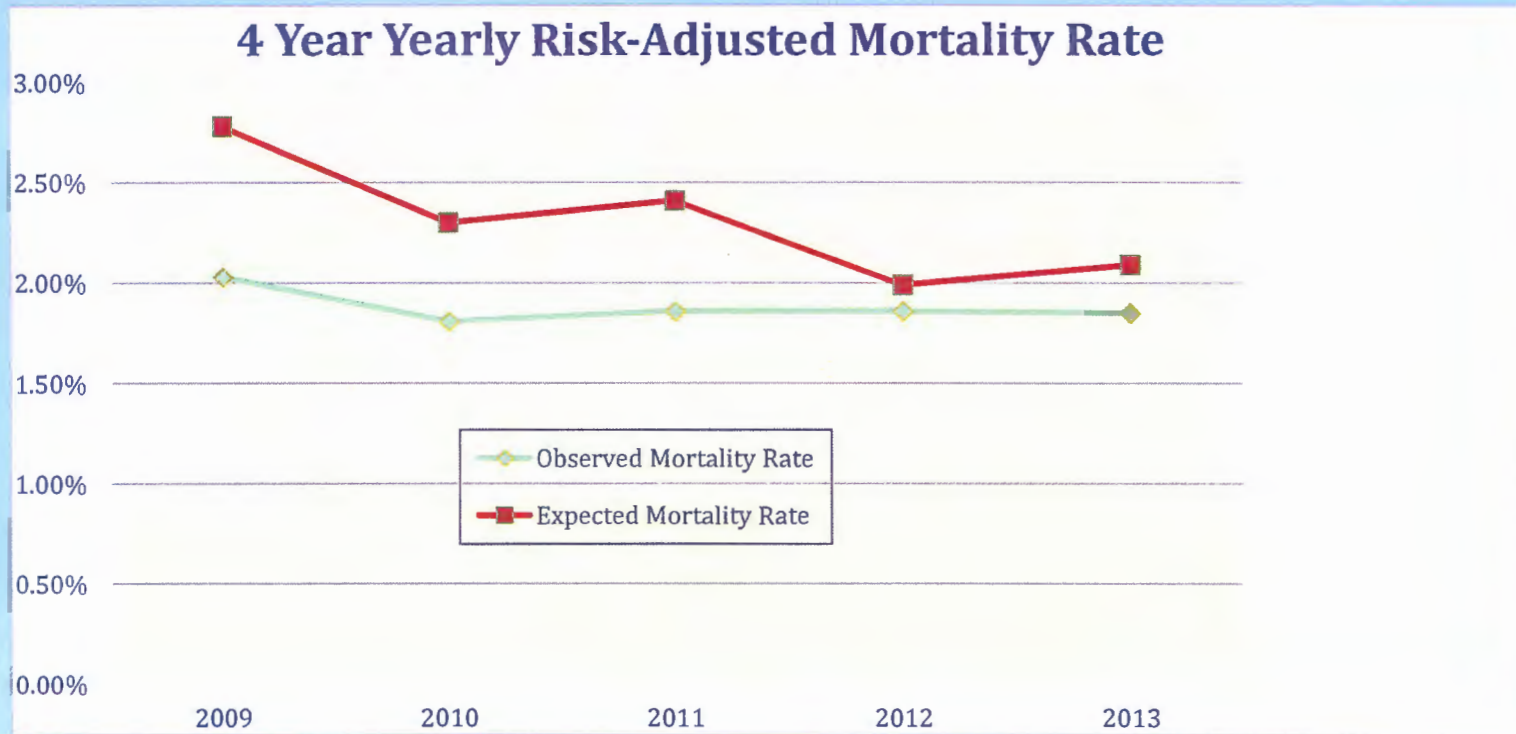
New Baby Deliveries!  
**1,235**

## Core Measures

### 4 Year Core Measures Composite Score Comparison



## Low Mortality Rates



## Reduced 30-day Readmissions

**Readmission rates nearly cut in half between Fiscal Year 2012 and 2013 and are far below national averages**

### 30-day Readmission Rate

	<b>CSV FY13</b>	<b>CSV FY12</b>	<b>National (2009 to 2012)</b>
<b>Heart failure</b>	<b>7.7%</b>	<b>13.7%</b>	<b>24.7%</b>
<b>Acute Myocardial Infarction</b>	<b>5.2%</b>	<b>12.8%</b>	<b>19.7%</b>
<b>Pneumonia</b>	<b>11.5%</b>	<b>21.1%</b>	<b>18.5%</b>

## HealthGrades - 2013 Specialty Excellence Awards

Top 10% of nation's hospitals who demonstrate superior outcomes

### 1) Pulmonary Care Excellence Award for chronic obstructive pulmonary disease (COPD) and pneumonia.

COPD	Actual	Predicted
In-Hospital Mortality	0.43 %	1.97 %
180-day Mortality	12.55 %	19.95 %

### 2) Stroke Care Excellence Award

	Actual	Predicted
In-Hospital Mortality	2.75 %	5.16 %
30-day Mortality	4.95 %	9.62 %
180-day Mortality	13.74 %	20.26 %

## Employee Satisfaction

- Additional \$1 million investment in workforce development
- Leadership development
- A proactive approach to developing high-potential employees (CARE Center)
- Nursing Professional Practice Enhancement
- Improved relationships with the region's educational institutions

## Patient Satisfaction

- Leader rounding (July 2013)
- Discharged Patient Calls
- Transition of Care Visit
- Clinical Supervisor Program
- Patient Navigation System
- Convenient, accessible Outpatient medical care and Medical Homes in region
- Centralized scheduling functions

## Finance Challenges

- Reduced Commercial Reimbursement
- Reduced Medicare & Medicaid, FY11-FY13  
**(\$21 Million)**
- Reduced Sole Community Provider Funding, FY11-FY13  
**(\$28.7 Million)**
- Regulatory Changes
- Create Efficiencies
- Transitioning the hospital from a traditional healthcare model to a population health model
- Transitioning hospital staff from a traditional healthcare model to a population health model



## Future Outlook

- Reinvesting in our workforce
- Upgrading our facilities
- Preparing for healthcare reform
- Aligning around stated needs of patients and their families

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**Community Needs Health Assessment:**  
*Identifying and addressing the Health needs of our community*



## Community Needs Health Assessment – The Method

### Community Profile

- Quantitative Study: *Report to be posted on CSV & SF County web-sites*
- Qualitative: *Voice of the Community - Focus Groups*

### Prioritized Needs

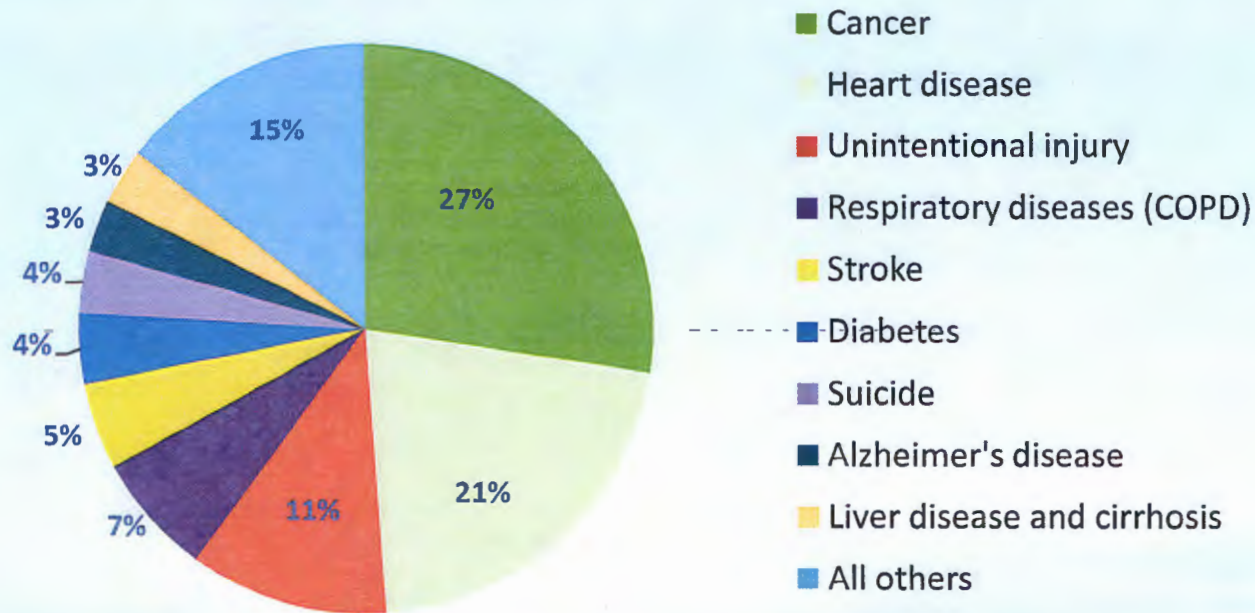
- Key Health Highlights
- What's important to the community: *Community Forums in Faith Congregations*

### Implementation Strategies

- CSV SMS Strategic Plan
- Implementation Strategies
- Community Provider Funding



# Community Needs Health Assessment Leading Causes of Mortality



Priorities	CSV Implementation Strategies
Cancer	Cancer Center
Heart Disease	NM Heart Institute

# Key Population Health Highlights

*from the Community Health Profile*

- Opiate Addicted Pregnant Women increasing significantly
- Brain development: most rapid period of brain development is between birth and 3
- 14% high school students using pain killers to get high, 35% use marijuana, 11% use inhalants, 41% use alcohol, 27% binge drink, 12% drove after drinking
- Uninsured are diagnosed with cancer in later stages
- Obesity is increasing. Adult obesity rose from 14.5% in 2004 to almost 20% in 2010
- Diabetes & Obesity lead to strokes and heart disease
- Prescription drug abuse and heroin addiction are significantly growing problems nationally and in Santa Fe County. NM leads the nation in overdose of heroin and opiate pain killers
- By 2040, senior population expected to increase to 61,000
- 23% have no health insurance coverage beyond Medicare
- Many physicians do not accept Medicare or accept a small number of Medicaid patients, however, CHRISTUS St. Vincent medical practices do accept Medicaid

CSV SMS Initiative: Operating Investment – *External Influence*  
**Implementation Strategies: A Snapshot**

POPULATION	CSV 2014 COMMUNITY HEALTH STRATEGY
<i>Health Care System's Improvements</i>	Patient Navigation Medicaid & HIX new eligibles
<i>Maternal Health &amp; Early Childhood</i>	Opiate Addicted Pregnant Women Home visitation for new births
<i>School Age Children &amp; Adolescents</i>	Adolescent High Utilizer Group Services (HUGS) MyCD Program & Healthy Habits
<i>Adults</i> <i>Chronic Diseases</i>	MyCD Program (Manage My Chronic Disease) & Healthy Habits Screening With Meaning: Practitioner Tool Kit
<i>Behavioral Health</i>	High Utilizer Group Services (HUGS)
<i>Women's Health</i>	Safety Net: Practitioner Tool Kit
<i>Seniors</i>	Senior Care Continuum – Patient Navigation Transitions of Care Work Group

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# CHRISTUS St. Vincent, SVH Support & CHRISTUS Health Community Health Funding (Handout)



2023/02/01 - GEORGE W. METZ 2023

# Alignment of Community Health Provider Funding with Community Needs Assessment

- Opiate Addicted Babies
- Teen Birth Rate
- Low Birth Weight Babies

## Maternal Health & Early Childhood

- Substance Abuse
- Suicide
- Early on-set Trauma

## School Age Children and Adolescents

- Reduced Hospital Readmissions
- Access to Care
- Reduced Jail Admissions

## Adult Behavioral Health

- Uninsured/Access
- Sexual Health
- Employment

## Adult Health

- Alcohol & Drug Abuse
- Sexual Assault & Domestic Violence
- Gender based health care

## Women's Health

- Access to Specialty Care
- Underinsured
- Access to Home & Community Based Care

## Senior Care



## CHRISTUS St. Vincent & SVHSupport Funding to Community Non-Profits

	CHRISTUS St. Vincent	SVHSupport	Total w/ SVHSupport
MATERNAL/EARLY CHILDHOOD	\$ 76,500	\$ 19,000	\$ 95,500
CHILD/ADOLESCENT HEALTH	\$ 100,500	\$ 48,000	\$ 148,500
ADULT HEALTH	\$ 30,000	\$ 22,000	\$ 52,000
ADULT BEHAVIORAL HEALTH	\$ 128,000	\$ 77,000	\$ 205,000
WOMENS HEALTH	\$ 45,000	\$ 23,500	\$ 68,500
SENIOR CARE	\$ 20,000	\$ 10,500	\$ 30,500
	<b>\$ 400,000</b>	<b>\$ 200,000</b>	<b>\$ 600,000</b>



*Act as if what you do makes a difference...  
It does.*

William James



CHRISTUS  
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# Q & A

## CSV, SVH Support, CHRISTUS Health Community Provider Funding

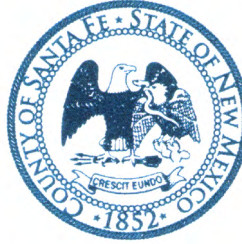
	FY12 Funding	FY14 CSV	\$200k	Total w/ SVH Supp
<b>MATERNAL/EARLY CHILDHOOD</b>				
New Vistas	\$ 19,000	\$ 19,500	\$ 2,000	\$ 21,500
Las Cumbres	\$ 20,000	\$ 20,000	\$ 2,000	\$ 22,000
La Familia	\$ 50,000	\$ 37,000	\$ 15,000	\$ 52,000
<b>Total</b>	<b>\$ 89,000</b>	<b>\$ 76,500</b>	<b>\$ 19,000</b>	<b>\$ 95,500</b>
<b>CHILD/ADOLESCENT HEALTH</b>				
Villa Therese	\$ 24,000	\$ 24,000	\$ 2,000	\$ 26,000
PMS School Clinics	\$ 40,000	\$ 30,000	\$ 12,000	\$ 42,000
NM Teen Suicide	\$ 20,000	\$ 15,000	\$ 6,000	\$ 21,000
Gerards House	\$ 10,000	\$ 2,500	\$ 9,000	\$ 11,500
Impact Personal Safety	\$ -	\$ 2,000	\$ -	\$ 2,000
Pastoral Counseling	\$ 10,000	\$ -	\$ 12,000	\$ 12,000
Youth Shelters	\$ 20,000	\$ 17,000	\$ 7,000	\$ 24,000
Team Builders	\$ -	\$ -	\$ -	\$ -
Youthworks	\$ -	\$ 10,000	\$ -	\$ 10,000
<b>Total</b>	<b>\$ 124,000</b>	<b>\$ 100,500</b>	<b>\$ 48,000</b>	<b>\$ 148,500</b>
<b>ADULT HEALTH</b>				
St. E Med Respite	\$ 40,000	\$ 30,000	\$ 12,000	\$ 42,000
Project Access	\$ -	\$ -	\$ 10,000	\$ 10,000
<b>Total</b>	<b>\$ 40,000</b>	<b>\$ 30,000</b>	<b>\$ 22,000</b>	<b>\$ 52,000</b>
<b>ADULT BEHAVIORAL HEALTH</b>				
PMS-PACT	\$ 50,000	\$ 34,000	\$ 19,000	\$ 53,000
PMS Crisis	\$ 50,000	\$ -	\$ -	\$ -
Solace	\$ 50,000	\$ 42,000	\$ 1,000	\$ 43,000
Life Link	\$ -	\$ 15,000	\$ 25,000	\$ 40,000
Santa Fe Recovery	\$ -	\$ 11,000	\$ 16,000	\$ 27,000
St. Elisabeth's Shelter	\$ 22,500	\$ 12,500	\$ 11,000	\$ 23,500
Friendship Club	\$ 2,000	\$ 10,000	\$ 5,000	\$ 15,000
NAMI	\$ -	\$ 3,500	\$ -	\$ 3,500
<b>Total</b>	<b>\$ 174,500</b>	<b>\$ 128,000</b>	<b>\$ 77,000</b>	<b>\$ 205,000</b>
<b>WOMENS HEALTH</b>				
Esperanza	\$ 50,000	\$ 45,000	\$ 5,500	\$ 50,500
SW Cares	\$ -	\$ -	\$ 18,000	\$ 18,000
<b>Total</b>	<b>\$ 50,000</b>	<b>\$ 45,000</b>	<b>\$ 23,500</b>	<b>\$ 68,500</b>
<b>SENIOR CARE</b>				
Kitchen Angels	\$ 10,000	\$ 10,000	\$ 2,000	\$ 12,000
Life Circle	\$ -	\$ -	\$ -	\$ -
Coming Home Connect	\$ 12,500	\$ 10,000	\$ 3,500	\$ 13,500
Falls	\$ -	\$ -	\$ 5,000	\$ 5,000
<b>Total</b>	<b>\$ 22,500</b>	<b>\$ 20,000</b>	<b>\$ 10,500</b>	<b>\$ 30,500</b>
	<b>\$ 500,000</b>	<b>\$ 400,000</b>	<b>\$ 200,000</b>	<b>\$ 600,000</b>

EXHIBIT  
3

**Daniel "Danny" Mayfield**  
*Commissioner, District 1*

**Miguel M. Chavez**  
*Commissioner, District 2*

**Robert A. Anaya**  
*Commissioner, District 3*



**Kathy**  
*Commissioner, District 4*

**Liz Stefanics**  
*Commissioner, District 5*

**Katherine Miller**  
*County Manager*

## Santa Fe County Community Services Directors Report

**Mobile Health Van:** Upon discussion with HPPC members and others, the Community Services Department has decided to return to hiring a nurse for the Mobile Health Van. Both the full time and the part time nurse positions are posted. We are continuing to run the van four days per week with contract nurses and the help of the nurses at Corrections.

**Suboxone Training:** La Familia held their first training on providing suboxone services. It was held on Saturday, September 14<sup>th</sup> and 30 people attended. In addition, La Familia has moved forward with the hiring of staff for the suboxone project.

**Flu Shot Clinics:** We have established seven flu shot clinics at Senior Centers for the months of September and October (see flyer). We have also established locations through the Mobile Health Van, including Glorieta and La Cienega. We are doing this in partnership with the Department of Health.

**Drug Take Back:** The next Drug Take Back is scheduled for October 26, 2013. We will be coordinating the law enforcement and providing the public awareness. We are partnering with the DEA, law enforcement and the Santa Fe Public Schools. We are also hoping to be promoting a permanent drop box that is being installed at the Sheriff's office and are looking at other locations for permanent drop boxes.

**Medicaid Enrollment/Narcan Position:** In partnership with the HPPC we have decided to fund a position at the Santa Fe County jail to coordinate efforts related to the enrollment of detainees on Medicaid prior to release, as well as Narcan training for those patients who were treated for opiate addiction. DOH, County medical and I are meeting regularly to discuss how this will be structured.

**Health Care Reform:** The New Mexico Health Insurance Exchange will be starting to enroll people in health insurance beginning October 1, 2013. We are participating in public awareness activities including the distribution of materials and the planning of an event to be held on October 8th. We will be developing materials for posting on the website in order to direct people to the correct information to enroll. Medicaid enrollment does not begin until January 1, 2014.

# FREE Flu and Pneumonia Vaccinations

*Sponsored by*

**Santa Fe County Community Services Department  
and  
New Mexico Department of Health**



**WHO:** Flu vaccinations are advised for everyone over six months old. Pneumonia vaccinations are advised for everyone 65 and older and anyone aged 19-64 with a chronic medical condition.

**WHEN and WHERE:** At Senior Centers in Santa Fe County on these dates –

- |   |                        |
|---|------------------------|
| • Edgewood Senior Center, 114 Quail Trail, Edgewood 87015           | Sept. 25 10:00 – 12:00 |
| • Santa Cruz Senior Center, 145 Camino de Roberto, Santa Cruz 87532 | Oct. 1 9:30 – 11:30    |
| • Bennie J. Senior Center, Juan Medina Rd, Chimayo 87522            | Oct. 1 12:30 – 2:30    |
| • Adam Senior Center, 16 Avenida Torreon, Eldorado 87508            | Oct. 2 9:30 – 11:30    |
| • El Rancho Senior Center, 334 County Rd 84, El Rancho 87506        | Oct. 9 9:30 – 11:30    |
| • Rio en Medio Senior Center, 1 El Alto Lane, Rio en Medio 87506    | Oct. 9 12:30 – 2:30    |
| • Nambe Senior/Community Center, 180 SR 503, Nambe 87506            | Oct. 23 9:30 – 11:30   |

*Questions? Call 992-9849*