

SFC CLERK RECORDED 10/31/2012

MINUTES OF THE
SANTA FE COUNTY

INDIGENT HOSPITAL & HEALTH CARE BOARD

September 25, 2012

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 Administration Building at approximately 9:10 a.m. by County Commission Chair Liz Stefanics.

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

Members Present:

- Liz Stefanics, Chair
- Kathy Holian, Vice Chair
- Robert Anaya [late arrival]
- Danny Mayfield
- Virginia Vigil [late arrival]

Member(s) Excused:

None

Staff Present:

- Katherine Miller, County Manager
- Rachel Brown, Deputy County Attorney
- Rachel O'Connor, HHS Director
- Penny Ellis-Green, Deputy County Manager
- Pablo Sedillo III, Public Safety Director
- Steve Shepherd, Public Safety Finance Manager
- Greg Smith, Indigent Fund Coordinator
- Lisa Garcia, Health Care Assistance Program
- Camille Varela, Health Care Assistance Program
- Teresa Martinez, Finance Director
- Mary Justice, CARE Coordinator
- Chris Barela, Constitute Liaison

Others Present:

- Kathy Armijo Etre, Christus St. Vincent
- Alex Valdez, Christus St. Vincent
- Judy Williams, HPPC
- Kathleen Rowe, HPPC

COUNTY OF SANTA FE)
STATE OF NEW MEXICO) ss

INDIGENT MINUTES
PAGES: 24

I Hereby Certify That This Instrument Was Filed for Record On The 31ST Day Of October, 2012 at 04:22:01 P And Was Duly Recorded as Instrument # 1686352 Of The Records Of Santa Fe County

Deputy _____
Witness My Hand And Seal Of Off
Valerie Espinoza
County Clerk, Santa Fe,



III. Introductions

Those present introduced themselves.

IV. Approval of Agenda

Greg Smith announced there was an amended agenda and said there was a modification of the language in action item A.

Commissioner Holian moved to approve the agenda as amended and Commissioner Mayfield seconded. The motion passed by unanimous [3-0] voice vote. [Commissioners Anaya and Vigil were not present for this action.]

V. Approval of Minutes: August 28, 2012

Commissioner Holian moved to approve the minutes as submitted. Her motion was seconded by Commissioner Mayfield and passed by unanimous [3-0] voice vote. [Commissioners Anaya and Vigil were not present for this action.]

VI. Matters of Public Concern – Non-action

None were presented.

VII. Information Items

A. Comparison of FY-2012 to FY-2013 Claims

Mr. Smith stated at this point there is nothing out of the ordinary to report. There continues to be an up-tick in claims.

B. Sole Community Provider Hospital Claims FY-2013

Mr. Smith said there was nothing out of the ordinary.

C. Contracted Expenditures for Fiscal Years 2012 & 2013

Mr. Smith said the report demonstrates “business as usual” other than the City of Santa Fe ambulance services took a big jump out of the starting gate.

Chair Stefanics asked if the cap was \$30,000 per year or \$30,000 lifetime. Mr. Smith said it was \$35,000 lifetime per provider. Chair Stefanics asked if La Familia Dental was considered the same as La Familia Medical and Mr. Smith said it was.

[Commissioner Anaya joined the meeting.]

D. Christus/St. Vincent Regional Medical Center

Alex Valdez, CEO, Christus St. Vincent, asked for further clarification on the caps and Mr. Smith said that did not apply to sole community providers.

Mr. Valdez announced an extension had been granted for the match for sole community provider supplemental funding. He said he has been working with the County Manager on the match, particularly the issue of the ER doctors providing medical directorship services at the jail. He asked that the County provide as much match as possible.

[Commissioner Vigil joined the meeting.]

Mr. Valdez stated that according to an analysis done by Myers and Stauffer Christus St. Vincent is eligible for a significant amount of money. He mentioned \$600,000 as an appropriate amount.

Mr. Smith referred to a staff presentation [*Exhibit 1*] based on the money available, highlighting the last two pages. He noted all three hospitals are included in the recommendation.

Kathy Armijo Etre distributed a power point detailing work done regarding the jail, specifically people who are cycling in and out of the jail and ER. It speaks about where people fall through the cracks. She summarized the problem and the repercussions and reviewed the steps in the cycle.

Ms. Etre stated there are 20 people in the work group. They have developed protocols to deal with security problems that have arisen in the ER. She said new services and initiatives have been implemented recently in the jail. Dr. Desari at the hospital and Drs. Brothers and Dulanto at the jail are developing programmatic changes.

The High Utilizers Group Services (HUGS) program is being expanded into the jail. A number of service providers are collaborating. She stressed cooperation is the key.

Chair Stefanics stated she mentioned this program at NACo and a teleconference is planned to disseminate information about it.

Commissioner Anaya read the list of participants and praised the collaboration.

Commissioner Vigil pointed to the lack of coordinated information in the “revolving door” and asked about the role of electronic medical records. Ms. Etre said at this point the electronic medical records are in the hospital and physician practices but not at the jail. A first step is establishing one-to-one communication between the personnel.

Pablo Sedillo, Public Safety Director spoke of the new Continuous Quality Improvement (CQI) team that collects data on high utilizers and this can be cross-referenced.

Ms. Etre said they are able to share information through the CARE Connection about people who are in both systems.

Commissioner Holian asked if there was sufficient capacity to deal with all the people in need. Ms. Etre stated she was not sure. The initial HUGS initiative demonstrated the value of not duplicating services. Key treatment providers were brought to the table and although there are still big gaps there are more possibilities for leveraging.

Commissioner Mayfield asked why La Familia was not at the table. Ms. Etre said there was a behavioral health forum held in August and La Familia was involved and should have been included on the chart. Mary Justice, CARE Connection, stated La Familia and Healthcare for the Homeless are key allies. There are issues with HIPAA and 42 CFR that require consent of the participants to release information. Ms. Etre said they are learning as they go.

Ms. Etre said Rachel O'Connor is also at the table and they are working on the prescription drug issue.

E. HPPC Update

HPPC chair Judy Williams said there were presentations at the last meeting from Christus St. Vincent regarding the definition of charity care. Mr. Valdez is working on a state committee to clarify the definition. Three recommendations were made regarding sole community provider. There was a recommendation to support replacement of a pilot Suboxone program.

VIII. Matters from Staff

Mr. Smith introduced Camille, Varela who will be processing claims.

IX. Matters from the Board

None were presented.

X. Action Items

- A. Action to determine Funding for Supplemental Sole Community Providers**
- B. Resolution to Increase Indigent Hospital Fund for sole community provider funding**

Ms. Miller noted that based on the state allocation Christus St. Vincent was eligible for approximately \$6.8 million in County match, the second highest in eligibility in the state. She reviewed the Commission's policy and HPPC recommendations, along with available funding. She explained how sole community provider supplemental works. The match at this point is approximately 30:70. Before CMS's ruling that there can be no reciprocity in services the County provided a much larger match. She reviewed the formula they now use that incorporates claims and an escalator for the base and supplemental funding.

Ms. Miller reviewed the breakdown of clientele at the Sobering Center. In reviewing outstanding obligations, funds were set aside for the Doctors Group. She indicated staff is recommending supplemental funding in the match amounts of \$10,000 to Española Hospital, \$5,000 to Los Alamos and \$230,000 for Christus St. Vincent for the difference in claims from last year to this year and another additional \$50,000 for the Sobering Center, so the total funding to Christus St. Vincent would be \$280,000.

Commissioner Anaya asked what the new deadline is. Mr. Smith said the decision must be made by September 30th. All the information and payment has to be in by October 19th. He asked everything be in by October 12th. Commissioner Anaya sought and received verification that cash resources were used. Ms. Miller added that there were services that the County did not have to pay for directly.

Commissioner Anaya asked if the HPPC was requesting expansion of services at the Sobering Center. Ms. Williams said HPPC would support development of a Suboxone treatment program at the Sobering Center. Commissioner Anaya noted that was not based on claims.

Noting there is another meeting where they could review other possible funding, Commissioner Anaya moved to table the issues. Commissioner Mayfield seconded.

Chair Stefanics asked what other possible sources there were and Commissioner Anaya said he was thinking extra cash might be found by staff.

Commissioner Vigil asked if the County's finance were going to change between the present and the next BCC meeting. Ms. Miller mentioned that a software program in the 234 fund was given up, but they could check to see if there were other programs that could be liquidated out of that fund. She said they could scrub through to see if there was anything else not needed after all purchase orders are cleared. She did not anticipate huge amounts but there could be \$10,000 to \$30,000 which could be leveraged with federal dollars.

Commissioner Anaya recommended possibly using cash reserves in addition to scrubbing down the funds in question. Ms. Miller responded that the reserve funds were diminished considerably in the last two years. The general fund requires a 25 percent reserve and the other funds require one-twelfth.

Finance Director Teresa Martinez said some of the funds are in danger of falling below the one-twelfth.

Ms. Miller noted the Commission set the one-twelfth reserve policy. Commissioner Vigil said she was not in favor of looking at the reserves, but if some additional funds could be found she would approve of that.

Commissioner Mayfield noted there were other hospitals to be considered.

Chair Stefanics stated the issue would have to come before the October 9th BCC meeting and pointed out that other public monies can be used as well. She said there was an opportunity for Mr. Valdez to contact cities for possible contributions. Commissioner Anaya mentioned City personnel are on the committee spoken of earlier and they could be engaged in the efforts. There was consensus to send letters to the incorporated governing bodies and other agencies asking for their cooperation.

The motion to table until October 9th passed unanimously [5-0].

X. C. Approval of Indigent Hospital and County Health Claims

Commissioner Holian moved to approve 767 claims in the amount of \$682,145.41 as presented by staff. Commissioner Mayfield seconded and the motion passed by unanimous [5-0] voice vote.

XI. Executive Session

There was no need for executive session.

XIV. Adjournment

Having completed the agenda and with no further business to come before the Board, this meeting adjourned at approximately 10:15 a.m.



Valerie Espinoza
VALERIE ESPINOZA
COUNTY CLERK

Respectfully submitted,
Debbie Doyle
Debbie Doyle, Wordswork

Approved by:

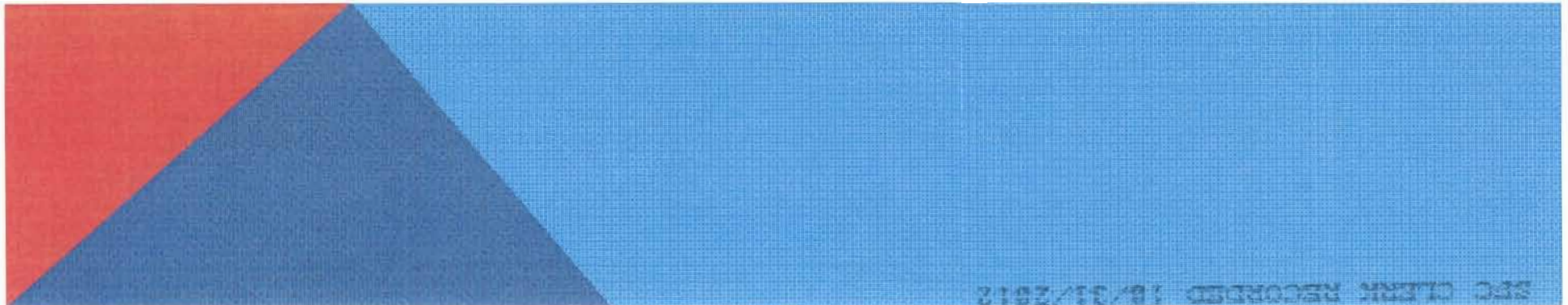
Liz Stefani
Liz Stefani, Commission Chair
Indigent Hospital & Healthcare Board



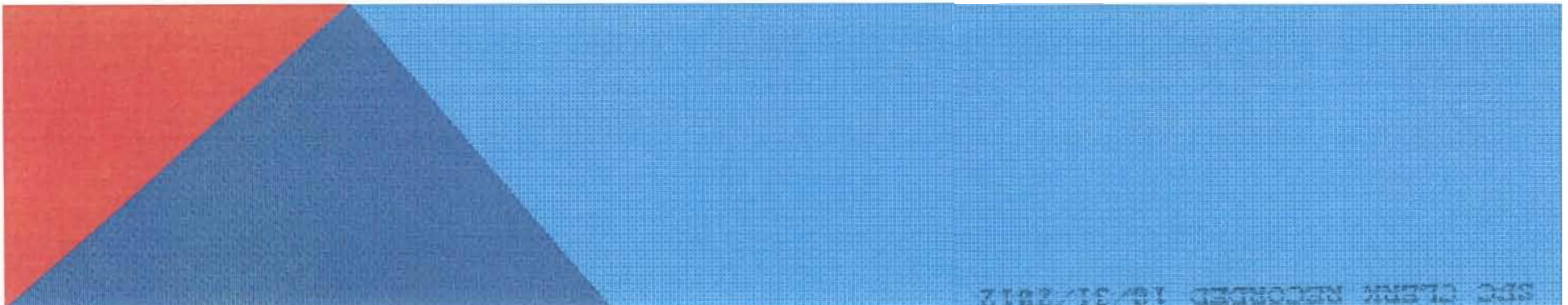
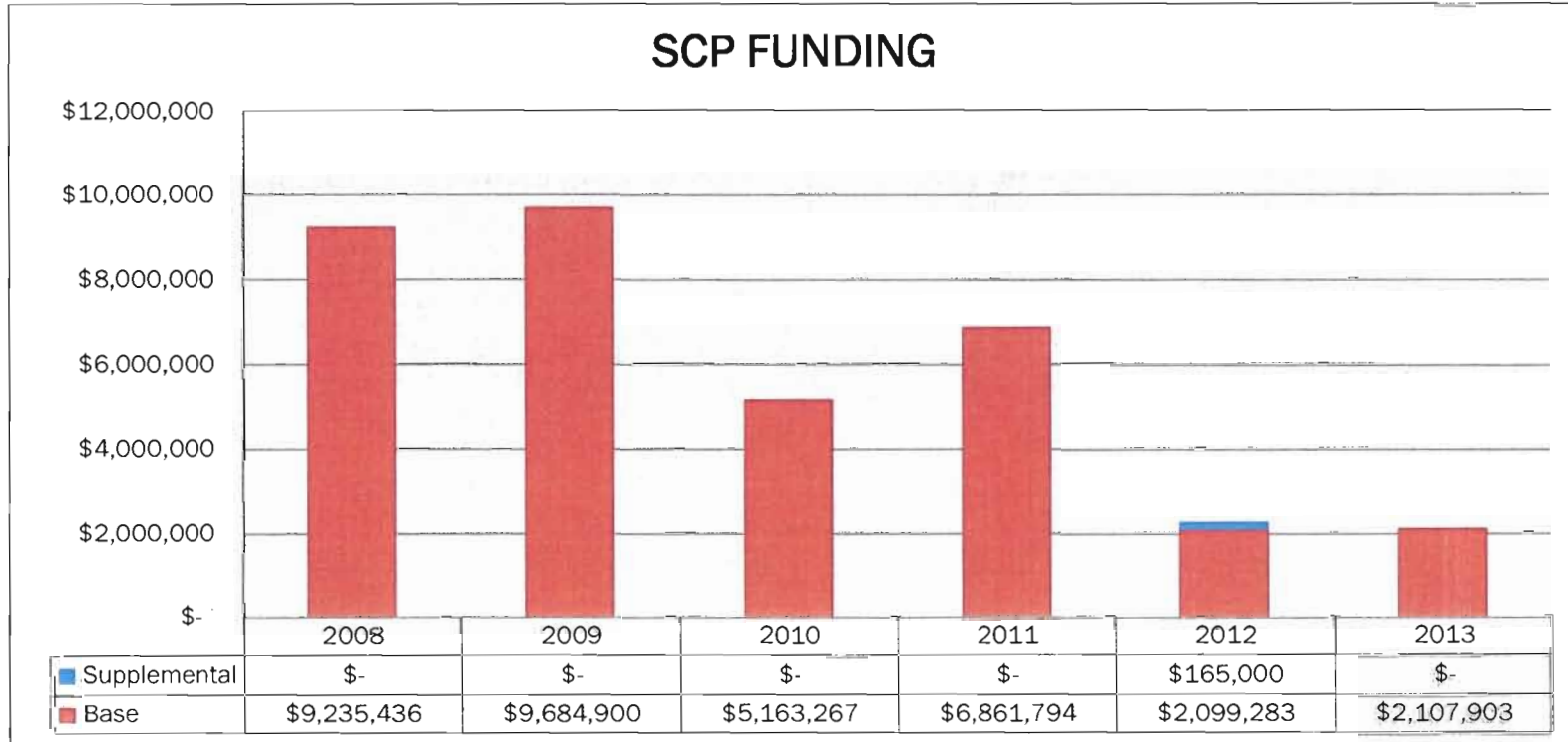
SANTA FE COUNTY HEALTH DIVISION
2012-2013
SUPPLEMENTAL FUNDING
PROVIDER
SOLE COMMUNITY

WHAT IS SUPPLEMENTAL FUNDING??

- Additional federal dollars made available from the Federal Government (CMS) to the State (HSD) in the form of a supplemental.
- Supplemental funding is comprised of the difference between the total federal dollars allocated to the State (UPL) for Sole Community vs. the actual expenditures for New Mexico.
- New Mexico HSD notifies hospital that funding is available for supplemental. Hospitals must contact Counties if they are interested in supplemental payment.



SCP FUNDING HISTORY



POLICY RECOMMENDATIONS HPPC

1. Support that the base recommendation be based on claims.
2. Support that the supplemental be based on claims plus available county funding.
3. Support the development of a pilot at Sobering Services with additional funding to include Suboxone.

STAFF RECOMMENDATIONS FOR SUPPLEMENTAL FUNDING 2013-CHRISTUS ST. VINCENT

\$165,000	Leftover funding 2011 (cost savings from prior year)
\$65,000	Difference between FY 12 and 13 (due to match)
\$230,000	Initial Recommendation for FY 13
4,790	Total Clients Served/Sobering Services
68.7%	Santa Fe County Clients
\$1,031,000	Total Loss Reported by CSV
\$ 50,000	Additional Supplemental towards loss at Sobering Center
\$280,000	TOTAL SUPPLEMENTAL CHRISTUS

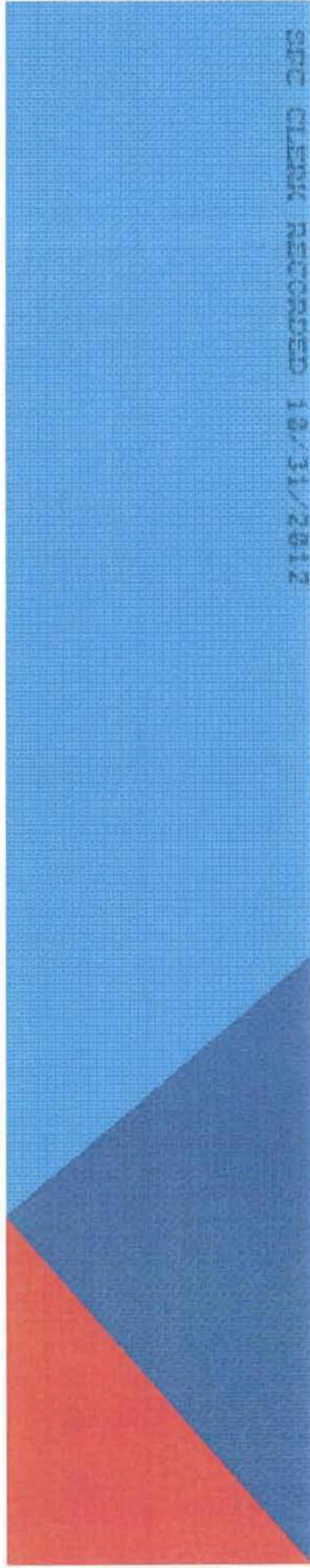
OTHER SUPPLEMENTAL FUNDING

Espanola \$10,000

Los Alamos \$5,000

Total "Other" Supplemental: \$15,000

TOTAL SUPPLEMENTAL REQUEST: \$295,000



The Repeating Cycle: Overcrowding of the Jails & Emergency Room with Individuals who are Addicted or Mentally Ill

CHRISTUS St. Vincent
in collaboration with
Santa Fe County Department of Public Safety

September 2012

The Problem

- Jail/ER Cycle
- Public Nuisance
- Over-utilization of the jails & ER
- Individuals fall through the cracks
- Individuals need treatment not jail or ER
- Lack of Coordination across the system
- Waste of public \$ resources
- Individuals who over-utilize the ER causing long wait times for medical emergencies, an inefficient use of medical resources



Intoxicated Individual or Person in Psychiatric Crisis

Courts

911 Dispatch
• City of Santa Fe

Detox/Treat or Jailed
• GSV Sobering Center, BHTU, or Inpatient
• Detention Center Behavioral Health services

Medical Clearance CSV Or Law Enforcement Book into Detention Center

Law Enforcement Pick-up
• City Police
• County Sheriff

Transport to a Facility
• GSV Emergency Department
• Santa Fe County Detention Center

Corrections/Hospital Work Group

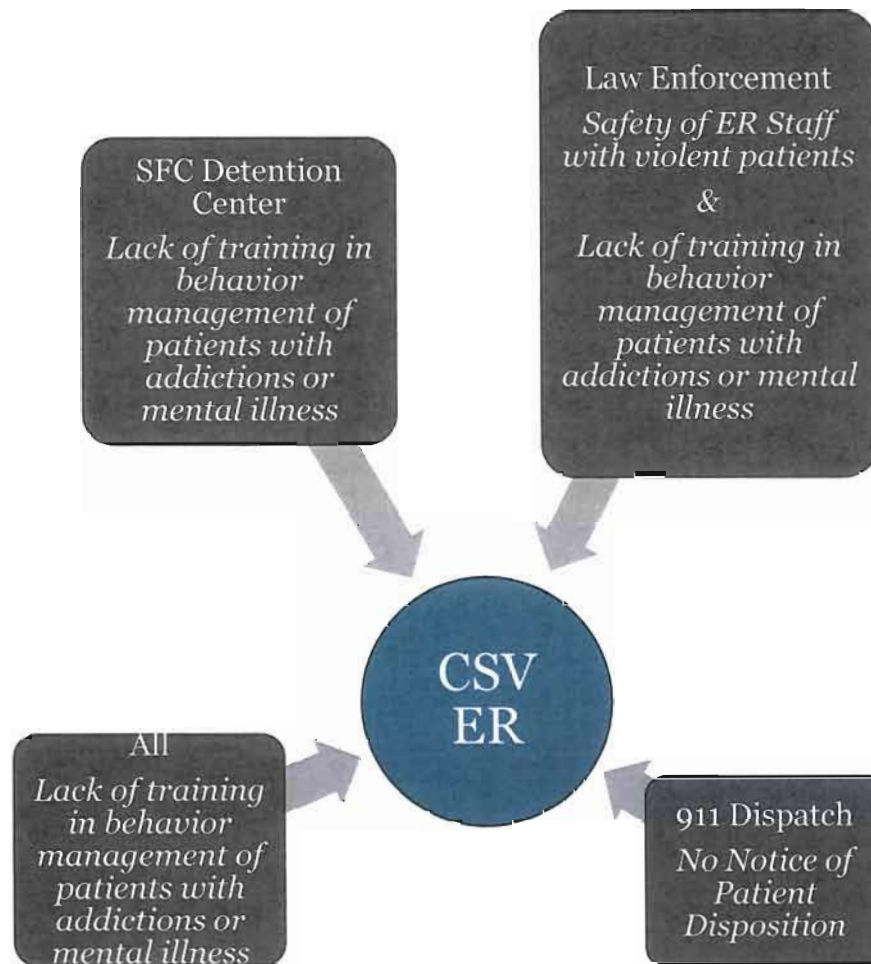


The Team: Hospital/Corrections Work Group

- Kathy Armijo Etre, VP Community Health, CSV
- Pablo Sedillo, Director, SF Co. Dept of Public Safety
- Mark Gallegos, Warden, SF Co. Detention Ctr
- Mary Justice, Director, CARE Connection, CSV
- Chris Brothers, MD Med Dir, SF Co. Det. Ctr
- Ryan Baer, MD Medical Director, CSV ER
- Anjali Dasari, MD, Med Dir, CSV Psych Unit
- Kelly Bernatine, Director, CSV Emergency Dept
- Mark Boschelli, Clinical Director, CARE Connection
- Steve Moya, Asst. Chief, SF County Fire Dept
- Barbara Salas, Chief, City of Santa Fe Fire and EMS
- Eli Fresquez, Director, Behavioral Health, SF Co. Det. Ctr
- Kristin Carmichael, Domestic Violence Coordinator, CSV
- Robert Garcia, Sheriff, SF County Sheriff's Office
- Ken Johnson, Major, SF County Sheriff's Office
- Raymond Rael, Chief, Santa Fe City Law Enforcement
- Dean Norris, Lieutenant, Santa Fe City Law Enforcement
- Ken Martinez, Director, Regional Emergency Command Center – 911 Dispatch
- Tom Griego, Director, CSV Security

CSV Emergency Room

The Problem

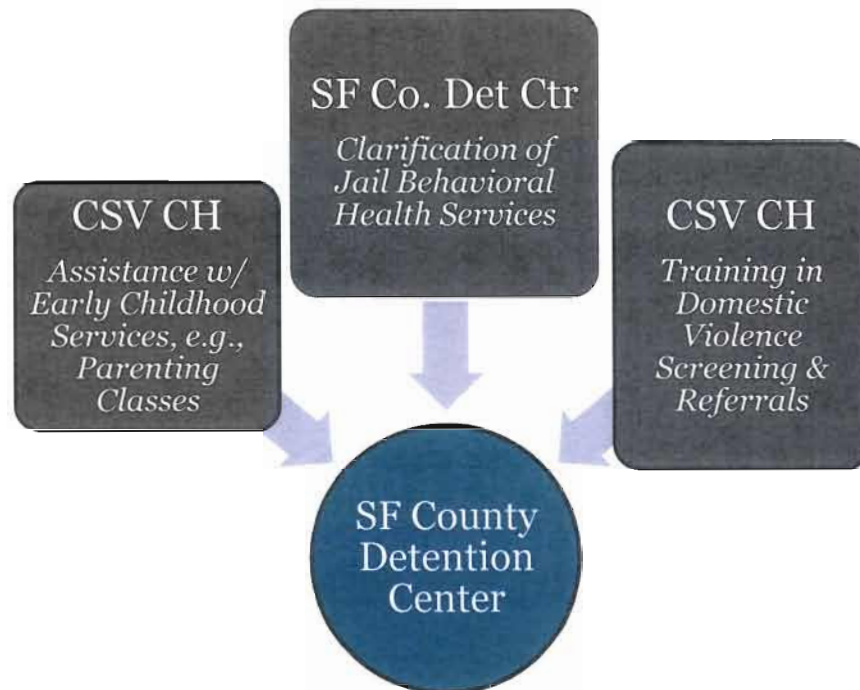


What's Been Done

- Law Enforcement hand-off: New Protocol so that individuals are not dropped off without pre-notification of ER (*Lt. Norris & Kelly Bernatine*)
- 911 Dispatch: Notifying Hospital (*Ken Martinez & Kelly Bernatine*)
- Safety of ER staff from violent individuals: Law Enforcement accompanying patients who are violent while in the ER (*Lt. Norris & Tom Griego*)
- Lack of understanding of alcohol & mental illness behavior by ER, Jails & Law Enforcement: Training – Mental Health First Aid & Motivational Interviewing (*Mary Justice & Pablo Sedillo, III*)
- The SFCADF has implemented the first Crisis Intervention Technique training in the State of New Mexico for Detentions Facilities. This helps staff to identify those individuals who have Mental Impairments. (*Warden Gallegos & Pablo Sedillo, III*)

SF County Detention Ctr Services

The Problem




What's Been Done

- Review of Jail Behavioral Health Services to assure we are avoiding duplication (*Team*)
- CSV providing training on Domestic Violence Screening & Referrals (*Kristin Carmichael & Warden Gallegos*)
- CSV providing technical assistance on arranging early childhood development services (*Kristin Carmichael & Warden Gallegos*)
- SFC Detention Center implementing new programs: GED (*Pablo Sedillo III*)
- Medical Monitoring of Opiate Addicted Women (*Mary Justice & Chris Brothers*)

SFC Corrections/CSV Behavioral Health Unit

The Problem

SFC Detention Center
No written protocol for transfers



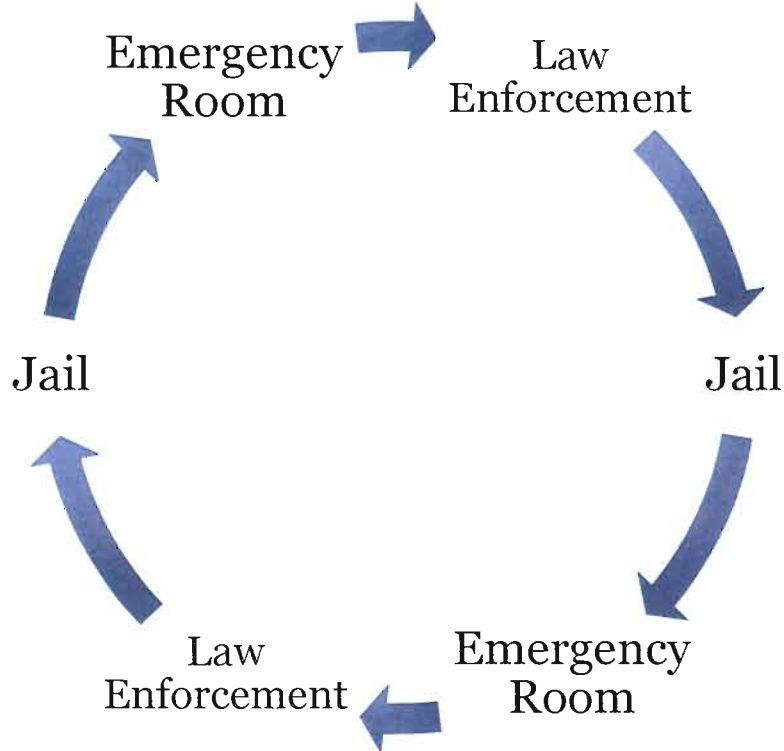
CSV
Behavioral
Health Unit

What's Been Done

- Protocols developed to provide relevant clinical information (CSV - *Dr. Anjali Desari, SF County – Dr. Brothers/Dr. Dulanto*)
- Program changes to SF C Behavioral Health Services (*Pablo Sedillo*)

Individuals Who Cycle: High Utilizers

The Problem

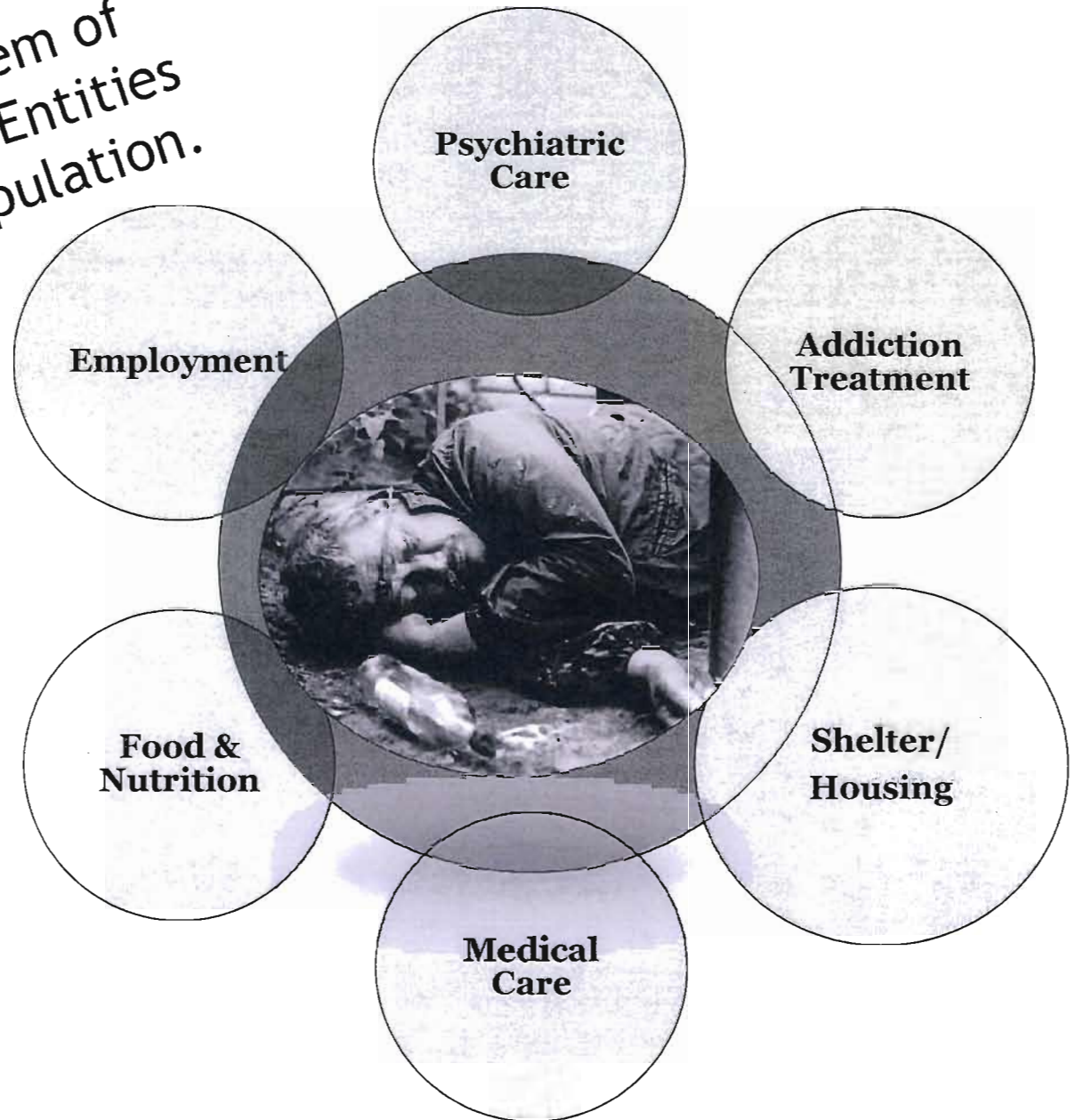


What's Been Done

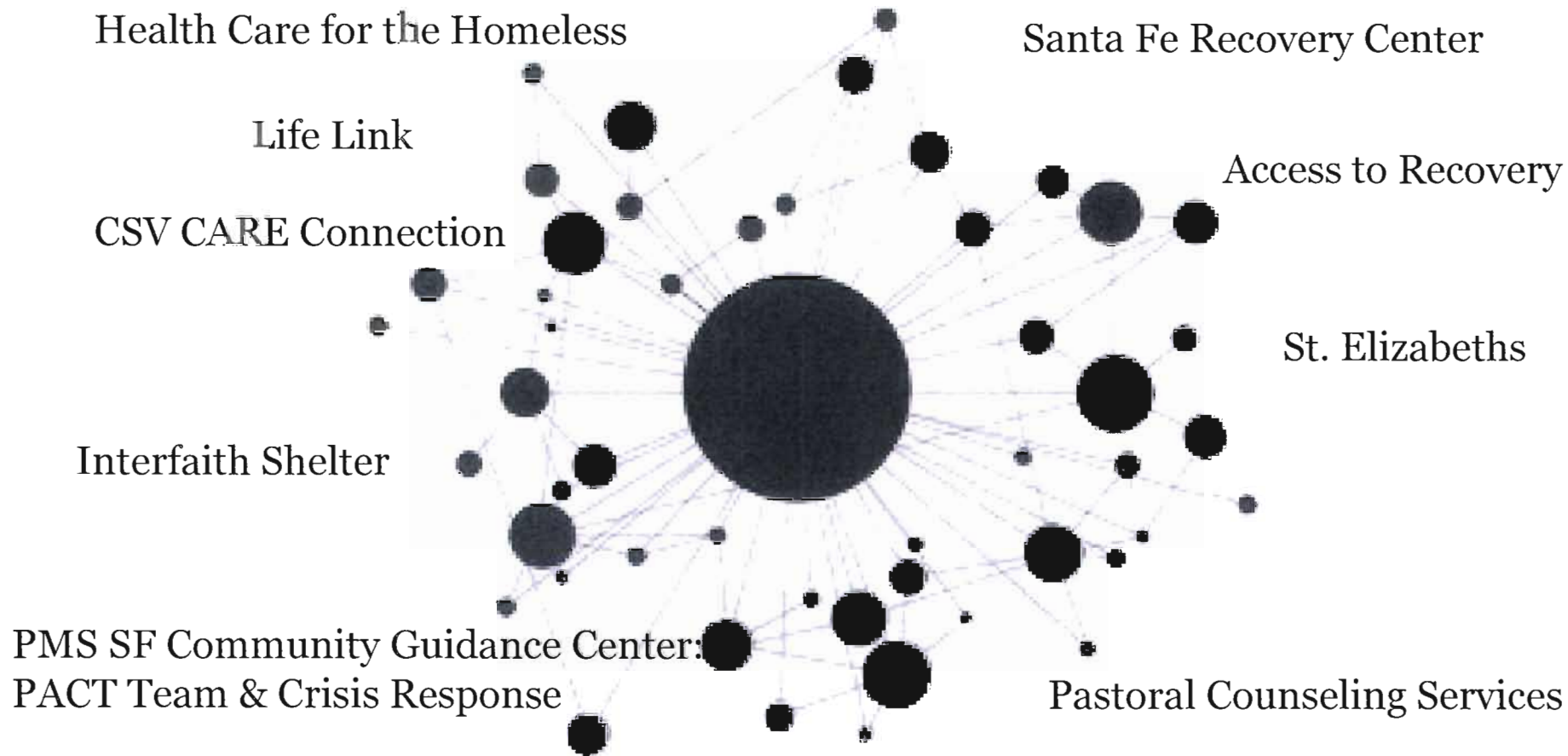
- HUGS (High Utilizer Group Services) Monthly Clinical Team Established (*Hugs Clinical Team*)
- Review High Utilizers
- Review Jail Detainees whose real need is treatment
- Develop Care Plans
- Case Manage Care

**Santa Fe County System of
Care: All Providers & Entities
Involved with this population.**

The Needs of this
population are
complex:
No one entity alone can
address; it takes
partnerships &
collaboration



Santa Fe County System of Care



Community Service Providers

The Problem

SFC
Detention
Center

*Lack of
awareness of
community
providers*

Community
Service
Providers

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graph TD; A[SFC Detention Center] --> B((Community Service Providers));
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What's Been Done

- Tour of community providers by SF Co. Detention Center staff (*Mary Justice facilitated visit with SFCADF Warden Mark Gallegos and Medical*)
- CSV Community Benefit requires providers to prioritize referrals and services to prevent hospital and/or jail readmissions (*Kathy Armijo Etre*)