

MINUTES OF THE
SANTA FE COUNTY
HEALTH POLICY & PLANNING COMMISSION

September 22, 2022

Santa Fe, New Mexico

1. A. This meeting of the Santa Fe County Health Policy & Planning Commission (HPPC) was called to order by Chair Laurie Glaze at approximately 10:00 a.m. on the above-cited date

Due to member preferences during COVID-19 this meeting was held on the virtual platform Webex.

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

Members Present:

Laurie Glaze
Steven Berkshire
Christa Coggins
Sandra Dransfield
Jane Hajovsky
Susan Lyons
Craig Schermerhorn

Member(s) Excused:

Nelsy Dominguez
Antoinette Villamil

County Staff Present:

Patricia Boies, Director, Health Services Division
Elizabeth Peterson, LEAD Program Manager
Jennifer Romero, Health Care Assistance Program Manager

Others Present:

Audie Nadler, NM DOH Health Promotion Coordinator
Kathleen Tunney, CSV Community Health Manager
Carrie Thielen, Presbyterian Health Care Services
Trista Turner, NM Highlands student intern working with CSD
Jasmine Meyer, La Familia Medical Center Community Health Director

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C. Introductions

Those present introduced themselves.

D. Approval of Agenda

Upon motion by Commissioner Coggins and second by Commissioner Lyons, the agenda was unanimously approved.

E. Approval of Minutes

June 30, 2022: Commissioner Dransfield moved to approve the minutes as published. Commissioner Berkshire seconded and the motion to approve the June 30, 2022 minutes passed by unanimous voice vote.

2. Presentation on Hospital Community Health Needs Assessments

Ms. Boies said both Presbyterian and Christus were present will be presenting. This is a follow-up subsequent to a previous presentation and discussion at an HPPC meeting of the community needs.

A. Presbyterian Healthcare Services

Carrie Thielen, Manager of Regional Community Health, shared her screen providing a high level synopsis of the community health assessment implementation plan. The draft document was provided to County staff and is approximately 80 pages. She reviewed data regarding Presbyterian Health Care Services (PHS), its various locations, and employment information.

She noted that in the past two and a half years she has seen the team in regional community health expand in northern New Mexico. Per the Affordable Care Act, this assessment is a requirement of non-profit health care systems. The assessment is important to the community. She stated that overall health is determined 20 percent through medical care and 80 percent through other factors affecting health, such as the physical environments and social needs.

Ms. Thielen said PHS implemented Universal Social Needs Screening which focused on the 80 percent of overall health determinants. Mental health followed by smoking, food insecurity and alcohol were issues at the top of the screenings.

Ms. Thielen highlighted a condensed version of the assessment process:

- PHS has been collecting and analyzing data
- They have been holding forums, focus groups and interviews
- Priorities were identified which led to goals, strategies and measures used in the 2023-2025 plan
- The reports have been finalized and await PHS Board approval

- Community input and community outreach programs include focus groups on maternal and child health, flu vaccines and equity, Covid equity, joint meeting with Santa Fe CONNECT navigators, and HPPC
- PHS continues to solicit feedback

The quantitative data establishes the top health issues as follows:

- Mental health/behavioral health
- Economic stability
- Food insecurity
- Affordable housing
- Access to care
- Senior health, as well as youth and family health

PHS has developed three priority areas and strategic goals:

- Behavioral health
- Social health
- Physical health

Access to health care; community-based resources and removing obstacles that contribute to health inequity were emphasized. PHS has instituted system-wide a health equity committee, LGBTQ+ committee, and a perinatal health equity committee.

Telehealth was an issue mentioned in the forums, and PHS will be working to expand virtual primary care and behavioral health services. PHS will be trained on trauma-informed care and is partnering with Esperanza for domestic violence training.

Commissioner Dransfield asked about PHS's financial investment and whether a budget has been identified, in particular for mental health services. She asked whether PHS would be designating emergency room beds for behavioral health. Ms. Thielen was unsure of designated beds and offered to send that information to Ms. Boies. As far as the hospital budget, it supports behavioral health services. The health plan is also increasing its focus as is the community health department. Ms. Thielen said PHS is continuing to increase its community health on a system-wide basis.

Commissioner Schermerhorn commented that putting the plan into action is difficult and he asked whether PHS has plans to evaluate the plans once converted to action in an effort to determine what has been accomplished. Ms. Thielen said sustaining the implemented programs is important to show people are better off and to reduce costs. Integrating referrals through an electronic medical record can then be tracked, measured and linked to outcomes. The goal is to integrate the programs into records to provide data.

Referring to the more rural areas, Ms. Thielen said the models developed in Santa Fe will be adapted to those areas. The same issues appear across the state. She added that staffing is the biggest challenge. Without adequate staff, the programs cannot be implemented.

Ms. Thielen said the draft full report is available through Ms. Boies.

CHRISTUS St. Vincent

Kathleen Tunney, CSV Manager Community Health, presented the overall community health strategy. CHRISTUS identifies priorities across the life span and also identifies “super” priorities. The super priorities for the coming three years are:

- Behavioral health
- Older adult health
- Health equity diversion and inclusion

CSV strives to improve patient quality as well as supporting a community system of care and collaborations.

Ms. Tunney reviewed the process of forums and evaluations to select the 2023-2025 indicators and priorities. The plan has been finalized and is available on line. She provided a high-level overview. The super priorities from the previous plan included behavioral health and CSV has dedicated over \$1 million to community organizations to advance behavioral health issues. Older adult health was also a super priority in the past plan and CSV is looking to help build the system of care around older adult health. Additional services are needed. Social determinants of health were a super priority and have carried forward within the health equity diversion and inclusion of the 2023-2025 plan. CSV has a medical-legal partnership with NM Legal Aid and is a participant in CONNECT.

Community demographics are used to obtain an overall picture of Santa Fe County and the needs assessment is focused on Santa Fe County.

Environmental determinants have been included in the plan as well as adverse childhood experiences, Native American health, racial and ethnic minorities, LGBTQIA+, and the impact of Covid.

The needs assessment is organized to review each section of the lifespan and review the short- and long-term consequences of the indicators. Where possible, graphs typically show data of New Mexico, Santa Fe County, and the USA.

She noted an uptick in neonatal abstinence syndrome in 2019, which is pre-pandemic, so they will continue to review that. Childhood inoculation data is available, and it appears 30 percent of the children in Santa Fe County are not immunized. Childcare continues to be an issue, with only 8 percent of Santa Fe County children under age 2 having access to a childcare center. CSV is part of the early childhood steering committee and works to support the system and access to childcare. For school age children substance use, depression, suicide attempts, resiliency and obesity were reviewed. Self-reported heightened depression and suicide attempts have increased. Santa Fe County kids are reporting use of substances ahead of the rest of New Mexico and the rest of the country. There may be some progress with the reduction in childhood obesity, which is highly correlated with adverse childhood experiences.

Referring to women, their top three indicators were domestic violence, sexual violence and chronic homelessness.

Santa Fe County has an aging population, and the indicators there were routine access to care, isolation and caregiver burden. Overall, the data shows that 91 percent of New Mexico's over the age of 65 are at risk for social isolation. Caregiver burnout and social isolation were top concerns mentioned at the forums.

The implementation plan will focus heavily on the three super priorities within the life spans. The community health implementation is being developed and is slated for approval by the CSV board in October. The implementation plan will have three levels to identify strategies: CSV direct care strategies, community benefit strategies and community partnerships and collaboration strategies. These strategies support advancing areas for priority focus.

CSV is looking at the lessons learned from Covid, which include expanding Tele-health, equities throughout the system, cultural competencies, and end of life practices.

Ms. Thielen agreed with Ms. Tunney that Covid changed how the hospitals looked at technology and the support to going with that.

The presenters were thanked for their work.

3. **Matters of Public Concern** - None were presented

4. **Matters from Staff**

Ms. Boies said Santa Fe County Community Services Department, along with the Food Depot responded to the Governor's Office request for grant proposals for food security and were awarded \$1.4 million for mobile food distribution focused in rural areas. Logistics of the project are being arranged and she lauded Jennifer Romero for her work on this.

Regarding behavioral health, Santa Fe County Youth Services awarded approximately \$350,000 for evidence-based behavioral health programs for youth.

5. **Matters from the Commission**

Commissioner Berkshire updated the Commission on the Planning Advisory Committee for the Housing Plan. At this point the committee is learning about the ordinances and statutes that are being recommended for introduction which outline how affordable housing will be funded. Those mechanisms include subsidized loans, grants and changes to the zoning districts.

Commissioner Dransfield, who also serves on the advisory committee, added that high density needs to be considered in all communities throughout the county to address the availability and price of housing.

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Commissioner Berkshire suggested inviting the chair of the advisory committee to a meeting to further discuss the issues and how HPPC may become more involved.

Commissioner Hajovsky brought up the increase in suicides occurring at the Santa Fe County jail and asked if the HPPC was in a position to revisit the issue from a health and behavioral health standpoint. Ms. Boies said there are various jail related issues that the County is working on and that these could be a good meeting agenda item.

There was a suggestion that the County should publicize the many initiatives that the County is involved in, its accomplishments and work for the community. Ms. Boies noted that the County is in the process of hiring a communications coordinator.

6. Adjournment

This meeting was declared adjourned at approximately 11:30 a.m.

Approved by:

Laurie Glaze (ps)
 Laurie Glaze, Chair
 Health Policy & Planning Commission

Respectfully submitted by:
Karen Farrell (ps)
 Karen Farrell, Wordswork

COUNTY OF SANTA FE) HEALTH POLICY & PLAN M
 STATE OF NEW MEXICO) ss PAGES: 6

I Hereby Certify That This Instrument Was Filed for
 Record On The 10TH Day Of March, 2023 at 09:32:51 AM
 And Was Duly Recorded as Instrument # 2007915
 Of The Records Of Santa Fe County

Witness My Hand And Seal Of Office
 Deputy *Dorothy Romero* Katharine E. Clar
 County Clerk, Santa Fe, NM

