SANTA FE

BOARD OF COUNTY COMMISSIONERS

SPECIAL MEETING

February 9, 2001

Paul Duran, Chairman
Paul Campos
Javier Gonzales
Jack Sullivan
Marcos Trujillo

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This special study session of the Santa Fe Board of County Commissioners was called to order at approximately 2:10 p.m. by Chairman Paul Duran, in the Santa Fe County Commission Chambers, Santa Fe, New Mexico.

Roll Call indicated the presence of a quorum as follows:

Members Present:	**Members Absent:**
Commissioner Paul Duran, Chairman	None
Commissioner Marcos Trujillo	
Commissioner Javier Gonzales	
Commissioner Paul Campos	
Commissioner Jack Sullivan	

III. APPROVAL OF THE AGENDA

Commissioner Trujillo moved approval of the agenda as published. Commissioner Gonzales seconded and the motion passed by unanimous voice vote.

IV. Community Health and Economic Development Department

A. Discussion and review of the sole community memorandum of agreement between St. Vincent Hospital and Santa Fe County

MR. MONTOYA: Mr. Chairman, I would like to preface the discussion with a

couple of points on some important issues and then defer to our department director and also to the representatives of St. Vincent Hospital who are here today. Mr. Chairman, first of all, I want to point out that the County has been working diligently to strengthen its relationship with St. Vincent Hospital over the last year and six months. And the intention that brought that thought on was that we needed to strengthen our relationship with the hospital because we wanted to improve our health services to the community and we wanted to be able to say in no uncertain terms that we had achieved that goal.

We were able to work with St. Vincent to draft an MOU that is currently executed and several of the programs are being delivered to the community at the present time. We thought that the intent of that process was that we needed to have some strong benchmarks and some definitive programs that we could basically review in terms of attaining benchmarks in the respective areas that the MOU covers. I want to thank Dr. Lucas and the staff. Dr. Gonzales, for being cooperative with us and assisting us in the process of drafting that memorandum, executing the programs and we are now basically in the second phase, since today we'll be reviewing the second MOU that we're proposing to you for execution at next Tuesday's meeting. But we wanted to go over all the detail today to make sure that all the questions the Commission has or have might be answered specifically by either our staff or by St. Vincent.

I also want to point out Mr. Chairman, that issues relative to questions about how the Indigent Fund was managed and how we had accountability for those sums of money were also brought to the table last year and I believe we've made a concerted effort to try to answer those questions and to close those gaps and provide that service that is so important to the community. With that, Mr. Chairman, I thought that would be a good preface to the discussion today. We were asked by some of the Commissioners to ask St. Vincent to bring forward a financial position report to tell you about the current condition that the hospital is under at this time. There have been some discussions in the community about how St. Vincent is delivering its service and its financial status. And with that, Mr. Chairman, we had asked Dr. Lucas and I'm not sure exactly who is going to present the financial position, but after that position has been laid out for you and there's some Q and A on that, we then would like to go to the issue of the MOU. So with that, Mr. Chairman, I defer to anyone else who might have a comment here on this table and then defer to Dr. Lucas for the presentation.

CHAIRMAN DURAN: I have one question, Sam. Has the MOU—are we talking about a new MOU?

MR. MONTOYA: Well, Mr. Chairman, what you have before you in the packet today is going to dictate the programmatic design for the coming year for 2002. And we are also asking that the existing MOU that is set to expire in September of this year that it be extended for an additional year as well.

CHAIRMAN DURAN: I guess the question, the reason I ask is that I don't think that I have a copy of what we're talking about today. I don't think Commissioner Trujillo

does either.

MR. MONTOYA: I'm sorry about that, Mr. Chairman. I thought the packets were disseminated. Mr. Chairman, the first part of the presentation goes to the presentation by St. Vincent on their financial posture and then we'll answer any questions relative to the MOUs and explain them very thoroughly as well.

DR. JOHN LUCAS: I want to convey to the Commissioners that we're very happy to be here today and we're looking forward to developing an ever improving partnership between the hospital and the County. Marjorie, just to introduce our team, Marjorie Goldstein is our Chief Financial Officer and she'll be doing most of the presentation about our financial performance this year. Dr. Gonzales is our Vice President for Community Network Services and Karen Plyler is our Information/Public Relations Specialist.

At this point I would like Marjorie to present that to us and I'll make some final comments. Marjorie?

MARJORIE GOLDSTEIN: Thank you. What I'd like to cover today is just to really give you more information about not just the hospital's financial position, but also a better understanding of uninsured care. I know it's a big issue. It's a big issue that's costing the hospital a lot of money this year, and I know it would be helpful to you or you to get a better understanding of that. In addition, we'll talk about some of the things we're doing to preserve the financial viability of the hospital and to ensure that we can continue servicing the community.

On page 3 of this handout [Exhibit 1] I'm going to talk about the financial position. We have incurred for the first six months of our fiscal year an operating loss of $1.8 million. And following this, some of the reasons why we're incurring this particular loss. First we have costs related to a nursing shortage, and I'll get into more specifics about these items later on in the presentation. In addition, we've seen reduced surgical volumes and that directly impacts the revenues of the hospital and the operational income loss to the organization.

Third, in August of this year, the Balanced Budget Act, part of the Balanced Budget Act was implemented for reimbursement of Medicare outpatient procedures and that has some serious reductions to the reimbursements we were receiving from the federal government. An additional higher pharmaceutical and supply cost and a large portion of uninsured patients and self-pay.

On the next page, there's a nursing shortage throughout the entire country, and there's some economic realities of what that shortage really means. First, there's higher premium pay. If you have people who are working a lot of overtime or are working different shifts, there's a lot of premium pay, that's time-and-a-half pay and if you're not staffing to the levels that you need to be staffed and you're incurring these costs it's a very expensive way to run an operation. But this is something that's being experienced throughout the industry. It's also something that we're very focused on as far as assigning a recruiter to specifically focus on

getting nurses into the organization, getting them in faster than they've been brought in before.

Also, when you have a shortage you incur a lot of traveler and agency costs. It's like temporary nursing staffing. Once again, it's very high cost. When you incur these other problems, you get some other things that happen too. For example, when people are working beyond their 40 hours, when they're doing that routinely, when they're really stretched, people get injured on the job. There's a higher likelihood that we'll incur workers' compensation costs and we see that as the nursing levels fluctuate. In addition this year, and I think everyone in the country is experiencing this, we're incurring higher health benefit costs for our employees overall.

On page 5, this addresses the surgical volumes. This past year we've lost two general surgeons in the community, and this has a dramatic impact on the hospital's revenues and profitability, and we are running 13 percent behind our projected budget, and we're running even behind last year's surgical cases, by seven percent. And I've estimated actually that this might have anywhere between a $350,000 to half a million dollar impact on the hospital's profitability picture.

CHAIRMAN DURAN: When does your fiscal year start?

MS. GOLDSTEIN: July 1.

CHAIRMAN DURAN: Thank you.

COMMISSIONER CAMPOS: Question. The loss of two surgeons, is that the explanation for the loss of the income in additional surgeries?

MS. GOLDSTEIN: The loss of the two surgeons is primarily contributing to the reduction in volume, yes.

COMMISSIONER CAMPOS: You think people are going elsewhere for the surgery, going out of town?

MS. GOLDSTEIN: No, no. I'm saying—well, there's probably a combination of things going on and John, you might want to address that.

DR. LUCAS: I think some are going elsewhere and some people just aren't getting the surgery. There's a longer waiting time for surgeries. I believe some are leaving the community. I also don't want you to feel that it's a permanent situation. As we go through our outlook for the future we will demonstrate that we are aggressively recruiting surgeons at the present.

COMMISSIONER TRUJILLO: But it is having an impact on the quality of service immediately?

DR. LUCAS: It could have an impact in access to elective surgery for people who might wait a few weeks longer than they normally would if we had the full complement of surgeons. But emergency surgery is taken care of.

CHAIRMAN DURAN: What's the total number of surgeons that you have on board?

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DR. LUCAS: Well if you include all the subspecialties--neurosurgeons, orthopedists, plastics, as well as general, we have about 20.

COMMISSIONER GONZALES: Mr. Chairman, Dr. Lucas, is that comparable to other communities our size in the delivery of service in terms of what surgeons are providing?

DR. LUCAS: Yes. Actually, this we've lost many general surgeons from the state in the past twelve months. We've lost eight general surgeons in the state. There's somewhat of a statewide shortage.

COMMISSIONER GONZALES: But in terms of the delivery of service we're at the target where we need to be in terms of surgical staff?

DR. LUCAS: Yes.

MS. GOLDSTEIN: The other thing that impacted us beyond what we had anticipated was changes in the Medicare reimbursement for outpatient procedures. Part of the Balanced Budget Act introduced ambulatory patient classifications that took place in August of 2000. We were expecting about half a million to $600,000 and we budgeted for that for this fiscal year. However, the numbers are coming in dramatically higher than that and so that's had an impact as well.

This was also such an extreme change in the process by which claims need to be submitted to the Medicare third party intermediaries and as a result a lot of new systems had to be implemented, new processes had to be implemented, and as a result it consumed a large portion of staff time, especially staff in the patient financial services area and distracted a lot of that staff from other projects that were in place and as a result it was a really high cost. We're fully implemented by this time and we are remitting bills properly to the Medicare authorities and they're getting reimbursed. Unfortunately, not a great rate, but we're getting reimbursed.

DR. LUCAS: Just for reference, in our whole revenue, 50 percent of what we do is outpatients and 50 percent inpatients. So it's a sizable portion. The total percent of the revenue covered in the deduction would be about 15 percent.

COMMISSIONER TRUJILLO: And ambulatory is outpatient, right?

DR. LUCAS: Yes.

MS. GOLDSTEIN: The next area where we've incurred higher costs is in pharmaceutical and supply costs. Two factors really driving those higher costs. There's a nationwide--pharmaceutical costs are growing. This is something that St. Vincent alone is not facing. The most recent statistics that I've seen have said 20 percent growth in costs over the past year. In addition, we're seeing growth in supply costs. When you look at our surgical volumes, we're seeing growth in some of the more complex surgical procedures including neurosurgery, orthopedic surgery, and as a result the supply costs related to those surgical cases is increasing.

CHAIRMAN DURAN: I have a question. Why wouldn't you pass this cost on

to the consumer like every other business does?

MS. GOLDSTEIN: We actually are increasing our prices, taking into consideration these higher supply costs.

CHAIRMAN DURAN: So if you did that, then this really wouldn't affect your bottom line.

MS. GOLDSTEIN: Well, it depends.

DR. LUCAS: Ninety percent of the way we're paid is fixed. So actually with the technology involved the payers won't pay anymore. So it may take two to three years for payers to catch up.

CHAIRMAN DURAN: Who are the payers?

DR. LUCAS: The payers are Medicare, Medicaid, the managed care programs in general.

CHAIRMAN DURAN: So their reimbursement program, it takes a while for them to get caught up to existing increases?

DR. LUCAS: Yes. And most of our contractual arrangements—this is typical of all hospitals, for fixed reimbursements. For example the government—you can't pass costs on to the government. Every year they negotiate a rate increase. If you have a surgeon that's using an expense piece of technology, as part of the supply you will not get reimbursed for that for several years.

CHAIRMAN DURAN: Okay. I understand. Thank you.

MS. GOLDSTEIN: And finally, one of the largest drivers of all is our bad debt costs related to uninsured patients and self-paid patients. When we talk about bad debt costs we talk about the fact that on your self-pay, your uninsured patients, you're lucky if you get ten percent reimbursement on charges. So basically, you're looking at just writing off 90 percent. In addition, there are also collection efforts related to the co-payment for insured individuals too. So in total, we're projecting $12 million in bad debt for this year and it's primarily driven by uninsured patients.

And with that, I'd like to go on into a discussion about who those uninsured patients are, and really drill down, because what we've seen is a large growth in the costs associated with caring for the uninsured. We've seen more uninsured cases, so the next part of the presentation will drill down into Santa Fe County and it will drill further down into where we're seeing the growth in costs, and then we'll look specifically at ten patients and who has qualified for indigent and who has not qualified for indigent and just some background about those particular patients.

On page 9 I'm just providing some definitions about what I'm talking about when I'm talking about uninsured care, and it includes patients that are identified as self-pay, so no insurance attached to that person, indigent, meaning that they've been identified as indigent based on the guidelines of the Santa Fe Indigent Fund, or charity. And charity are those

patients who are really border line indigent or Medicaid patients, but for some reason haven't qualified for that. Based on some guidelines, I think 200 percent poverty and some other guidelines, they can then be identified as charity. We get some benefit in how Medicare reimburses us and adjusts our annual reimbursement based on the charity.

The data that's presented includes a six month period that ends December 31, 2000 and compares it to the same six-month period of the prior year. Whenever I'm talking about costs also those costs are presented net of any reimbursement that we may have received. First of all, on page 10, it shows what we're seeing with uninsured cases. This graph depicts the total cases that we care for and it also presents Santa Fe County cases. And as you'll see, especially in the last three months of calendar year 2000, we've seen a dramatic rise in the self-pay cases.

I you turn to page 11—

COMMISSIONER SULLIVAN: In looking at the graph it looks like that rise is seasonal. The same rise seems to occur in the year before. Is there something dealing with Christmas or the end of the year or something that would cause that?

DR. LUCAS: There's pneumonia and respiratory illness.

COMMISSIONER SULLIVAN: So it's common for that to rise in the last three months. It's not necessarily a trend that's going to keep going up and up and up and up if you follow these graphs. It will go back down again.

MS. GOLDSTEIN: Yes, that is true, but I think if you put a trend line here. If you followed it and put a trend line on this page, you'd see that we're just seeing continued growth in the level of uninsured cases.

COMMISSIONER SULLIVAN: It also appears the level of uninsured cases is fairly constant as a ratio of your total cases.

MS. GOLDSTEIN: Well, the top line here represents the uninsured cases, total uninsured, and the bottom line represents Santa Fe County.

COMMISSIONER SULLIVAN: Santa Fe County. So Santa Fe County cases are tracking—

MS. GOLDSTEIN: With the total uninsured population.

COMMISSIONER SULLIVAN: So if you draw a line, the total cases are going up and you're Santa Fe cases are going equally up.

MS. GOLDSTEIN: Right. Right. What I've seen is both in the year 2000 and 1999, Santa Fe County cases represented 81 percent of the total cases.

COMMISSIONER SULLIVAN: So I'm not seeing a big change here. Nothing dramatic where things are diverging where you're Santa Fe cases are increasing proportionately over the total.

MS. GOLDSTEIN: That's right. That's right.

COMMISSIONER SULLIVAN: Basically, I'm seeing everything pretty constant.

MS. GOLDSTEIN: Correct. On page 11, these graphs compare the number of cases, 9,475 in 2000 compared to 8,172 in 1999, which is a 16 percent growth in volume. However, the costs related to these cases has grown by 55 percent or $1.8 million. And we'll drill down further so you can see where most of that is coming from.

The next page is just for Santa Fe County. And what we see that the net costs in caring for the uninsured cases in Santa Fe County has grown by $1,470,000. Santa Fe County costs represented 77 percent of the costs of uninsured care in the year 2000 compared to 74 percent in the prior year. So there's some growth there. So then the question is where is this growth coming from, this $1,470,000? On the next page is a pie chart, and if I had printed this in color it would have been easier to see, but I didn't. And it shows that 60 percent of the increased costs is attributed to higher acute inpatient costs. These are patients that are in the hospital, medical/surgical patients that have an inpatient stay in the hospital. It does not include inpatient psych unit, where we have seen some increases, and it does not include our inpatient rehab unit. It's specifically the acute inpatient care.

So on the next page, what we did is we said, okay, well, we're seeing that all of the growth is coming from acute inpatient care, so what's going on there? And you see a distribution of the cases and then the charges, based upon the amount of the charge. So for example, patients who had a bill of $10,000 or less, there were 495 uninsured cases from Santa Fe County in 2000 compared to 396 cases in 1999. The most extreme component of this is if you look at the claims that are more than $50,000. In 1999 there were five patients in that category. In 2000, there are ten, and that contributes to about $1.6 million in charges. If you look at the far right side, if you look at the charges and you see the growth in the more the $50,000 in claims. Does anyone have any questions about that?

COMMISSIONER TRUJILLO: So what do you attribute that to?

MS. GOLDSTEIN: I'm going to get there.

COMMISSIONER SULLIVAN: What does charges mean?

MS. GOLDSTEIN: Charges are what's being billed to the patient.

COMMISSIONER SULLIVAN: But not what you get.

MS. GOLDSTEIN: Oh, we're getting hardly anything of that.

COMMISSIONER SULLIVAN: You said this was net. So these dark lines on the chart are what you get, right?

MS. GOLDSTEIN: No, these are actually charges, what the patient is billed, even though we get very little of that. It's not costs, which is what I was talking about earlier. Costs are probably 70 percent of this, give or take.

COMMISSIONER SULLIVAN: I looks like you incur the most costs in the cases that you're also charging quite a bit more. In the $10,000 to $25,000 cases about twice as much.

MS. GOLDSTEIN: Well, that's strictly because of volume and some other

particulars about these particular patients. Okay? And although we do charge more for uninsured cases, once again, we're lucky if we get ten cents on the dollar.

DR. LUCAS: We haven't had a price increase in years. These charge increases aren't generated by any kind of price increase. The same charge [inaudible]

COMMISSIONER SULLIVAN: So you get about 70 percent of what you charge.

MS. GOLDSTEIN: No, our costs are about 70 percent of what we charge.

COMMISSIONER SULLIVAN: So your costs—

MS. GOLDSTEIN: Right. On these particular patients, we're lucky if we get ten percent. What I wanted to do on this next page is identify for you now how this breaks out between what we've identified as indigent versus self-pay versus charity. So what you see of the total 610 patients, so far we've identified 110 as indigent, 495 as self-pay and 5 as charity. Now this charity process is a process of people manually going in to the system and saying, okay, we've done everything we can do with this patient. Based on everything, we now need to classify this person as charity.

The other thing I want you to be aware of is if someone comes into the hospital and presents no insurance, obviously doesn't qualify for Medicare, might qualify for Medicaid, they're identified as a self-pay patient until that time that they are reclassified as an insured or Medicaid patient. Most likely, most of these patients will not be reclassified but it's constantly being monitored and adjusted accordingly.

If you go to the next page then, you'll see the charges related to these patients. I don't want to spend a lot of time here, because I think the next page is even more relevant to the discussion. On page 17, I'm focusing in on those ten patients that had charges of over $50,000. Now most of these patients had very long stays in the hospital. Half of these patients were identified as indigent, half of these patients have been identified as self-pay. And I wanted to give you some flavor about what these—who these people are. If they haven't been identified as indigent yet, why they haven't been. If they have been identified as indigent, looking at the realities of the situation.

For example, patient number four had a stay in the hospital and incurred $70,589. They were discharged back in August. They were previously identified as an indigent patient, but they previously reached their cap of $35,000. The patient has other accounts totally $175,000, and people within the hospital are working to find an alternative pay source.

If you go down to patient number 5, they've incurred about $75,000 of charges and we are working and expecting to obtain approval for Medicaid eligibility. But the realities of Medicaid reimbursement are, because as Dr. Lucas said before, there's fixed payment, we'll probably get in the range of $5,000 to $10,000 of reimbursement on this particular patient.

Patient number 6 incurred charges of almost $90,000. This person was homeless, tried to get some kind of paperwork but because they had no residency, could not qualify them as

Santa Fe indigent. There's no funding available there. So I want to give you some flavor of who some of these patients are. Patient number 9, $147,000. This patient is identified as potential indigent. I know that people within the hospital working closely with the patient and the patient's family to get all the paperwork in place to have this person qualify, but in the meantime, we're also looking for any alternative source of funding.

ROBERT ANAYA (CHEDD Director): Marjorie, you gave two examples, one of a homeless individual and one of somebody who'd reached the cap as self-pay. is it a large number of self-paying that you're still going to look at to classify whether they're indigent or not?

MS. GOLDSTEIN: Oh, yes. Yes.

MR. ANAYA: Is there a ballpark estimate or are those just internal things that the hospital will be working towards classifying them as self-pay or indigent?

MS. GOLDSTEIN: What the hospital does is immediately upon getting information about the person, they quickly identify if the person has not presented any insurance, they immediately identify what is the income level of this individual? What kind of assets does this individual have? What kind of things might this person qualify for, and immediately start heading down the path. For example, if there's the potential that they would qualify for indigent, then they immediately start preparing the paperwork and Steve is very familiar with this process. Preparing the paperwork, following up with the patient, getting all the information you could possibly get to then provide to the County Indigent Fund.

By the same token, if the person is potentially Medicaid-eligible, it's pretty simple to immediately identify children and pregnant mothers as Medicaid-eligible. Other patients, there's a much more involved process where the patient has to complete paperwork, present it to the Medicaid office. The hospital representatives, the employees of the hospital, may not be like an advocate, serve as an advocate for those patients. So what the hospital has done is invested in bringing in another company that specializes in this. They're medical assistants or a medical advocacy group, to work with these patients and walking them through the process of getting them certified and eligible for Medicaid. But it's a very intensive process.

On page 18, the perspective of taking a look at the bigger picture. Now part of this, once again, relates back to the surgical volumes. Hospital admissions are down half a percent from last year, so they're running at 6,005 compared to 6,035 a year ago. And what's having a real severe financial impact on the hospital is the reality that the uninsured patients represent a larger proportion of these admissions. So we're looking at 15 percent this year, compared to 11 percent last year.

And then on page 20 is something we received from the American Hospital Association that just identifies, talks about uncompensated care costs growing throughout the country. We do have a very high uninsured population in this county, but the trends are happening throughout the nation.

COMMISSIONER GONZALES: Can I ask a question? Oh, Dr. Lucas, are you going to finish the presentation? Because I was just looking at the outline and that's where I have questions.

DR. LUCAS: Please. I can go through it but—

COMMISSIONER GONZALES: Just, I'm looking at the short-term and the long-term outlooks. I guess first on the short-term, on the physician eliminations, will those, I know through the last series of lay-offs that you had you did a lot of line managers I guess. Are there any line employees like nurses and others on the delivery of services that are going to be jeopardized with that? And then the next question is, on the cost controls for labor, I had a chance to visit with a nurse recently and was just asking questions about compensation and everything like that and she was very pleased with St. Vincent Hospital and talked about the fact that St. Vincent over the last two years has done quite a bit in bringing nurses to where St. Vincent offers one of the highest pays for nurses in the state. So will that, will the cost control effort in the labor area affect their ability to continue to grow as they have over the past couple of years. That's my question on the short-term and then I'll ask a question later.

DR. LUCAS: We treat the patient, the direct patient care as sacred. That's something that we don't want to touch in terms of lay-offs. Most of the lay-offs we did were in programs that could be done in the community or in streamlining management. There are just so many places you can go to cut costs and not jeopardize quality, but management in the long run, it's not good for the organization to have less managers. All those people were doing valid jobs, but we had to go through a short-term correction.

Many of the people—there were 58 people affected by lay-offs. Thirty of them were immediately rehired within weeks in other roles. Some of them in direct patient care roles so I'm optimistic that virtually everybody that was laid off will either end up with a role within St. Vincent over time or in another agency in the community. Now in terms of the nursing costs, it's not really—the problems for us that drives labor costs up is when we're understaffed, because in our agreement with the nurses, again our agenda is to protect the nurses, not only economically, so that we can be viewed as the best place to work, but we want a very, very safe patient care environment.

It wasn't so long ago that the nurses came to the County Commission to complain about working conditions, about the hospital being understaffed. Some of you certainly heard that two years ago. So we did not want that situation to take place again, so we put a provision in the labor contract called "below minimum core." So that we promised the nurses that if the staffing fell below, that everybody on a work unit would be paid a bonus. But even with that we still run a shortage of nurses. There's a national shortage and we still haven't been able to recruit as many as we need to prevent "below minimum core" from happening. So a lot of our variance is due to a shortage of staff more than it's due to what we're paying.

COMMISSIONER GONZALES: And briefly just what will be some of the

efforts on the hospital to close that gap, that shortage?

DR. LUCAS: One of the laid-off managers actually has been brought back as a full-time nurse-recruiter, who works directly for the director of nursing, and all she does, every single day, is phone nurses. She solicits applications, gets people in, expedites the hiring process. So we're relatively, in spite of the dearth of nurses across the country, we're relatively certain that by having this very, very focused effort, we'll be able to close most of the gap within 90 days. But it takes a herculean effort. The hospitals in Albuquerque are paying nurses $5,000 recruiting bonuses right now. Another $5,000 if you sign up for a second year. So these are some of the tactics that are employed to compete for this finite pool of nurses.

The travelers, we trying to avoid the use of travelers, but the companies that have the traveling nurses are also experiencing the shortage so they are bidding up the price, so the cost of travelers is going up at a 20 to 30 percent rate a year as well.

COMMISSIONER GONZALES: At one point St. Vincent talked about and continue to be working down this path and that is to become more of a regional hospital.

DR. LUCAS: Yes.

COMMISSIONER GONZALES: In that vein though, understanding how most or many people in northern New Mexico will be classified as uninsured just because of their economic situation, does that conflict with your vision of becoming a regional hospital and knowing that as you broadened St. Vincent's base to be in other communities that some of these uninsured individuals will have a large impact on your bottom line and therefore hurting some of the services for Santa Fe County residents?

DR. LUCAS: In the short run, it does hurt. And we are seeing uncompensated care grow that's coming from other counties. And we're very concerned about this, but on the long-term, on the next page you'll see in the long-term solution, what we're doing now, and we have gotten a grant from HERSA of HHS called the Community Access Program grant, so we're restructuring the hospital. We've created a Department of Network Services and that's why Dr. Gonzales has come to work with us so that he could head that up. But in part of the focus there is to use some of the Sole Community Provider funds to support the growth of a virtual northern New Mexico health system.

We also have augmented what we expend out of the sole provider fund with the CAP grant. We got $1.2 million for that. We have a growing set of community health partnerships where we have an organization called the Sangre de Cristo Health Partnership. It has La Familia, Las Clínicas del Norte, Health Centers Northern New Mexico, possibly PMD will be joining us soon, RAFCAM up in Rio Arriba County. So we know that, and we recently had a health care summit here, which was very well attended by members of local government. But we had representatives from places such as Tampa, Florida, Hillsboro County, where they demonstrated that if you create a system of care that offers early access and prevention, that you can get your overall acute uncompensated care costs in the hospital down. Now, it takes

multiple years, but we're convinced that through this health partnership, by offering more access, we can move people out of our emergency department to the primary care centers, that we can get chronic conditions such as diabetes and substance abuse and other behavioral conditions aggressively treated. We think that will cause a reduction in demand for acute inpatient care and ER care at the hospital.

But you can appreciate that kind of systemic change may take two to three to four years to show a demonstrated result. In going back to the short term, when we saw the sudden decline in fortunes, primarily due to supplies, labor costs and growth in uncompensated care, we felt we needed to take aggressive action to get ourselves to a break-even situation. But in no way will we back off from this vision we have of creating a system of care for the uninsured. Part and parcel of maintaining that system of care for the uninsured is to create the necessary processes where we can get more people enrolled into Medicaid and other programs.

COMMISSIONER GONZALES: Is there going to be a needed effort, a more collaborative effort amongst the county governments in the regions to support what you're talking about and if so, when do we start and how do we begin creating that environment for that system of care?

DR. LUCAS: We believe that this should be almost a de facto region health authority, and that local government needs to be a strong partner. We were fortunate in having had some Commissioners and others from adjacent counties come to that and I think they're very interested in supporting this. We need to bring the other hospitals along to participate as well.

COMMISSIONER GONZALES: And they may be in good positions to bring those other hospitals along.

DR. LUCAS: Exactly. One of the gentlemen that's on the—the mayor of Taos for example, and he's on the hospital board and he was very interested in what we were doing here.

COMMISSIONER GONZALES: My last question is, on the long term outlook, under the Community Network Services, a coordination of care for the uninsured. It seems to me that certainly one of the goals that the Commission had when they adopted the Health Planning Commission or creating the Health Planning Commission was to create a more coordinated effort to accomplish some of the gaps that were occurring in our community in terms of delivery of services. I'm wondering from your perspective, what more can we do as a community to bear the burden that St. Vincent has basically borne in taking care of the uninsured and how are we going to distribute some of these uninsured costs to some of these organizations that exist for that reason, to help out needy individuals who don't have access to that?

DR. LUCAS: We have a lot of activity in the community that's uncoordinated.

COMMISSIONER GONZALES: Right.

DR. LUCAS: Some duplication of effort. And I think Commissioner, what you've described is Dr. Gonzales' work charter for the next five years. He really will be staffing this whole process of bringing this community health partners together. He doubles as the executive director for the SDC partnership. So he's in direct contact with these other players and what we're attempting to do. For example, we will negotiate with La Familia to have more primary care access so that we can shift some of the patients away from the ER back to them, but they need resources from us if they're going to expand their ability to do that.

So there's a constant dialogue between the parties so that we get a result. So if we provide resources to La Familia and they expand and take those patients, ultimately the costs of care in the county go down.

COMMISSIONER GONZALES: I guess my question for the staff then is the Health Planning Commission focussed on these efforts? Are we going to see more of a coordinated effort of the Commission stepping up to the plate to support St. Vincent? That's why they exist. I know we talked about for some time the whole duplication of effort that's going on in the community and I'm just wondering, are they making progress in these areas?

MR. ANAYA: Mr. Chairman, Commissioner Gonzales, as recent as yesterday at the Health Planning Commission meeting, some of these exact issues were discussed and have been discussed since the inception of the Health Planning Commission. And in fact, Dr. Gonzales and others on the Health Planning Commission have a cognizance, a focus I should say, an effort on doing exactly what you've just presented and making sure that not only are we coordinating with the hospital and other entities in the community, but we're starting to look at coordinating with some of the smaller grants to the Commission and making an issue of maximizing those grant. So the answer to your question is yes and we will be working closely with the CAP process and Mr. Shepherd and myself and Virginia have been involved in discussions.

And I guess I would highlight and Dr. Lucas, maybe you can expand on this, but the regional effort of the counties in the regional area, Santa Fe County is the single most soluble financial entity within that group so without a doubt we are going to be at the forefront of a lot of discussions to ensure that Santa Fe County's residents stay in Santa Fe County. So that we need to work collaboratively towards a regional system.

DR. LUCAS: Now, going back to your original question, does our desire to be a regional, specialty-oriented medical center come into conflict? These forces are in conflict. Unless we anchor the efforts to create a system of care for the under- and uninsured in northern New Mexico, we feel that we will have a lot of criticism coming from the community saying that we're expending resources in the wrong places. So ultimately, we have to be prepared to do both. That if we want to make capital investments in specialty services, we have to find solutions for access to primary preventive care. So our goal is to do both of these things.

COMMISSIONER GONZALES: I'm all for the regional relationships. I think

that that's where we need to be and whatever we do I think this County can help create that environment, that system of care. I have a good friend who's a commissioner in Hillsboro County and I've heard him talk over and over and over just about how well things are going over in Tampa and I'd like to see what we can do to achieve the same system in place over here.

I need to excuse myself, Mr. Chairman. But thank you for being with us.

DR. LUCAS: We basically wanted to convey to you that our short-term efforts are really focussed on positioning St. Vincent to be a hyper-efficient component of a larger system. So we want to make sure that we have state of the art systems to manage supply and labor. We feel that we need to focus on what we do well which is inpatient care and some outpatient care. We don't want to get ourselves into programs we're not expert at such as managing doctors' offices or outpatient rehab, but we don't want to abandon those responsibilities but we think many of these things are best done in partnership with others.

For example, when we did the adolescent behavioral care, we did that in partnership with PMS and we created Su Vida. And we thought that was a far more efficient approach to combine the expertise of both organizations to create this new program. So you'll see that pattern emerging in us that rather than trying to be everything to everybody, we want to focus on what's our core business. We want to make sure the community needs are met through partnerships. But I believe that we should share information with you regularly and our intention is to demonstrate to you that we are a very well run, tightly run institution, that there is no waste there, and that we want to make sure that if we do that, we generate a surplus that can be reinvested in many of these community programs as well as technology and capital investment and specialty care.

COMMISSIONER SULLIVAN: A few quick questions, Dr. Lucas. One, what was your financial position in the comparable six-month period prior. You had an operating loss of $1.8—what was it from the same period the year prior?

DR. LUCAS: We were at about break-even last year, and so we're off, for the comparable period about $1.8 million.

COMMISSIONER SULLIVAN: So for the six months ending 12-31-99, you were—

DR. LUCAS: Break-even in operations. We have some non-operating income, which comes off interest from our reserve fund.

COMMISSIONER SULLIVAN: You didn't lose $1.8 million this past six months. You're operating loss was $1.8 million.

DR. LUCAS: That's right. Exactly. That's off-set by non-operating income and Marjorie, with the non-operating income, where would we be?

MS. GOLDSTEIN: With the non-operating income, we had about a $1 million profit.

COMMISSIONER SULLIVAN: A million dollar profit. Let's do more non-operating income.

MS. GOLDSTEIN: What's dangerous is that we continue to do this, then we're going to start eating into our portfolio. In addition, the other thing is, the reality is that the hospital has made some significant investments this year in capital equipment and facility renovation and remodeling, so there's a fine balance there with those reserve funds so that we can continue to generate the investment income and if we're not careful we're going to have to start eating into that and that could be a very dangerous situation.

COMMISSIONER SULLIVAN: So for this calendar year, you're saying you had a total income of about a million. Was that similar to what it was the year before?

MS. GOLDSTEIN: Last year was higher, although part of it was due to some non-recurring, one-time gains from Medicare adjustments for some cost reform.

COMMISSIONER SULLIVAN: So I take it, what we can gather from that is that your operating costs have increased significantly but your total income has been about the same over the two years.

DR. LUCAS: Yes.

COMMISSIONER SULLIVAN: You've made a profit that's been about a million after you deduct the non-recurring costs. The other question I had was on your recruitment, other than I've seen ads for health fairs and recruitment fairs and so forth, do you still use the system where the only way that you can submit an application to St. Vincent is by telephone and using the automated application system.

DR. LUCAS: The nurse recruiter will replace that system, so we'll have a live person responding to inquiries.

COMMISSIONER SULLIVAN: But up until now that's been the only mechanism of putting in an application is going through that process which I've heard is very often a one-way process. Nothing comes back.

DR. LUCAS: That's true. People have not responded favorably to that process.

COMMISSIONER SULLIVAN: I just wonder how you can recruit people and be considered a caring an personal hospital when all you get is an answering machine that never gets back to you.

DR. LUCAS: We don't feel that's satisfactory and we've replaced that process.

MR. MONTOYA: Mr. Chairman, there are two additional discussions that could take place today and I guess we need some guidance from the Board on how you want to approach this. The two things we have for you today is an update on the existing MOU which is the report after the agenda, the report specifying how we're doing on each objective that's been laid out in the MOU. And the second document is the actual MOU for the upcoming year that has as part of it an attachment that talks about the programmatic elements. And I'm not

sure what you would like to cover first but I did know that you wanted to be out of here by 4:00.

CHAIRMAN DURAN: Well, Commissioner Trujillo has to leave here in a few minutes and Commissioner Gonzales had to leave for personal business. But maybe what we could do—I was looking at this. Maybe what we could do is rather than go into a lengthy discussion on the progress column, if we could go over the objectives and we can pretty much read the right hand column, the progress and maybe if you could just touch lightly on the progress that you've made. And then we can move into the memorandum for the next year based on this same format. Does that work for everybody? So let's do the two-minute drill on both these.

MR. ANAYA: Mr. Chairman, Dr. Gonzales is going to provide some highlights for the Commission. I would just like to state that prior to the first MOU and the subsequent MOA we did not have the communication in the past that we have after we did submit these documents. Staff has been diligent in working with the hospital to get more and more detail, to provide more detail. And with that I would turn it over to Dr. Gonzales.

CHAIRMAN DURAN: When did these memorandums go into effect? When did this communication start taking place?

MR. ANAYA: Mr. Chairman, Commissioners, about a year and a half ago the County Commission through the Indigent Board requested to us that we move towards accountability for the actual dollars expended under the program.

CHAIRMAN DURAN: Dr. Gonzales.

DR. GONZALES: Thank you, Mr. Chairman. Thank you, Bob. Basically, I'll try to take us, I'll do the two-minute drill on some of these agreements. We had two agreements at work. One was a memorandum of understanding which was implemented in February of 2000, which is what I will go over first, and then the second was the memorandum of agreement which was implemented with the supplemental dollars that came from Medicaid to the Sole Community Provider fund and that was implemented in August 2001.

Quickly, through to lead us to where you really want to get to and that's the memorandum of agreement for next year, basically, what we are doing in the memorandum of agreement for next year is just amending the current memorandum of agreement with a few changes with respect to reporting, which were requested by Commissioner Sullivan, and the process for renegotiating a new memorandum of agreement and the increase of some of the dollars to some of the specific programs. They're still basically the same programs but an increase in dollars that was requested for the County.

So basically, that's where I'm going to be taking us to so that you can review that. In the memorandum of understanding in February 2000 there are a number of objectives. The first was basically, to provide quarterly reports to St. Vincent's finance committee and the Santa Fe County Indigent Fund to have representatives from the hospital and the County meeting on

the third Tuesday of every month and to develop a joint process improvement team. Basically, that had to do with the actual Indigent Fund claims that were being submitted to the County. Steve has reported that basically, for the period of July 1, 2000 to December 31, 2000 the hospital has increased its Indigent Fund Board approved complaints by almost $800,000 from the previous year and that there have been monthly meetings that were held after these initial agreements for a period of six months between the hospital claims department and the Indigent Fund reviewers. So that during that period the documentation, the timing and the processes for submitting those claims were resolved.

Furthermore, in October, the Indigent Fund staff leased space at the hospital and that has improved the communication with respect almost on a daily basis to improving the process and the approval of indigent claims. So I think Steve is in constant communication with Marjorie's staff in terms of payments and he's in constant communication with me with respect to the implementation of the grants.

One of the questions that was asked was objective to the subsidy to the emergency medicine group as well as to the other physicians, trauma surgeons, pediatricians, etc. with respect to the Indigent Fund. Marjorie reports that the hospital has complied with this objective, with giving close to about $150,000 a year to the emergency medicine group. Almost an additional $374,000 in additional compensation for professional services in urgent care for the medical director services provided in the emergency care and urgent care departments. In addition, the trauma surgeons and the pediatrician physicians have been reimbursed close to about half a million dollars and within the past 12 months with the initiation of the inpatient hospice program, the hospital has subsidized that program for almost $300,000.

CHAIRMAN DURAN: Excuse me, Doctor, I have one question. The payment of $150,000 and then the emergency medical group, $374,000, where does that money come from? Does that come out of the Indigent Fund?

MS. GOLDSTEIN: We don't use those funds specifically for that. It comes out of just normal operations, normal cash flow for the hospital. And the $150,000 represents specifically subsidy to the emergency group for, because they care for a lot of indigent and then they are reimbursed for those services.

CHAIRMAN DURAN: Right. But does that come out of the funding that we give the hospital?

MS. GOLDSTEIN: Somewhat.

CHAIRMAN DURAN: I don't have a problem with that because I understand the reason for that. I just want to if that's where it came from.

DR. GONZALES: The other objective was to establish and office of community medicine, an outreach, to facilitate additional funds and grants for community care, increased collaboration with the County Health Planning Commission and that the hospital would take responsibility for certain programs for the County as with the preapproved budget.

As Dr. Lucas mentioned, we established the Community Network Services Department in August and our particular responsibility is to ensure that there's sound implementation with the County of the Sole Community Provider memorandums of agreement.
In addition, we have established a memorandum of agreement implementation team that meets on a weekly basis to review the progress of the implementation, the funds, and we will recommend some changes to that team in the new memorandum of agreement. And also, I have been the representative from St. Vincent on the Health Planning Commission to try to coordinate the efforts there that Commissioner Gonzales was requesting.

Objective 4 had to do with a continuum of care with respect to chemical dependency and mental health. As Dr. Lucas mentioned, through this Sole Community Provider we have subsidized close to about $400,000 in funding to the Su Vida program in conjunction with PMS. The hospital has hired Dr. Fred Kullman to work on the chemical dependency program as an addictionologist. We have also—he will also serve as the team leader for the substance abuse Episode of Care team with respect to the CAP grant.

We also went for additional funding through the CAP grant in order to deal with substance abuse and depression which we were awarded the $1.2 million. The hospital currently is offering the following chemical dependency services: inpatient detox for patients in the medical units, with respect to alcohol, opiates and other drugs; intensive outpatient chemical dependency for a program four nights a week for six weeks. Those are groups that get involved in films and lectures dealing with psychotropic medication management, dealing with withdrawal, etc.; outpatient chemical dependency medical consultation, on the floors as needed for treatment and for the appropriate referral of patients; inpatient consultation for patients that are admitted into either the surgical or psychiatric wards; there's telephone consultation for any chemical dependency questions; services provided regardless of ability to pay; and there's a 24-hour intake hot-line assessment line at St. Vincent in order to get people into the program.

We talked about the Sangre de Cristo partnership and lastly, in this area, the hospital behavioral health department is currently working with the legislature to pass a bill for close to about $4 million in chemical dependency service treatment dollars that would come directly, probably $2 million to Santa Fe County and $2 million to Rio Arriba County. So that will be some additional support that will be available for chemical detox services if it passes. It's a big ticket item in the legislature this year. Representative Trujillo is sponsoring that bill and we're working with her on that.

The other objectives with respect to the limits of chemical dependency were changed. The continued discussion between the County and the hospital in terms of Sole Community Provider has been implemented with the MOA implementation team and our department. The addition that the County will increase the indigent per lifetime cap, that was done in March 2000, and that has been consistent. So pretty much, the objectives for the memorandum of agreement were implemented, perhaps not as directly as wanting a community medicine

department, but through the community services department and we feel we've made progress on that.

That memorandum of agreement, then, that memorandum of understanding, I'm sorry, led then, to the memorandum of agreement in August 2001. And again, that memorandum of agreement was to establish a harmonious and productive collaboration between the County and St. Vincent. The first objective was to initiate the planning and coordination of health and human services delivery. And that is a parallel objective with you establishing the County Health Planning Commission. This objective of exploring models for a countywide financing and delivery method and the coordination of delivery plans for health and human services, that is somewhat in its infancy and that is a project that is going to take some time because of the complexities of the delivery of medical care and financing of medical care, and also because of the duplication of services that's taking place in the county and in northern New Mexico. That is the reason why we went specifically for the community health access grant, the Sangre de Cristo community partnership and why it's being implemented through St. Vincent Hospital.

We will develop four Episodes of Care teams that will go out in to northern New Mexico and Santa Fe County to deal with diabetes, substance abuse, depression and hypertension. We will also provide dollars for specialty care referral for patients to the specialists in these areas, and we are also trying to get the private sector physicians engaged in developing a kind of indigent managed care approach where individuals, indigent patients in Santa Fe County and northern New Mexico can get their primary care through the community health centers, through outpatient education and be referred through our information system that communicates with the hospital and with all of the entities involved, because there are dollars for information systems to develop health profiles for each of the patients and a referral mechanism whereby they can come to the hospital, they can go to a specialist here in Santa Fe and we can have this continuum of care for the indigent patients.

We're hoping to have the enrollment process in place for these indigent patients somewhere around June of this year, but it's going to take a little bit of time to get this thing coordinated.

The resource development, looking at other federal and private sources for the residents. That's also the CAP grant as well as looking at chemical detox, additional dollars in the 2001 legislature which we have done. Advocacy and outreach, in terms of developing social impact statements, building community awareness and conducting outreach campaigns, basically, the way we have done that is again, hopefully, through the CAP grant and our serving on the Health Policy Commission and we are also funding some dollars for example to the Maternal and Child Health Planning Council for them to be able to do focus groups in the northern part of the county in order to get that kind of community awareness and input from the community as to the health care needs.

Assessment and evaluation, the establishment of a progress review committee as I said.

We have the MOA implementation team but we're going to make some recommendations for the progress review committee. That language is in the new amendment to the MOA which Steve will probably highlight in his comments, and I think that will begin to help us get a more consistent progress review committee on a quarterly basis as well as to expand some of the membership.

The conflict resolution, to be honest with you, at least in terms of the memorandum of agreement, we haven't had any major disagreements. And if there've been any minor disagreements, we flipped a coin and usually the County won on that one. We've worked them out.

There were some general provisions with respect to the scope of services. Coordination of health and human services, again, that's the community services network department and the MOA implementation team. Emergency medical services, we were asked to help the County with $1.4 million for the EMS stations and $209,000 for the completion of the rural addressing. As of December 31, St. Vincent has transferred over $355,000 for the EMS support, with the remaining balance for the remainder of the year until September 30 of almost $1,000,067. With respect to the 911 addressing, as of 12-31 we had transferred over $52,000 with the remaining balance of $156,000 and that's a monthly draw-down that Katherine makes with respect to the hospital. So that's continued funding.

The care coordination—

CHAIRMAN DURAN: Excuse me, Doctor, on the EMS services, how is that money spent? It's a draw-down on the rural addressing, is there a program in place on—and how do they access that?

KATHERINE MILLER (Finance Director): It's their salaries. They pay us.

DR. GONZALES: So that we create the access for 24 hours, seven, 365 emergency care.

CHAIRMAN DURAN: Great.

DR. GONZALES: The care coordination, that was the Santa Fe care network for the provision of screening assessment referral services. There was $350,000 allocated for that. As of this time, Robert has been working on that. There has not been—he is planning to use that money for capital, I believe, Robert, so that is still available. It hasn't been used yet. It will be in the near future and how we address that care coordination on the detox side, I also reiterated again the efforts of St. Vincent in its chemical dependency, inpatient detoxification program, Dr. Kullman's efforts, etc.

CHAIRMAN DURAN: Hang on. So this $350,000 is being earmarked for capital improvements?

MR. ANAYA: Mr. Chairman, Commissioners, the care network project is a result of the detoxification project that we have been working on for several years. Basically, what we've done is we've gone out into the community and brought all the parties together that

would access a detoxification type project and the consensus from all the different players that have been at the table, St. Vincent has been at the table, Recovering Alcoholics program has been at the table, the district courts have been at the table, the Alliance for the Mentally Ill. We're developing a system to have a centralized access point for assessment and referral to other existing treatment providers in the community.

So that's the reason why we haven't expended any money. We want to utilize most of it for capital with the existing capital money that we already have for the detoxification project to be able to build this facility. The facility, tentatively is to be placed next to the Public Safety Complex that's to be built next to the jail.

CHAIRMAN DURAN: But isn't this an amount that will be recurring every year? We'll have this money available for this care every year?

MR. ANAYA: Mr. Chairman, Commissioners, the intent is to initially build the facility and if we're able to sustain the Sole Community Provider program over time, then yes, this money we hope will be an item that we will use for recurring expenses for the facility once it's built.

CHAIRMAN DURAN: Well, I'd like to talk to you more about it some time. My personal feeling is that there's probably a lot of people out there that could use some help and we've been talking about a detox center for four years and there's people out there that if we could access this money to the Indigent Fund, if we could provide this service to them, I think we should consider that.

MR. ANAYA: If I could just say that the players at the table that are seeking those services have been at the table with us in developing this plan. They've been doing it as a coordinated effort to do exactly what you're saying, Commissioner, to make sure that we are going to be able to provide the necessary services without creating a duplication of effort.

CHAIRMAN DURAN: Or a duplication of facilities. I mean, you have a place in the hospital right now to take care of some of the at-risk adolescents, right, that would qualify.

DR. GONZALES: Well, it's limited. It's projected to be a ten-bed unit—

CHAIRMAN DURAN: And how many people have been in there over the last—last time I was there, there hadn't been anyone in there.

DR. LUCAS: Maybe I can clarify. For both behavioral and substance abuse, there's a continuum of care that spans inpatient, partial hospitalization, residential and then outpatient. What's missing in Santa Fe is really the residential treatment facilities for substance abuse. And before I came over, I talked to Dr. Kullman and I said you know the Commissioners may want to know what the situation is with chemical dependency, but it's the same problem with the adolescents. We opened a couple of inpatient adolescent beds. They never get used because the real need is for the residential. And there's a shortage of that so people are getting shipped to Albuquerque and elsewhere for residential.

When I talked to Dr. Kullman today he said there are long waiting lists for people to get into the 30-day residential treatment programs for substance abuse. So somewhere we need to come together I think and really define what the system should be and where the gaps are and address those gaps.

CHAIRMAN DURAN: Well, I'd like to participate in that discussion.

COMMISSIONER SULLIVAN: Mr. Chairman, along those same lines, I'm confused that you say there's long waiting lists. Are we not participating at all in RAP?

DR. LUCAS: Yes. RAP is definitely where we send people but there's a waiting list.

COMMISSIONER SULLIVAN: My understanding is, and the last time I was at RAP there was plenty of beds.

DR. LUCAS: I'm not sure. That was the information I got today. And RAP has its limitations. I believe it's a social treatment program without use of medication. So it's a variation of treatment.

COMMISSIONER SULLIVAN: But it's a long-term—isn't it, residents' program. Up to what, three, four, six months?

DR. LUCAS: Yes. Usually it's 30 days inpatient and then long-term follow-up outpatient. But according to Dr. Kullman today, there is a waiting list there as well.

MR. ANAYA: Mr. Chairman, Commissioner Sullivan, I'll try to provide a synopsis of what we've developed to this point on this project. It's very complex with the different agencies that have been involved and you're absolutely correct that in the past the providers in the community—the problem is the providers that we have in the community don't have secure facilities and what this network that we've created is doing is trying to develop a centralized assessment, screening and referral system and then we can enhance the existing providers in the community so we don't go and duplicate or build another facility but rather go to the facilities that exist and say what do we have to do to make your facility work, to make it secure to where district court will send people to your facility instead of sending them to the jail, which is what we're doing now. So there's a lot of coordination that's been in progress that can enhance the operation of the existing providers to have secure facilities instead of diverting them to the jail which was the initial intent, Mr. Chairman, of the detoxification process.

CHAIRMAN DURAN: So it's still being planned to be built out there by the County jail though, right?

MR. ANAYA: Mr. Chairman, the facility that would be built by the jail would not be a treatment facility or have secure beds. It would be a limited intake facility so that we would have a centralized database and then we would refer those patients after assessment to the proper locality in the community that would be able to provide the actual allocation of service.

CHAIRMAN DURAN: I think this Commission would like to be involved in

the decisions we make relative to that effort.

DR. GONZALES: Mr. Chairman, I think the other part where the Commission can be helpful, particularly those of you who are interested in chemical detox, etc. is that Representative Trujillo is going to drop the bill by next week in terms of this $4 million, in terms of utilization for chemical detox. She has requested input from the hospital in terms of what we see some of the problem is. We'd be happy to share that with you to get some of your input to see if we're on the—at least from your viewpoint, we're on the right track, because I think that while the bill may be general in nature, saying chemical detox, there's going to have to be some specific kinds of programs and specific allocation for the dollars and more importantly, if those dollars come to Santa Fe County, which is her intent, then you are going to have some input as to how those dollars are going to be used with respect to chemical detox, and conceivably, it could be worked through the Sole Community Provider memorandum of agreement on where you want some of those dollars to go. So I don't think it's going to be out of line—not out of line, but the time frame will be good for your input.

CHAIRMAN DURAN: So how can we help Representative Trujillo?

DR. GONZALES: Well, I think, first let us draft what I think our input is. For example, you're asking, do we have any beds for adolescents. Well, I think we want to address that in this memorandum. Do we need to expand Su Vida? What are the things that we need to do from a hospital inpatient standpoint to be able to help with these programs. Let us draft what we think the needs are and how it's going to coordinate with CAP, etc. And then perhaps run that by you very quickly to say this is what, so you're aware of what we're talking about, and then as a representative, you can speak with Patsy and tell her what your thoughts are, particularly with respect to running it through Santa Fe County, because I think that's the key element of the legislation is that it gives local control to using some of these dollars.

CHAIRMAN DURAN: Good.

COMMISSIONER SULLIVAN: So just to clarify. So some of the $350,000 that you've got allocated for this current year and $287,000 for the following year, is going to RAP?

DR. GONZALES: No sir.

COMMISSIONER SULLIVAN: It's not.

DR. GONZALES: No. The $350,000 for the care coordination, we have held that in abeyance waiting for the input from the community agencies that Robert has been working with as to how to utilize those dollars. And so we haven't touched that. We haven't entered into any memorandums of agreement, subagreements on that, we're waiting for direction, basically from the County via Robert's, your Human Services Office as to how we want to use these dollars.

CHAIRMAN DURAN: That was why I had some concern. Robert, don't we have other funds set aside for the detox center?

MR. ANAYA: Mr. Chairman, Commissioners, yes we do. We have several hundred thousand dollars from the state legislature, from bond money, from this project. Mr. Chairman, Commissioner Sullivan, RAP is and has been a very integral part of all the discussions at this point around here.

COMMISSIONER SULLIVAN: But no money.

CHAIRMAN DURAN: No money has been given to them.

DR. GONZALES: That's correct.

MR. ANAYA: Mr. Chairman, Commissioners, I believe it goes back to the Commission's review, recommendation and approval of a plan prior to expenditure.

COMMISSIONER SULLIVAN: I'm not particularly pitching that. I'm just saying it's a facility I've seen. It's a new facility. The last time I was there they were 50 percent occupied and it seems like, why aren't we using it?

MR. ANAYA: Mr. Chairman, Commissioner Sullivan, I could give you one quick response that the courts have given us at all of these input meetings. It's not a secure facility and the courts will not send anyone to a social-type inpatient treatment facility because the fear of them leaving and going out and committing another crime. So district court has been right at the table with us and we're trying to work through some of those issues so we'll feel more comfortable with sending those clients to that. Currently, they're going to jail for the most part instead of being assessed and being put into a comparable treatment facility.

DR. GONZALES: Mr. Chairman, Commissioner Sullivan, from my experience with RAP when I was at La Familia, because we had the contract to provide medical backup for RAP at that time, which we discontinued. One, the other problem with the RAP center, and I believe, I don't know if this has changed, but at that time, which was two years ago, they don't have a medical director running the program for the review of medical charts, the review of clinical outcomes and also for the dispensing of medication. So that makes it in that sense a difficult program, in addition to security, without the medical directorship which they were asking, for example, La Familia to do or other entities to do, it becomes a problem in terms of liability and also the dispensing of medications.

CHAIRMAN DURAN: I think we've made our point. We want to get involved.

DR. GONZALES: Yes, I think you want to get involved. Robert is going to bring the report and we will work with you in whichever way the Commission believes that we need to work on this particular issue. Moving on, the one that I think—objective number IV, the coordination with the public school system, I think this is where we allocated $400,000 and this is where the County Manager Samuel has been very helpful with us. He has emphasized the outreach, not only to the Santa Fe Public School System but to the County systems. So we are entering into a memorandum of agreement with the Santa Fe Public School System, but we will also enter a memorandum of agreement with Pojoaque, Edgewood, Moriarty, I believe,

and Pecos, as well as, which is the other one, Steve? Those are the four, I believe. That we'll enter memorandums of agreement in addition to the Santa Fe Public School System for equipment for the schools, medical equipment for the schools at almost $40,000, ophthalmological services, their eye testing as well as glasses for kids that are uninsured, dental screenings for the uninsured kids in addition to referral to dentists, and trying to help with getting the kids and their families enrolled in Medicaid CHIPS. So that's going to be an outreach effort that we hope to kick off now in the beginning of March.

CHAIRMAN DURAN: Arturo, I spoke to Virginia about this several weeks ago and she told me that one of the things they were waiting for was for the public schools to respond, and I guess there was some difficulty getting them to make a commitment or what was the response to the request?

DR. GONZALES: Mr. Chairman, the request was to utilize their Healthy Tomorrows van for the outlying areas of the county. They have not responded favorably on that. They have said that they only want to use their health van for the Santa Fe public schools. So we are going to use another alternative, namely trying to get out to the schools vis-à-vis the dental van or some other methodology to help with the outlying areas. And in the next year's memorandum, you will see that in order to deal with that problem we're going to either lease or buy a van ourselves in order to be able to deal with this issue.

So, as a matter of fact the memorandum of agreement is still on the desk of the administrators at the public schools, so we don't have a signed MOA. We're trying to push it to get it signed this week or next week for sure so we can get these services out there.

CHAIRMAN DURAN: Maybe with the new school board members—

DR. GONZALES: I think that will help. If it doesn't come through within the next ten days or next week, I'll probably personally contact some of the school board members and tell them to get it off the desk. That's $300,000, $400,000 in services to the kids that they need.

CHAIRMAN DURAN: Right. We need to move this stuff along.

DR. GONZALES: And we will. We're as impatient with it as you are.

CHAIRMAN DURAN: It's just sitting there in the bank, it isn't doing anybody any good.

DR. GONZALES: Right. But we're moving ahead. We're going to contract with the ophthalmologist, we're sending out letters and contracts this week with some of the dentists, so Steve and some of the MOA team have been working very diligently on this.

The health care marketing outreach, we budgeted $100,000. Again, we're going to use $12,000 of that for the Maternal Child Health Planning Council for the development of their outreach groups and their implementation for their MCH plan for the next year. We're also going to distribute some—we're going to have a health fair, a dental health fair where all the kids are going to be involved from the Santa Fe School System and the outlying areas, and

we'll use some of these dollars for public service announcements that we'll work with our staff, Karen and her staff internally to make this aware publicly, through public service announcements as well as through notices in the paper and flyers to the parents in the school system.

The County health fairs days, we're going to work with the County to develop a smoking cessation program, where we'll ask some of the County employees, give them a scholarship to participate in this program. It's a lengthy four to six week program for those who are smokers to get off. And then we are also going to participate in the health care extravaganza where County employees will be invited and participate.

The Maternal Child Health infant project, that was asked for us to help fund in the Maternal Child Health services. We have been doing that. We've expended $26,000 up to 12-31 and we have $78,000 left. That's just a direct pass-through to the County to pay for those services.

The next is real interesting—Yes sir?

COMMISSIONER SULLIVAN: On the PSA, there's money that we put into the PSA goes to the ads that St. Vincent's been placing in the ads in the newspaper lately?

DR. GONZALES: No. Those ads, Commissioner Sullivan, have been from general operating funds of St. Vincent. We haven't used any Sole Community Provider funds for those. Those Sole Community Provider funds are sacred, simply to the efforts of the County for these projects. That's why we still have the $100,000 basically, more than almost $88,000 left to expend on that because we haven't used it.

Objective VIII, the clinic health care support. This has been very, very satisfying and very interesting. We developed requests for proposals that were responded to in December with an implementation date of January 1 through September 30, and we awarded the following grants: to La Familia Medical Center for close to about $78,000 for infrastructure development and operations; Health Centers of Northern New Mexico, as you know, they lost their CFO and their CEO at the same time, and were in a critical situation of almost closing down. We were able to keep them afloat; Women's Health Services here in Santa Fe, $79,000 to help them with their billing structures to get their revenue flowing back into their system; Edgewood is contemplating developing a primary care site, so we're helping them with the planning and development of that at $40,000; Presbyterian Medical Services needed support for the Healthy Tomorrows van in terms of the electrical infrastructure component of those vans; and additional community support that we gave was $45,000 to the Healthy Tomorrows van at least to keep that going for the public school system in order for them to deliver those services; and the $20,000 to the Santa Fe Public School Educational Leadership Council where they are going to try to have health education seminars for the parents in the school system.

The support for services provided for not-eligible indigent care, that's at $200,000. As Steve—that basically has been used for some of the referrals for specialty care for some of the

inmates. Approximately $56,000 in medical bills are still pending and an additional $35,000 are being researched. You'll see that recurring in the next year's MOA.

The PARA Transit, that was for transportation and outreach in Santa Fe County. We paid $60,000 of that. We budgeted $60,000. We have expended $15,000 with a balance of $45,000 as of 12-31 this year, and we're going to expand that next year in the MOA to include transportation services for individuals in the rural communities to be able to get to health care services, so you'll see an increase in that line item for next year's MOA.

Mr. Chairman, that is the progress to date. Again, this is a draft report. If you want input on more specifics, we can do that. But we feel that given the time constraints and the support that we have received from the County staff, both from Steve and Katherine and Robert that we have made some fairly significant strides in attempting to get services out there, that you'll begin to see some impact in the spring. Significant strides with respect to community care, and significant strides with respect to communication between the County and St. Vincent Hospital. So I think we have much more work to do but I believe it's a good beginning, and we can entertain some questions.

CHAIRMAN DURAN: That's great. I just have one comment or question. So the memorandum of agreement, if we enter into this with St. Vincent Hospital, you will provide all the services that you just went over with us?

DR. GONZALES: Yes. I believe, Mr. Chairman, now's a good segue to start moving into the new—to give you kind of an overview of the new memorandum of agreement. The way I think we should approach this is I will talk specifically about some of the programmatic elements and let Steve talk specifically about some of the dollar values in the actual budget, okay?

This new memorandum of agreement, we approached it from the standpoint of—I'm sorry. It's not a new memorandum of agreement, but this new document, we approached it from the standpoint of being an amendment to the current document, not a new memorandum of agreement. So much of the language that you will see here is the same as what's in place with the current memorandum of agreement. The differences are highlighted in gray, and some of them are substantial, but most of them are minor. I think the more substantial changes with respect to this amendment have to do with assessments and evaluation on page number 3.

Those were pretty—I think these amendments came about as a request from Commissioner Sullivan to have more communication between the County and the MOA and St. Vincent Hospital. So we're recommending to change the progress review committee to include not only the people that are currently on it, but to include at a minimum the following: the president, the vice president of the Community Services Network, which is myself, and the vice president for finance administration from St. Vincent, who is Marjorie, and the directors of Finance Department from the County, namely Katherine, and the director of the Indigent Fund for Santa Fe Health Care, which is Steve. So at the minimum that committee would have these

individuals on the committee to review the progress.

Also, in the last memorandum of agreement, we were required to give reports on a bi-annual basis. We would recommend to change that to prepare quarterly reports to be prepared rather than bi-annual reports and the dates are provided there. So that you would get a quarterly report from this team rather than a bi-annual report. And our progress report that we're giving here, that we just gave you, we're hoping to serve as the first quarterly report that the Commission will see. So that's one substantial change.

The next change has to do with the general provisions, and I agree with County staff, I think we agree with County staff that we need to begin this process much earlier than what we have done now so that we have dialogue and input and we're not rushing to have it done in a matter of ten days or something to that effect. So what is presented here is a time line, beginning November 1 through December 25, which I'm hoping we can change due to the holiday that we celebrate there, but there's a detailed time line there where we would begin the process request on November 1, November 12, St. Vincent and Santa Fe County representatives would begin to negotiate the terms of the MOA, December 1, the MOA is prepared and presented to the Board of County Commissioners, and the St. Vincent Hospital Board of Directors, and then December 11, the Sole Community Provider request and the MOA are placed on the Santa Fe County agenda for approval at the December 25 meeting or whenever you have that meeting in December. So I think this is a more orderly process. It gives some time.

Then the last significant, another change, the last significant change on number 7, has to do with putting to rest the first memorandum of agreement and just bringing it in to this last document so that we're not confused as to which memorandum of understanding or which memorandum of agreement we're working with. So we put language there that this memorandum of agreement that would become effective October 29, 2000, would supercede any of the other memorandums of agreement that have taken place with respect to the County and St. Vincent Hospital.

So those are some of the language, programmatic changes and I'll let Steve take us through the budget with respect to the changes or additions.

COMMISSIONER SULLIVAN: Mr. Chairman, before we get into the budget if we could ask questions about these programmatic changes?

CHAIRMAN DURAN: Sure.

COMMISSIONER SULLIVAN: A couple of questions on the review committee. Two things come to mind. One is that I'm still a little nervous that this will of course, this doesn't kick in until fall of this year. Correct? Of this current year? This agreement.

DR. GONZALES: You're correct. It doesn't kick in until the fall, Mr. Chairman, Commissioner Sullivan, but it was our intent to—

COMMISSIONER SULLIVAN: --to start this earlier.

DR. GONZALES: To start this particular amendment now.

COMMISSIONER SULLIVAN: One of the things we talked about, that I felt we needed some kind of audit function. We thought, well, let's try this out and see how it works. One possibility is to put an auditor on the board and to keep a look at things. We have our own Finance Director that I have a lot of confidence in, so I think that's fine but it's a matter of how much can one person do. The other possibility, and as you said, this is a minimum, is to put an outside member on that group. Again, I feel that whether we're talking about jail advisory committees or whatever, at some point it's good to have an outside member and maybe not necessarily a member of the Health Planning Commission but an outside member. And I don't know what their qualifications would be and I don't know what their duties would be, but I just, I feel more comfortable when we have two entities, the County Board and St. Vincent both generating reports and other than the BCC itself, we have no outside or independent review function.

I'm not quite sure, there's a lot of ways you could approach that. In terms of the reports themselves, although I find this report that you've done useful, where I think you could—it would help more for me rather than with all the discussion is a simple worksheet by program, what you had budgeted by quarter and where you are by quarter. Because you say, well, we've expended $435,000 of the $7000,000. Well, this may be a program where you didn't plan to expend the money until the last quarter because you were having a health fair or whatever the reason is. So it doesn't really tell me, are we on-track or are we off-track. It just tells me that we're 33 percent the way into the fiscal year and we've spent ten percent of the money, but maybe that's the way we had planned it. So it would be more useful if you had this feedback mechanism that says where we're supposed to be and where we are. And that's kind of a quasi-audit type of function but it's not an audit in so far as it's not someone going out and determining did you really give the money to La Familia or whatever but it's a program audit function, saying like the chairman said, we need to move forward with the substance abuse programs and we're getting behind. So I think that would be useful. So that's two comments that I would just throw out for your consideration on that Section 4.

Another one that concerned me a little bit was on page 1.

DR. GONZALES: Mr. Chairman, can I respond to Section 4?

COMMISSIONER SULLIVAN: Oh, yes, excuse me. Go ahead.

DR. GONZALES: With respect to Section 4, we can provide that information for you. Steve and I and Margie were working on that actual kind of a format. Just because of the time constraints we hadn't been able to finalize that for this presentation but as I said, this is a draft kind of presentation. We can have that for you by the end of the month to complement the narrative presentation so it's a little bit more clear.

COMMISSIONER SULLIVAN: And what do you feel about some type of an

outside member on this quarterly review group?

DR. GONZALES: I don't particularly have a problem, I don't think our organization has a problem with that, Mr. Chairman. I think we would just want to get, make sure that it was an individual, number one, that would have the time to meet with us, because it is time-intensive as we get into some of these discussions and allocations, etc. And also that would have some understanding of the fiscal process and also some understanding of the contractual nature of the development of these programs in the community.

COMMISSIONER SULLIVAN: I guess my experience—I used to be on the State Board of Registration for Engineers and Land Surveyors and about six, seven years ago they passed a law putting a public member on the board. And we said, oh, my goodness. What does a public member know about engineering and land surveying and la di dah di dah. Well, that public member, and members, turned out to be some of the most informed and contributing and getting the public feedback to how engineers and surveyors were perceived. How they were performing in the marketplace and I was just quite impressed. So I don't know if it will work here. I don't have anybody in mind. I'm not promoting any person or persons or organizations, so I couldn't say, if you said who do you suggest, other than perhaps somebody separate from the Health Planning Council. I don't know who that person might be. I can just say from my experience in that particular instance, it was very useful. It kind of brought us up short on some things that we hadn't realized that we weren't doing and how we were being perceived in the community. So if we could come up with someone like that, that wouldn't be objectionable.

DR. GONZALES: No, at least from our point, I don't think it would be objectionable and obviously, from the County, you're saying you would like it so I just think, as you say, we need to maybe develop—

COMMISSIONER SULLIVAN: I don't know. From my opinion, I don't know how the Commission feels about it.

CHAIRMAN DURAN: Why don't we do this at the amendments, rather than try to figure out what qualifications they're going to have or who it's going to be. Why don't we work on that and make that an amendment so that we don't get hung up on that.

DR. GONZALES: That's acceptable.

COMMISSIONER SULLIVAN: It says at a minimum, so we could appoint, at any point in time I think the Board could appoint that person.

CHAIRMAN DURAN: We need to move on Robert.

MR. ANAYA: I was just going to suggest that a member from the public be selected as agreed upon by both parties.

DR. GONZALES: Yes. That's fine.

COMMISSIONER SULLIVAN: The other programmatic thing I had that I hadn't already discussed is that I noticed on page 1, that you've changed where you'll be

getting your recommendations and assistance from the County Commission to the County Health Planning Commission.

CHAIRMAN DURAN: Where are you?

COMMISSIONER SULLIVAN: About 2/3 of the way down in the highlighted stuff. Isn't yours highlighted. Page 1.

DR. GONZALES: Mr. Chairman, Commissioner Sullivan, this was implemented, this was directly from last year's MOA, and what this was intended to do was not to say that we were going to get recommendations solely from the County Health Planning Commission, but rather that we wouldn't operate in a vacuum away from the County Health Policy Commission. So we were simply trying to emphasize there that we would look to them for recommendations and assistance relative to the implementation agreement and in fact, at the Health Policy Commission meetings, we give a monthly report as to the status of some of the projects. So it wasn't intended that it was solely the Health Policy Commission but to include them in the loop.

COMMISSIONER SULLIVAN: Do you see any change in their role? Like your quarterly reports, are they going to go first to the Health Planning Commission and then to the BCC?

DR. GONZALES: That's a good question, because I think it would depend on the role that the County wants to have the Health Policy Commission play with respect to that, because, for example, if you would prefer that as this PRC team does its quarterly reports, we also submit a quarterly report to the Health Policy Commission so that they can review it and give some input. That would be, that could be part of the process. At this point, we are just reporting on a verbal basis to them and giving you the written report. So I think I would kind of put the ball back in your court to try to determine what role you want the Health Policy Commission to play in that.

MR. ANAYA: Mr. Chairman, Commissioner Sullivan, the County Commission is the body that placed that item in the initial MOA for the purpose of getting some feedback into the Health Planning Commission and then providing feedback to the County Commission. But that came from the Santa Fe County Commission.

COMMISSIONER SULLIVAN: From a Commission meeting?

MR. ANAYA: When we were dealing with the memorandum of agreement, that item was requested by the County Commission?

COMMISSIONER SULLIVAN: For last year?

DR. GONZALES: Yes sir.

COMMISSIONER SULLIVAN: But it's highlighted as a new insert this year.

MR. ANAYA: There was a name problem. It had "Health Policy Commission" and the correct name on the Commission is "Health Planning Commission."

COMMISSIONER SULLIVAN: Oh, I see. When I see it's highlighted, I

assume that it's something new and the strikeout is—so it didn't say before, and St. Vincent Hospital shall utilize established County Commission. It used to say shall utilize established County Health Policy Commission. I see. Okay.

CHAIRMAN DURAN: What's the next one?

DR. GONZALES: Steve, do you want to go through the budget?

CHAIRMAN DURAN: I had a question about your presentation, Steve. Isn't it the same thing that we just went over?

MR. SHEPHERD: Mr. Chairman, Commissioners, essentially that's correct. The numbers are different and I just direct your attention to the bottom of page 7. That does include the mobile health care unit.

CHAIRMAN DURAN: Why don't you over the ones that have differences in the amounts?

COMMISSIONER SULLIVAN: And why the numbers are different and the totals numbers are different than you gave us at the last Commission meeting. They've increased.

MR. SHEPHERD: Mr. Chairman, Commissioners, yes. Since we last met and since we talked about what we were going to ask for in this year's MOA, we did negotiate with the hospital and there was a little give and take on both sides. With that, the first item that has a number that's change is on the bottom of page 6, number II. A. Staffing of EMS Stations, that went up three percent as allowed under the contract over the next two years. Otherwise it stays the same.

CHAIRMAN DURAN: That's three percent for the employees, right?

MR. SHEPHERD: Essentially, that's what it is.

CHAIRMAN DURAN: Salary issues.

MR. SHEPHERD: II. B, E-911 addressing was increased from $209,000 to $300,000. That's the estimated cost of running the program next year to finish up the mainframe of the 911 addresses.

CHAIRMAN DURAN: Any questions? So as he gives his explanations, if you have any questions let's ask him at that time.

MR. SHEPHERD: Under III. A, Santa Fe Care Network, last year this item was $350,000. This year it's $287,000. This we would have liked to have had at $350,000 but took this because we wanted to make sure that we've got some money in the other areas that we requested and also to give a little room for the uninsured care as well in the total Sole Community picture.

Item IV. A, Mobile Health Care Unit, this is a new item this year. $100,000 to either procure or lease a mobile health care unit. I believe probably the preferred way of doing that would be to lease it.

Item IV. B. does not have a change but it incorporated both the school health care

product and the public housing product together because they're essentially the same outreach program that will utilize the mobile van. We incorporated those together.

Item IV. C., Health Care Marketing and Outreach, this item was reduced from $100,000 to $38,000. We thought the money could be better used in providing for direct services and it was probably a little bit of overkill in that department.

Item IV. D, County Health Care Day stays the same.

Item IV. E, Maternal Child Health Community Infant Project, we're going to try to expand and try to catch more pregnant mothers.

Item V. A. Clinical Health Care—

CHAIRMAN DURAN: Excuse me, Steve, I just want to go back a couple of paragraphs, to the marketing and outreach programs. I've always felt that there wasn't enough outreach programs to schools and communities in need of services. If, in the analysis of the outreach program you find out that you need to get more money, is there a way to amend the budget or how would you do that?

DR. GONZALES: Mr. Chairman, I think—Steve, if I may. The outreach term used here is not outreach in the sense of providing services to the community. It's outreach of public notice of the services going out there.

CHAIRMAN DURAN: So my question is—

DR. GONZALES: I'm sorry. I didn't understand your question.

CHAIRMAN DURAN: If you find that the funds available for marketing your services to the community or making the community aware of what services are available, if it happens to be, if there's not enough money to do that, how would you go about getting a budget adjustment?

DR. GONZALES: Well I believe, Commissioner Duran, that what Steve and I and the PRC would do, since you would be getting quarterly reports in terms of the progress and expenditures of what's going on with the MOA, that if at one of those quarters we began to see that there was something out of line in the budget, we would come to the Commission for a budget—we'd tweak it and come for a budget adjustment for your approval.

CHAIRMAN DURAN: Okay. I understand. Okay. Thank you.

MR. SHEPHERD: We can move on to number V. A. Clinic Health Care Support. That was increased $50,000. That was a very successful portion of the MOA and we felt that it deserved a little bit more money.

V. B. Support for Services provided not eligible indigent. This is for private providers to treat jail inmates. We've reduced it by $25,000. We're going to still work on trying to get a system of kind of coordinated care, work on our jail contract and try to do away with this eventually and deal with it in a more efficient manner. We still think it will be around.

Item V. C. I'm going to let you talk about that one, Robert.

MR. ANAYA: Mr. Chairman, Commissioners, we currently work with the

City of Santa Fe Senior Services program. They provide medical transport to seniors and the handicapped and based on a meeting that we had with the Edgewood Senior Centers, we found that there are issues and concerns that we do not have enough revenues to provide the necessary transport to those seniors through that City of Santa Fe program. And with that I would defer to Commissioner Sullivan to offer additional comments on it.

COMMISSIONER SULLIVAN: Well, just like everything else in the City of Santa Fe, they tell us they're $18,000 in debt and thanks for telling us.

MR. MONTOYA: Mr. Chairman, the PARA Transit is very important. It's the only system that we have that carries people around with wheelchairs and it's basically a taxi service. We'd like to expand the area we serve.

COMMISSIONER SULLIVAN: Why is the $60,000 highlighted? Is that different from what was originally in year one?

MR. SHEPHERD: No sir. That's a mistake.

COMMISSIONER SULLIVAN: So year one was $60,000. Year one is in progress now, right? Year one is September, October 1, 2000 to September 30, 2001. Is that correct? Unfortunately, they're on a different fiscal year than the County is. So we're in year one right now, per this agreement?

MR. SHEPHERD: That's correct.

CHAIRMAN DURAN: Okay. Any questions?

COMMISSIONER CAMPOS: Quick question for Sam. The $120,000 for the PARA senior medical transport, does that go to the City to reimburse them for the program?

MR. MONTOYA: Yes, Mr. Chairman, Commissioner Campos. That is something that we would negotiate with them during the budget cycle.

COMMISSIONER CAMPOS: So the City does provide these services county wide?

MR. MONTOYA: Not countywide, but we are asking them to expand their network to go out to go out to the Extraterritorial zone [inaudible] the senior centers the City runs those centers countywide. So that is the logical connection to that.

COMMISSIONER CAMPOS: Okay. Thank you.

CHAIRMAN DURAN: And they've actually been complaining to us for a while about providing the service without compensation.

MR. MONTOYA: Correct. And Commissioner Sullivan is absolutely correct.

COMMISSIONER SULLIVAN: Steve, one question also. In the summary you gave us at our last meeting, it looked like this. Does that look familiar?

MR. SHEPHERD: Yes.

COMMISSIONER SULLIVAN: You have our current fiscal year total as $3,292,511.

MR. SHEPHERD: Correct.

COMMISSIONER SULLIVAN: And here you have our current year total. This is on our current, existing agreement of $3,307,000. So it's gone up about $15,000 and I wondered why that was.

MR. SHEPHERD: No, Mr. Chairman, Commissioner, these are two different numbers. The $3,292,511 is our total contribution to the Sole Community Provider fund for all four hospitals. Just above that is your St. Vincent contribution. The $3,307,000 was the actual negotiated memorandum of agreement that we did with St. Vincent Hospital. The numbers don't necessarily match.

COMMISSIONER SULLIVAN: Well, wait a minute. Why don't they? This was done long after the agreement was signed with St. Vincent. This was done January 4.

MR. SHEPHERD: Yes, we did this to try to estimate this year's funding.

COMMISSIONER SULLIVAN: But wasn't it set in the MOA? Wasn't our total contribution, the County contribution to St. Vincent set?

MR. SHEPHERD: Mr. Chairman, Commissioner, there's a—legally, we probably don't want to have a lot of connection to tie the MOA to the Sole Community Provider funding because of the law itself. There's been a real effort to keep those two separate items, obviously linked but not necessarily on paper.

CHAIRMAN DURAN: It jeopardizes the funding that we were able to get.

COMMISSIONER SULLIVAN: I understand that we can't just give them $3 million and have them give us back $3 million, but I thought—

CHAIRMAN DURAN: They have to provide the services. But I don't think that was the question, was it? The question was more—

COMMISSIONER SULLIVAN: The question was that it was $3.15 million and here it's $3.3 million and did something change in the current MOA? Didn't the current MOA have an attachment like this that totaled the amount of money?

MR. SHEPHERD: Commissioner, the current MOA does. It looks very similar to this. But the amount that the County has distributed doesn't necessarily match the amount that's on the MOA. That's because we got a pretty good deal with this.

COMMISSIONER SULLIVAN: So the current MOA—I don't have a copy of it—says $3,307,000.

MR. SHEPHERD: Yes. Correct.

CHAIRMAN DURAN: They paid us $200,000 more in services than what we paid for, correct?

MR. SHEPHERD: Right.

COMMISSIONER SULLIVAN: Well, they haven't given us to it yet because we're not even through the fiscal year.

CHAIRMAN DURAN: Oh, no. But they've agreed to.

COMMISSIONER SULLIVAN: They've agreed to. Okay. Then we are

going to give them. So we're only committed still to giving St. Vincent in the current year's MOA $3.152 million.

MR. SHEPHERD: Mr. Chairman, Commissioner, we estimate that the fiscal year 2000 funding requirement will be $3.278 million.

COMMISSIONER SULLIVAN: No, no. I'm talking about the current fiscal year. Current.

MR. SHEPHERD: Oh. That's correct, Commissioner.

COMMISSIONER SULLIVAN: So that's set in stone. We're not putting out—

MR. SHEPHERD: That's correct.

COMMISSIONER SULLIVAN: Because we've already signed that agreement and the check's already been written to them.

MR. SHEPHERD: We've got two more quarterly checks to write to them but the large one—

COMMISSIONER SULLIVAN: Yes. So that's going to be $3.152 million come heck or high water.

MR. SHEPHERD: That's correct, Commissioner.

COMMISSIONER SULLIVAN: But they are agreeing to provide services in the amount of $3.307 million.

MR. SHEPHERD: Right.

COMMISSIONER SULLIVAN: Such a dealer you are. I understand.

CHAIRMAN DURAN: I'd entertain a motion to accept—

COMMISSIONER SULLIVAN: We can't take action. Oh yes we can.

CHAIRMAN DURAN: Well, it's discussion. This isn't an action item

MR. MONTOYA: Mr. Chairman, this was just a work study. Just to give you an idea—

CHAIRMAN DURAN: Okay. Good. I think it all sounds great. Why didn't you tell us that in the first place.

DR. GONZALES: Mr. Chairman, I would just—I guess, because I know that you have to take formal action on this at the meeting, but just a couple of comments. Number one is the memorandum that you have entered into with St. Vincent Hospital is really being utilized as a model for the other counties and they see it as a workable kind of prototype for the other counties. As a matter of fact, I need to, Dr. Lucas and I need to go to Los Alamos County because they don't even understand the Sole Community Provider issue, to meet with the hospital board of directors there to try to tell them how we're working with the County. So first of all, just to congratulate you on implementing this kind of a memorandum of agreement, because it is a model.

The second is more a question. Is it a correct statement for St. Vincent to leave this

body today with the understanding that we're pretty much going to approve this thing on Tuesday or do we need to do any more work on it? Because we need to at least be somewhat assured that it's okay from your eyes, that we don't—

CHAIRMAN DURAN: Well, we can't say anything but we have to vote on it but I can tell you that most of our concern was a result of the cutbacks that you experienced several months ago and then not really having this kind of a presentation. I made jest of it a while ago, but not really having this kind of a presentation made to us explaining the services. Even when we did this thing last year, it wasn't clear in my mind how this was going to pan out and I think it's great. I can't imagine that this Commission would not support your efforts or this MOA, but again, when is the meeting that we vote?

DR. GONZALES: Tuesday.

CHAIRMAN DURAN: Oh, well, that's right around the corner.

DR. GONZALES: I guess—you feel more comfortable with it.

CHAIRMAN DURAN: I feel fine. Do you guys have any other questions or concerns that they should bring to us at the next meeting?

COMMISSIONER SULLIVAN: No, just how did you want to handle the issue of a public member? Did you want to do it on a future amendment or something? Or what would your thought be?

DR. GONZALES: We can amend this language.

CHAIRMAN DURAN: Unless you want to bring it, if you can think of something real quick by the meeting. I thought we were going to vote on it today. That's why I mentioned an amendment.

COMMISSIONER SULLIVAN: Oh, it's Tuesday.

CHAIRMAN DURAN: But if it's Tuesday, you can bring something forward you can coordinate it with—I'm willing to go—

DR. GONZALES: Mr. Chairman, I wouldn't even come forward with a name at that point. We're agreeable on a public member. I think we just make the amendment and then—

CHAIRMAN DURAN: Okay. And appointed by the Board of County Commissioners.

DR. GONZALES: Appointed by the County Commissioners. We make that amendment and then we can move on. Not to hold it up.

CHAIRMAN DURAN: And you can bring it on Tuesday.

DR. GONZALES: Yes. With that amendment.

COMMISSIONER SULLIVAN: The only other question I had and they resolved that was the senior transit and the question on that was a programmatic one.

CHAIRMAN DURAN: That's a project you and I can work on. Believe it or not.

1873044

COMMISSIONER SULLIVAN: It needs to be worked on.

MR. MONTOYA: Mr. Chairman, before we go, I just want to thank Marjorie and Dr. Gonzales, Dr. Lucas and all of the staff for helping us draft this agreement. I can see that it is state of the art [inaudible] And I particularly want to thank everyone for their due diligence.

CHAIRMAN DURAN: I'd just like to say one last thing. I'd like to thank Mr. Anaya and Steve too because this was a lot of hard work and I appreciate the work that you put in it and the thoughtfulness and I think it's great.

COMMISSIONER SULLIVAN: And I hope you don't see any of our questions as being criticisms. We're just trying to dig to find out how the system works.

DR. LUCAS: The more we can understand, the better it's going to work in the future, I think.

CHAIRMAN DURAN: Well, I understand it much more than I ever have before.

ADJOURNMENT

Chairman Duran declared this meeting adjourned at approximately 4:25 p.m.

Approved by:

Board of County Commissioners
Paul Duran, Chairman

Respectfully submitted:
Karen Farrell, Commission Reporter

ATTEST TO:

REBECCA BUSTAMANTE
SANTA FE COUNTY CLERK

1148556
COUNTY OF SANTA FE } SS
STATE OF NEW MEXICO }
I hereby certify that this instrument was filed for record on the 15 day of Mar A.D. 20 01 at 8:06 o'clock a m and was duly recorded in book 1873 page 065 - 085 of the records of Santa Fe County
Witness my Hand and Seal of Office
Rebecca Bustamante
County Clerk, Santa Fe County, N.M.
Deputy

Presentation to Santa Fe County Commission

February 9, 2001

St. Vincent Hospital Financial Review

- Financial Position
- Uninsured Care
- Outlook

Financial Position

- Operating loss of $1.8 million for 6-month period ended 12/31/00:
  - Costs related to nursing shortage
  - Reduced surgical volumes
  - BBA-Medicare reimbursement reductions
  - Pharmaceutical and supply costs
  - Uninsured patients/Self-pay

Nursing Shortage

- Economic impact:
  - High premium pay
  - Higher than anticipated traveler and agency costs
  - Increased workers' compensation costs
- Increased health benefit costs

Reduced Surgical Volumes

- Loss of two general surgeons.
- FY2001 running 13% under budget.
- 7.1% fewer surgical cases than prior year.

BBA-Medicare Reimbursement Reductions

- Ambulatory Patient Classifications (APCs) effective August 2000.
- Reduced reimbursement to hospital (projected at $0.6 million).
- High costs related to implementation.

Pharmaceutical and Supply Costs

- Nationwide pharmaceutical cost increase of 20%.
- Supply costs related to complex surgical procedures.

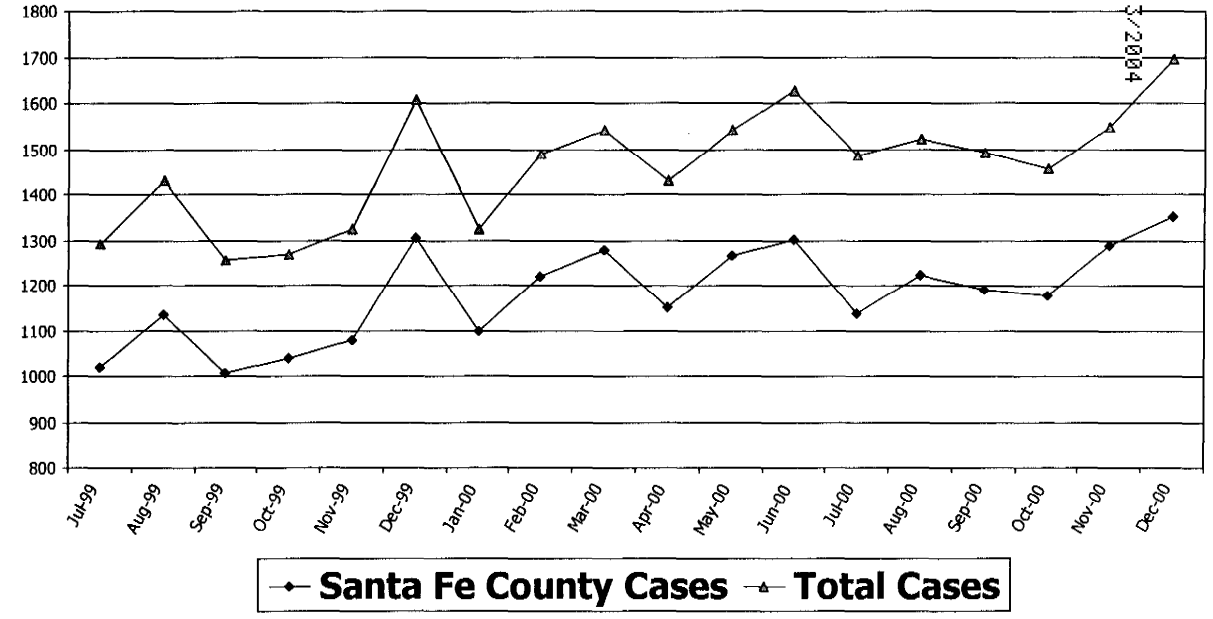
Uninsured Patients/Self-pay

- Projected bad debt costs in excess of $12.0 million.
- Primarily driven by uninsured patients.

Uninsured Care—definitions

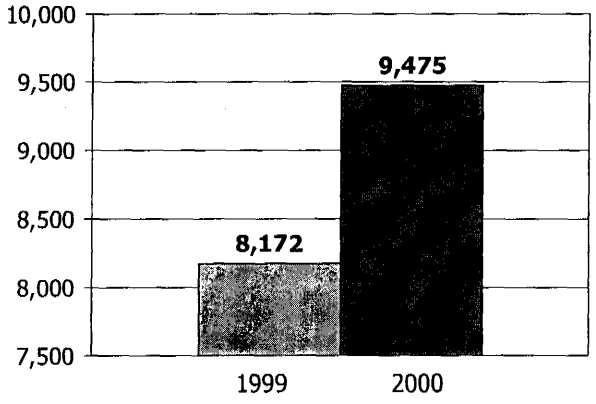
- Includes patients identified as self-pay, indigent or charity.
- Data presented for 6-month period ended 12/31/00 and 6-month period ended 12/31/99.
- Uninsured care costs presented net of reimbursements.

Uninsured Cases

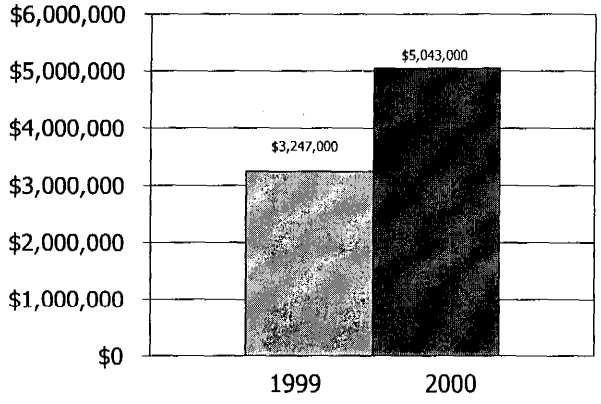


Uninsured Care—2000 Compared to 1999

Number of cases and related costs for uninsured patients have grown dramatically.



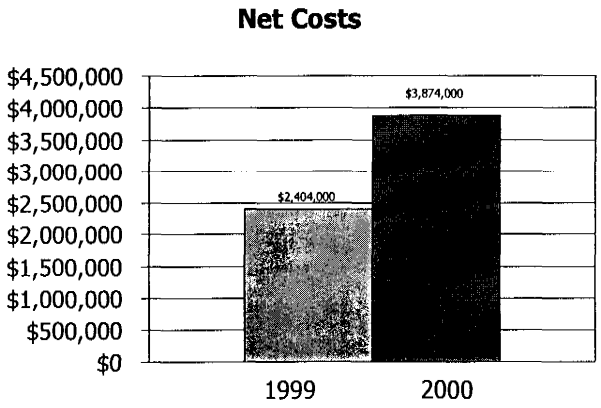
16% growth in volume.

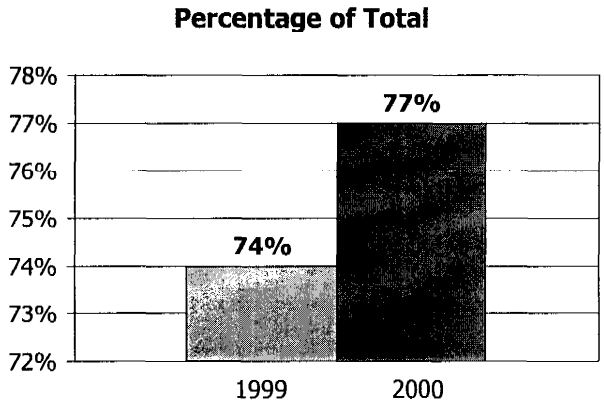


55% growth in costs, or $1.8 million.

Uninsured Care—Santa Fe County

While Santa Fe County reflects 81% of uninsured cases, it represents 77% of costs.

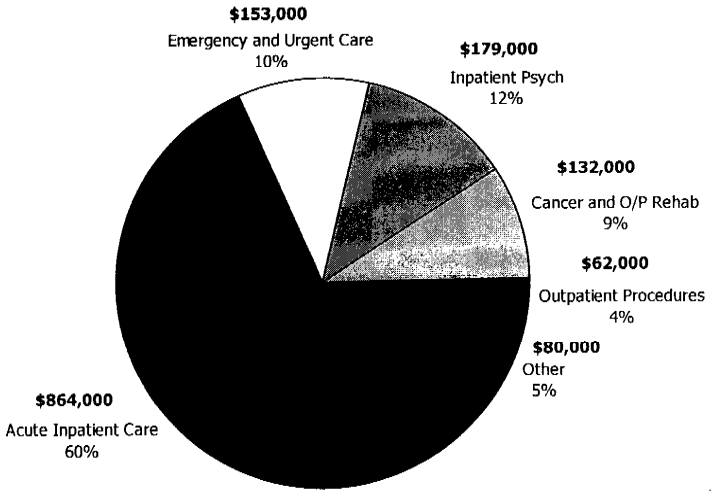




A $1,470,000 growth in costs.

Uninsured Care-- Santa Fe County

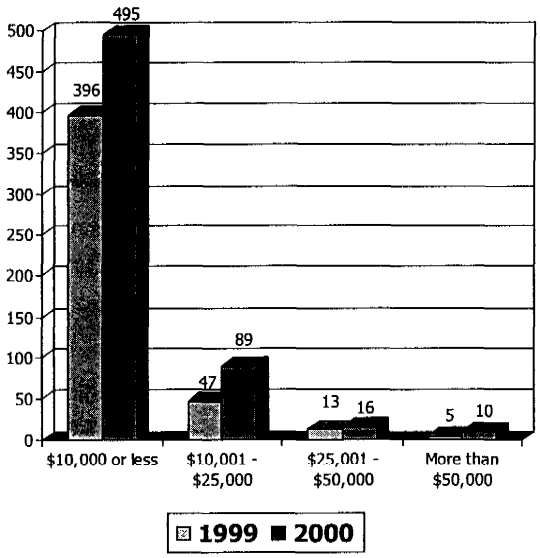
This shows that 60% of the $1,470,000 in increased costs in Santa Fe County is attributed to higher acute inpatient costs.



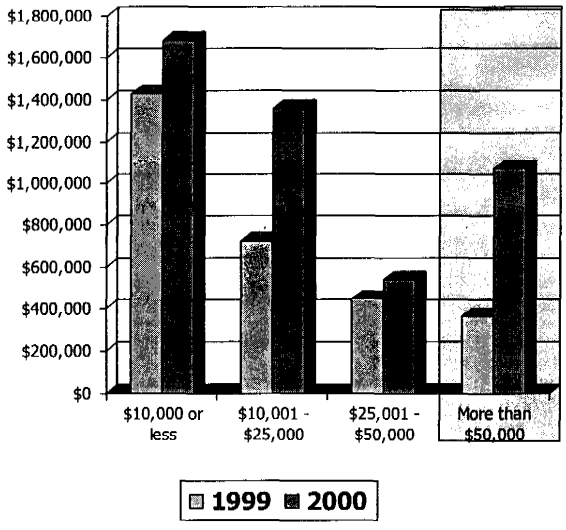
Uninsured Care—Santa Fe County—Acute Inpatient Care

In the 6-month period ended Dec. 31, 2000, 10 patients were discharged that incurred charges over $50,000, compared to 5 patients in the same period of 1999.

Cases



Charges



Charges for patients with claims over $50,000 increased $1.6 million.

Uninsured Care—Santa Fe County—Acute Inpatient Care

Cases of inpatient care provided to Santa Fe County residents—by self-pay, indigent and charity.

Patient Charges	Number of Claims--7/31/00 – 12/31/00			
	Indigent	Self-pay	Charity	Total
$10,000 or less	62	430	3	495
$10,001 - $25,000	37	51	1	89
$25,001- $50,000	6	9	1	16
More than $50,000	5	5	0	10
Total	110	495	5	610

Uninsured Care—Santa Fe County—Acute Inpatient Care

Patient charges for inpatient care provided to Santa Fe County residents by self-pay, indigent and charity classifications.

Patient Charges	Total Charges--7/31/00 – 12/31/00			
	Indigent	**Self-pay**	**Charity**	**Total**
$10,000 or less	$363,137	$1,304,846	$12,234	$1,680,217
$10,001 - $25,000	$581,243	$763,912	$13,618	$1,358,773
$25,001- $50,000	$210,187	$294,752	$33,051	$537,990
More than $50,000	$455,831	$612,284	$0	$1,068,115
Total	$1,610,398	$2,975,794	$58,903	$4,645,095

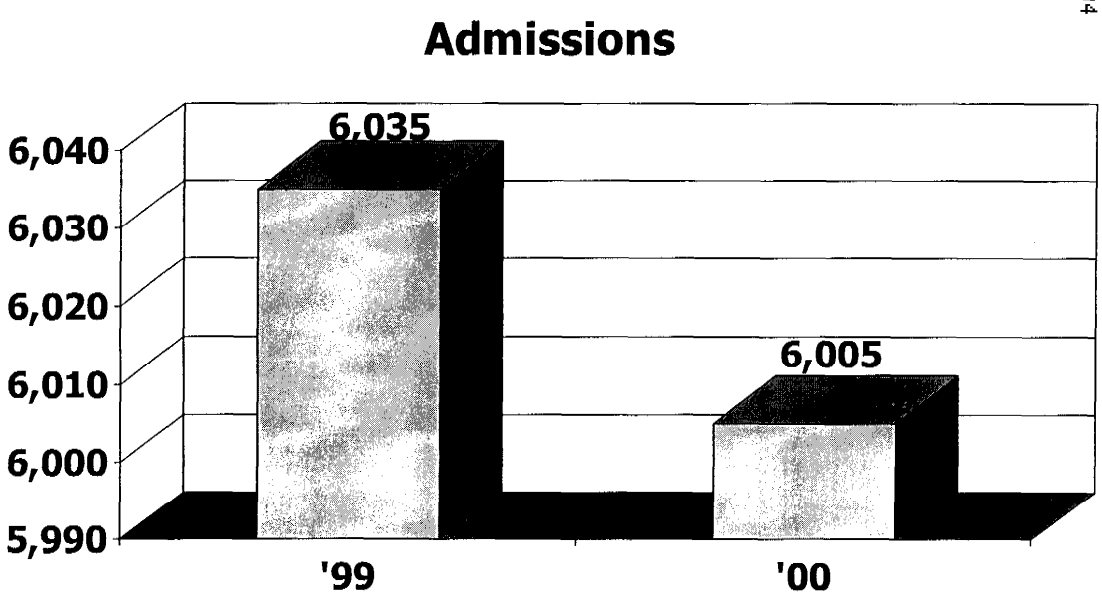
Uninsured Care—Santa Fe County—Inpatient Acute Care

Some information about 10 patients with charges over $50,000.

	Charges	Classification	Discharge Date	Information
1.	$50,486	Self-pay	11/00	Working with patient and family to complete indigent application (An additional $21,103 is in collections)
2.	$55,206	Indigent	11/00	Reached $35,000 cap with $15,000 of this claim. Has incurred $21,800 in new charges in 2001.
3.	$69,926	Indigent	7/00	Hospital credited for $32,900 (94% of $35,000) by SFIF.
4.	$70,589	Indigent	8/00	Patient previously reached indigent cap. Patient has other accounts totaling $175,554. Attempting to find alternative pay source.
5.	$74,967	Self-pay	12/00	Expect to obtain approval for Medicaid eligibility.
6.	$89,851	Self-pay	9/00	Homeless. No alternative source of funding.
7.	$112,768	Indigent	10/00	Identified as potential indigent, but still unable to complete application. Also looking for alternative funding sources.
8.	$142,660	Self-pay	8/00	Patient deceased, no family. Had moved to Santa Fe and was staying with a friend just a few months before death.
9.	$147,342	Indigent	10/00	Identified as potential indigent. Also looking for alternative funding sources.
10.	$254,338	Self-pay	11/00	Working to obtain Medicaid approval.

Taking a look at the bigger picture...

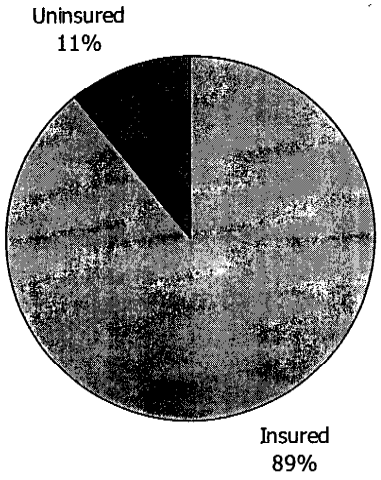
Hospital admissions are down .5% from last year.



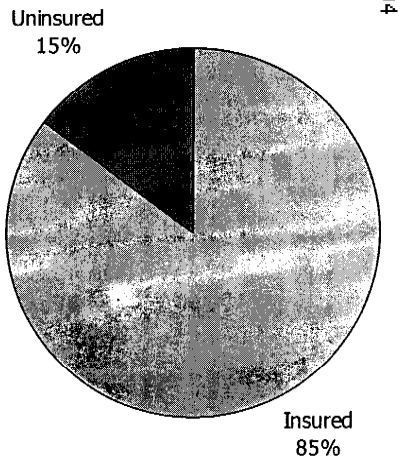
Taking a look at the bigger picture...

However, uninsured patients represent a larger proportion of total admissions.

1999



2000



AHA News

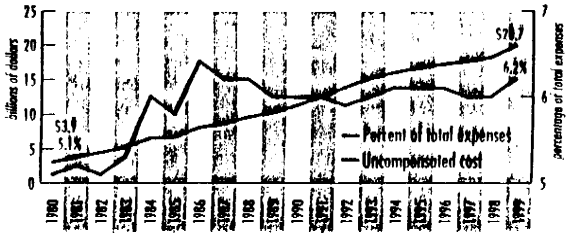
Teens and Transplants
Programs in Oklahoma and Michigan are aimed at heightening teenagers' awareness of the importance of organ donations. page 12

can Hospital Association www.ahanews.com Vol. 37, No. 4 • January 29, 2001

TREND WATCH

Uncompensated care costs, percentage grow

U.S. hospitals provided $20.7 billion in uncompensated care in 1999, 6.2% of total hospital expenses, according to AHA's Annual Survey. That number is up slightly from 1998 figures when hospitals reported $19 billion in uncompensated care cost, or 6% of total expenses. Over 10 years, charity care costs in the U.S. have increased by $8.6 billion. In 1990, hospitals spent $12.1 billion on uncompensated care. But, charity care as a percentage of total expenses has remained at about 6% for the past decade.



Source: AHA Annual Survey

Outlook

- Short-term relief:
  - Position eliminations
  - Closure of non-core services
  - Cost controls
    - Labor
    - Supply
  - Revenue cycle
    - Billing and collection processes
    - Re-negotiate certain payor contracts
  - Physician recruitment efforts

Outlook

- Long-term solutions:
  - Hospital operational infrastructure
  - Medical technology
  - Facility remodel/renovations
  - Community Network Services/CAP
    - Coordination of care for uninsured
      - Primary/specialty care access
      - Case management
      - Post-acute care systems
    - Community Health Partners
    - Community-based programs
    - Medicaid enrollment

Introduction

The purpose of the following report is to provide both the Santa Fe County Commission and the Board of Directors of St. Vincent Hospital a detailed progress report on the implementation and utilization of Sole Community Provider funds made available to Santa Fe County and St. Vincent Hospital for the period of February 2000 to September 2000. Included within the report will be a narrative and budget presentation demonstrating the progress and status of the implementation of the Memorandum of Understanding of February 2000, as well as the supplemental Memorandum of Agreement of August 2000.

The last section of the report will present a draft MOA between Santa Fe County and St. Vincent Hospital for the implementation of Sole Community Provider funds for the period of September 2001 through October 2002. This draft MOA incorporates recommendations of the MOA Implementation Team and Progress Review Committee for this period.

Progress Status Report on the Implementation of Sole Community Provider Funds through the Memorandum of Understanding and Supplemental Memorandum of Agreement between St. Vincent Hospital and Santa Fe County for the period February 2000 to December 2000.

Presented to the Santa Fe County Commission and the Board of Directors of St. Vincent Hospital

February 2001

Memorandum of Understanding between Santa Fe County and St. Vincent Hospital Sole Community Provider: February 2000	1873068
Objective # 1: • Development of a Joint Process Improvement Team. • Provide quarterly Progress Reports to the St. Vincent Finance Committee and Santa Fe County Indigent Board. • Representatives from the Hospital and County will meet on the third Tuesday of each month.	**Progress on Objective to Date** In the past year the Santa Fe County Indigent Fund (IF) and St. Vincent Hospital (Hospital) staff have worked closely to increase the number and quality of indigent claims originating at the Hospital. Monthly meetings were held for 6 months between IF and Hospital claims staff. Documentation, timing, and process problems were worked out in the meetings. In October 2000, the IF leased space and moved its' offices to the Hospital. The new location has allowed IF and Hospital claims staff to interact on a daily basis. This has, and will continue to significantly improve the processing and approval of indigent claims. For the period of July 1, 2000 through December 31, 2000 the Hospital has increased IF Board approved claims by $759,111.51 over the same period in FY-2000. FY-2000 (07/99-12/99)....$ 972,879.33 FY-2001 (07/00-12/00)...$1,731,990.84
Objective # 2: • Pay a $150,000 annual subsidy paid to Emergency Medicine Group • Pay a subsidy to other physician groups working with indigents i.e.: trauma surgeons, hospitalists and pediatricians.	**Progress on Objective to Date** The Hospital has complied with this objective through a monthly payment of $12,500 per month, or $150,000 per year, to the emergency medicine group. The emergency medicine group has received additional compensation of $374,000 for professional services provided in the urgent care center; and for medical director services provided in the emergency and urgent care departments. The hospital has also provided compensation to a trauma surgeon and pediatric physicians totaling $504,000. Finally, during the past 12 months, the hospital subsidized a hospitalist program, with subsidies approximating $291,000.

Objective # 3:	Progress on Objective to Date
• Establish an Office for Community Medicine and Outreach to facilitate the application for additional funds and grants for indigent care. • Increase collaboration with the County Health Planning Commission • Hospital will take responsibility for certain programs with pre-approved budget guidelines linked to the FY-2001 County Indigent and Sole Community Provider Funds.	In August 2000, St. Vincent Hospital established a Community Network Services Department. Responsibilities of the Department are as follows: • Ensure the sound implementation of the SCP MOA with Santa Fe County. • CSNDP Vice-President is a SFCHP Commission member and participates in all County Health Planning Commission meetings. • Establish an MOA Implementation team comprised of representatives from the County and the Hospital. • MOA team has met every Tuesday since inception and implemented the programs within the FY-2001 Sole Commu Provider Memorandum of Agreement.
Objective #4:	**Progress on Objective to Date**
• Develop a continuum of care for treatment of chemical dependency including detoxification, short stay in-patient care, intensive outpatient and long-term maintenance, and outpatient care to patients and their families. • Develop and continue to subsidize the Su Vida Program. • Collaborate in the identification and pursuit of funds from private and public sectors to support the treatment of addictions.	During this fiscal year the Hospital has provided more than $400,000 in subsidy funding to maintain the Su-Vida Program. St. Vincent Hospital recently hired Fred Kullman, M.D. to work with the Chemical Dependency Program. Dr. Kullman is certified by the American Society of Addiction Medicine, and served as Medical Director of the CD program at St. Vincent from 1987-1995. Additionally, he is serving as the team leader in the Substance Abuse Episode of Care Team for the Sangre De Cristo Health Partnership CAP grant. The Hospital is currently offering the following chemical dependency services: • Inpatient Detoxification for patients in medical units of the Hospital addicted to alcohol, Bensodiazepines, opiates, or other drugs that, after assessment, are felt to require inpatient treatment for safe management of their acute withdrawal. • Intensive Outpatient Chemical Dependency Program, four nights a week for six weeks. The program includes a medical evaluation, psychosocial evaluation, medical management of acute withdrawal as needed, psychiatric consultation when appropriate, psychotropic medication management, group therapy, educational lecture and films, and a family program. Patients begin the program immediately after their initial assessment. • Outpatient Chemical Dependency Medical Consultation. This consultation will assess patients' needs regarding medication management, need for treatment, and appropriate placement for treatment. • Inpatient consultation for patients admitted medical, surgical, or psychiatric problems that are felt to have a problem with alcohol or other drugs. • Telephone consultation for any CD questions. • Services are provided to all patients regardless of ability to

	pay. • A 24-Hour Intake and Assessment line at 820-5957 or the St. Vincent CD Program at 820-5276. Through sponsorship of the Sangre de Cristo Partnership, the Hospital has also secured federal HRSA funding for treatment of Substance Abuse in Santa Fe and Rio Arriba Counties. The Hospital Behavioral Health Department is also working during this legislative session with Representative Patsy Trujillo Knauer to secure funding to expand CS treatment services in both Santa Fe and Rio Arriba Counties.
Objective #5: • Santa Fe County will re-evaluate the $5,000 limit for Chemical Dependency Treatment.	**Progress on Objective to Date** Santa Fe County raised the Chemical Dependency Treatment cap from $ 5,000 per lifetime to $ 10,000 per lifetime in March 2000.
Objective #6: • Continued discussion between County and Hospital representatives to establish a consensual understanding of the respective rights and obligations between St. Vincent and the County. re: Sole Community Provider fund and existing rules that govern the County Indigent Fund.	**Progress on Objective to Date** As discussed in objective #1, Santa Fe County and St. Vincent Hospital staff interact on a daily basis concerning Indigent Fund claims. This has resulted in an increase of approvable claims of $759,111.51. St. Vincent and County staff have taken this partnership to other areas in their work together on Medicaid enrollment and MOA implementation.
Objective #7: • St. Vincent Hospital may on an annual basis request an increase in the payment from the Sole Community Provider Fund.	**Progress on Objective to Date** St. Vincent Hospital has requested an increase in Sole Community Provider funding for FY-2002. At the discretion of the County Commission, the Hospital will receive an indexed increase as determined by the NM Department of Health and Human Services.
Objective #8: • Santa Fe County will increase the indigent per patient lifetime cap on payment to thirty five thousand dollars ($35,000) for the next fiscal year 2001. • The above cap may be reduced at the discretion of the County Indigent Board if the provider is unable to provide documentation or account for substantial payments required with the SCP funds within the parameters of the Indigent Program.	**Progress on Objective to Date** The County increased the per lifetime, per provider, cap on payments to $ 35,000 in March 2000. The County Commission has not exercised its option to reduce the cap amount, as the higher cap has been beneficial to both the County and the Hospital. It has helped the hospital by allowing more uninsured claims to be recognized by the Indigent Fund, thereby reducing the gap between Sole Community Provider uncompensated care dollars and Indigent Fund claims. The increased cap has allowed the County to fund a greater portion of indigent care to residents who need it most.

Memorandum of Agreement: County of Santa Fe and St. Vincent Hospital August 2001

Introduction and Purpose:

To establish a harmonious and productive collaboration between the County and SVH. The agreement addresses tasks of health and human services outreach, resource building, planning and coordination and a Scope of Work that SVH will conduct with and for the benefit of the County.

Objective #1: Initiate planning and coordination of health and human services delivery. • Exploration of models for a countywide financing and delivery method for indigent health care services. • Creation of a coordinated delivery plan for health and human services.	**Progress on Objectives to Date:** • This process is in its infancy, and is a long-term work item. In order to be cost effective, the Santa Fe County Indigent Fund must develop a funding approach that will allow for a coordinated continuum of care delivery system from prevention, out patient primary care to acute in-patient care. • The commitment of St. Vincent Hospital to work with the other Community Health providers through the recently awarded Sangre de Cristo Community Partnership (CAP) grant has the potential of becoming the focal point from which to develop this coordinated model for Santa Fe County. • SFC believes that working with the CAP grant participants and our provider agencies can develop this system.
Objective #2: Resource Development. • With the County, seek local, state, federal and private resources for programs serving County residents. • Collaborate with the County in establishing an ongoing clearinghouse capacity for available resources and technical assistance.	**Progress on Objectives to Date:** • Federal HRSA funding of the newly formed Sangre de Cristo Community Health Partnership is a major step toward accomplishing this objective. • SVH is also seeking legislative appropriation through the 2001Legislative session in order to continue and expand programs serving county residents. i.e., CAP and Chemical Detoxification. • SVH can support technical assistance to the County through the CAP grant. Through the current MOA, SVH is funding technical assistance to the County Maternal Child Health Planning Council in the development of their focus groups and county MCH Health Plan.
Objective #3: Advocacy and Outreach • Participate in the development of social impact statements on actions affecting well being of residents. • Build community awareness and support through community education activities related to health and human services. • Conduct outreach campaigns on topics affecting the health status of residents of Santa Fe County.	**Progress on Objectives to Date:** • The MOA collaboration with the CAP grant through its episodes of care teams and evaluation of health outcomes in the four disease areas of diabetes, substance abuse, depression and hypertension as well as through its community outreach and health education efforts will develop awareness of activities, services and issues related to health and human services. • The director of the SVH community Services Network Department on the County of Santa Fe Health Policy Planning Commission.

Objective #4: Assessment and Evaluation • Establish a Progress Review Committee (PRC) to evaluate progress on activities in the MOA. The PRC will prepare and distribute bi-annual report on activities and recommendations.	**Progress on Objectives to Date:** • The PRC has been established. This language is being amended within the next MOA to provide specific representation of finance directors from both organizations, and provide for quarterly reports.
Objective #5: Conflict Resolution • The parties agree to work together in good faith to resolve disagreement over the implementation or interpretation of the agreement.	**Progress on Objectives to Date:** • To date, any disagreement over MOA objectives have been minor, and have been settled in MOA Implementation Team meetings.

General Provisions—Scope of Services

Objective #I: Coordination of Health and Human Services • St. Vincent Hospital will participate in the coordination/monitoring of health services between SFC and SVH through the establishment of a unique SVH department. SVH will fund this activity on an annual basis to provide administrative oversight necessary for the MOA	**Progress on Objectives to Date:** In August 2000, St. Vincent Hospital establishes a Community Network Services Department. Responsibilities of the Department are the following: • Ensure the sound implementation of the SCP MOA with Santa Fe County. • CSNDP Vice-President has been a HP Commission member and participated in all County Health Planning Commission meetings. • Established the MOA Implementation Team comprised of representatives from the County and the Hospital. • MOA team has met every Tuesday since inception and implemented the following pre-approved programs within the FY-2001 Sole Community Provider Memorandum of Agreement • The CSNDP also maintains responsibility for the coordination and implementation of the Sangre De Cristo Community Health Partnership federally funded CAP grant, which could bring additional resources to the County/SVH MOA programs.
Objective #II: Emergency Medical Services: • SVH will assist SFC with the provision of EMS services 24/7 at four EMS stations located in the four quadrants of Santa Fe County. **Cost: $1,423,000** • SVH will assist SFC with the completion of the rural addressing of all residents in Santa Fe County. **Cost: $209,000**	**Progress on Objectives to Date:** As of October 1, 2000, SVH has transferred $11,858 to SFC to maintain this service. Expenditures as of 12/31/00 totaled $355,750 with a remaining payment balance for the year of $1,067,250. SVH total payments to SFC as of 12/31/00 have totaled $52,250 with a remaining payment balance for the year of $156,750.
Objective # III: Care Coordination. • SVH will assist SFC with the provision of screening, assessment and referral services for individuals that are in need of mental health services, alcohol and substance abuse treatment and/or in-patient services. **Cost: $350,000**	**Progress on Objectives to Date:** As of 12/31/00 SFC has expended no dollars in this area for the projected Santa Fe Care Network. SVH has continued to offer the following behavioral health services related to alcohol and substance abuse treatment/and or in patient services: SVH has during this fiscal year provided more than $400,000 in subsidy funding to maintain the Su-Vida Program. St. Vincent Hospital recently hired Fred Kullman, M.D. to work with the Chemical Dependency Program. Dr. Kullman is certified by the American Society of Addiction Medicine, and served as Medical Director of the CD program at St. Vincent from 1987-1995. Additionally, he is serving as the team leader in the Substance Abuse Episode of Care Team for the Sangre De Cristo Health Partnership CAP grant. The Hospital is currently offering the following chemical dependency services: • Inpatient Detoxification for patients in medical

Objective # III: Care Coordination (Cont'd)	units of the Hospital addicted to alcohol. Bensodiazepines, opiates, or other drugs that, after assessment, are felt to require inpatient treatment for safe management of their acute withdrawal. • Intensive Outpatient Chemical Dependency Program, four nights a week for six weeks. The program includes a medical evaluation, psychosocial evaluation, medical management of acute withdrawal as needed, psychiatric consultation when appropriate, psychotropic medication management, group therapy, educational lecture and films, and a family program. Patients begin the program immediately after their initial assessment. • Outpatient Chemical Dependency Medical Consultation. This consultation will assess patients' needs regarding medication management, need for treatment, and appropriate placement for treatment. • Inpatient consultation for patients admitted medical, surgical, or psychiatric problems that are felt to have a problem with alcohol or other drugs. • Telephone consultation for any CD questions. • Services are provided to all patients regardless of ability to pay. • A 24-Hour Intake and Assessment line at 820-5957 or the St. Vincent CD Program at 820-5276. Through sponsorship of the Sangre de Cristo Partnership, the Hospital has also secured federal HRSA funding for treatment of Substance Abuse in Santa Fe and Rio Arriba Counties. The Hospital Behavioral Health Department is also working during this legislative session with Representative Patsy Trujillo Knauer to secure funding to expand CS treatment services in both Santa Fe and Rio Arriba Counties.
Objective #IV Health Education and Outreach Health Services in Santa Fe County • SVH agrees to coordinate with the SF County Public School System to expand health services throughout the County to improve access to health care through the schools. SVH also agrees to provide preventive and limited primary care services to underserved communities in Northern and Southern Santa Fe County via mobile unit and exiting resources. **Cost** **$400,000**	**Progress on Objectives to Date:** SVH has been meeting and working with the SFPS on a Memorandum of Agreement which in a collaborative manner provide funding for services for uninsured children in the SFPS system. We anticipate singing the final agreement now in February 2001 with implementation in March 2001. Balance to expend by 9/30/2001 is $400,000. Through the MOA SVH fund the following services for the schools: --Healthcare equipment identified by school nurses for routine health screening and care in the schools $38,500 --Opothalmologic services and/or glasses to children in need. $60,000 --Dental Screenings and Services for uninsured children $44,000 --Facilitation of Medicaid CHIPS enrollment Total services to be provided $142,500 The MOA with the SFPS will be extended to the school systems in southern and northern SF County in order to provide the uninsured children in these schools with the same health opportunities.

Objective #V Health Care Outreach and Education for Residents of Public Housing • SVH will assist SFC and the City of Santa Fe with health education and outreach services to the residents of public and Section 8 housing sites. **Cost $50,000**	**Progress on Objectives to Date:** Not yet Implemented or scheduled. Will probably dovetail with the outreach in the schools. Total balance to expend. $50,000
Objective #VI Health Care Marketing and Outreach. • SVH agrees to provide and coordinate marketing and outreach services in order to inform all citizens of SFC of the health and human services available to them i.e., brochures and Public Service Announcements (PSAs). **Cost $100,000** SVH agrees to participate in two (2) County Health Days for the benefits of the residents of SFC and SFC employees. **Cost $10,000**	**Progress on Objectives to Date:** SVH/CSND has allocated $12,000 to the Santa Fe County Maternal and Child Health Planning Council for the implementation and facilitation of outreach focus groups in Santa Fe County for the development of their MCH plan for SFC. Funding (yet to be determined) will be allocated toward the development and distribution of fliers and notices to parents of children in the SFC School System for the dental and eye screenings that will be held for the schools in the Spring 2001. **Balance to expend $88,000** SVH plans to allocate funding towards a smoking cessation program for employees of SFC. This will occur in the Spring 2001. SVH will also allocate funding for a major Health Care Extravaganza in late summer 2001. SFC employees will also be eligible to participate in this event. Balance to expend $10,000
Objective #VII Maternal Child Health Community Infant Project. SVH will assist SFC with the provision of maternal and child health services	**Progress on Objectives to Date:** SVH has assisted SFC in the funding of this important program. Expenditure supported as of 12/21/00 has totaled $26,250. Balance to Expend $78,750
Objective #VIII County Health Care Provision and Underwriting • **Clinic Health Care Support:** SVH agrees to provide technical assistance and provider support to health care clinics n northern and southern Santa Fe County using a need based methodology. **Cost $300,000**	**Progress on Objectives to Date:** In November 2000, SVH and the MOA Implementation Team developed and distributed a request for proposal to community based primary care clinics and projects serving or planning to serve residents from northern and southern county. After review and ranking by the MOA Implementation Team the following awards for infrastructure development and support were allocated effective for the period covering January 1, 2001 to September 30, 2001: • La Familiar Medical Center, Santa Fe, New Mexico $78,000 • Health Centers of Northern New Mexico, Espanola, New Mexico $72,096 • Women Health Services, Santa Fe, New Mexico $79,828

Objective #VIII County Health Care Provision and Underwriting - Clinic Health Care Support: (Cont'd)	• Town of Edgewood, Edgewood, New Mexico $40,000 • Presbyterian Medical Services, Santa Fe, New Mexico $38,727 **Total Awards Allocated $309,151** In the area of Community Support additional funding was provided to: • Health Tomorrows Initiative for support of the SFPS Healthy Tomorrow Van $45,000 • SFPS Educational Leadership Council $20,000 **Total Awards Additional Community Support $65,000**
• **Support for Services Provided not Eligible for Indigent Fund Reimbursement:** SVH agrees to provide support through other non-profit organizations for services provided to patients where the care has not been eligible for reimbursement under the SFC Indigent Fund. This is a one-time area of support. **Cost $200,000**	Approximately $56,000 in medical bills pending payment. Additional $35,000 being researched.
• **PARA Transit:** SVH will assist with the provision of transportation and outreach services to the handicapped citizens of SFC **Cost $60,000**	SVH has expended to the County as of 12/31/00 $15,000. Balance to expend as of 121/31/00 is $45,000
Total Costs of Services within the Scope of Services $3,307,000	

Memorandum of Agreement
Amendment #1

1873077

This MOA by and between the Boards of Santa Fe County Commissioners (hereinafter referred to as "The County" or "SFC") and St. Vincent Hospital (hereinafter referred to as "SVH ").

Section I – Statement of Purpose

The purpose of this agreement is to establish a harmonious and productive collaboration between The County and SVH. This agreement addresses tasks of health and human service outreach, resource building, planning and coordination outlined in the Scope of Work that SVH will conduct with and for the benefit of the County.

Section II – Background

WHEREAS, public funding and budget cuts necessitate intensive community-wide planning and coordination of health and human service delivery for purposes of efficiency; and

WHEREAS, SVH is a not-for-profit corporation providing hospital inpatient and outpatient services for residents of the County and serving as a regional referral center for the region surrounding the County; and

WHEREAS, SVH recognizes an ethical responsibility to provide health services to its community in accordance with its role as sole community provider, its corporate purposes as a tax-exempt charitable organization, and its mission; and

WHEREAS, the cooperation between the County and SVH to coordinate and facilitate the effective delivery of health and human services will greatly increase local ability to access funding for these purposes; and

WHEREAS, the County and SVH shall utilize the established County Health Planning Commission for recommendations and assistance relative to the implementation of this agreement; and

WHEREAS, the provision of services as outlined below would contribute to SVH's fulfillment of its community and regional public health responsibilities; and

WHEREAS, the County and SVH desire to enter into this agreement and have been strongly encouraged to do so by public and private funding sources; and

WHEREAS, it is mutually recognized that this agreement shall not be construed to affect the jurisdiction of Federal, State, County or other local government agencies which exist as a matter of law.

NOW, THEREFORE be it understood that the parties shall work in good faith to implement the following:

Section III – Project Development and Implementation

A. Initiate planning and coordination of health and human services delivery.

1. The processes set forth in this agreement are intended to outline the efforts that shall be conducted by SVH in conjunction with the County to plan and coordinate the efficient and culturally sensitive delivery of health and human services in Santa Fe County.

2. SVH will cooperate with the County to explore models for a countywide financing and delivery method for indigent health care services. This will include centralized case management, centralized data and billing systems, a specific scope of services, and the integration of substance abuse treatment and prevention with other health services.

3. SVH will cooperate with the County to create a coordinated delivery plan for health and human services to be endorsed by the County.

B. Resource Development

1. SVH will cooperate with the County to seek local, state, federal and private resources on behalf of the County for programs serving County residents that will fall within the scope of the County and SVH endorsed plan.

2. SVH will cooperate with the County to establish an ongoing clearinghouse capacity to provide information about available resources and to offer technical assistance to build and promote local health and human service organizations.

C. Advocacy and Outreach

1. SVH will cooperate with the County to develop or participate in the development of social impact statements addressing actions that might affect the well being of residents or the social fabric of Santa Fe County.

2. SVH will cooperate with the County to build community awareness and support through community education activities related to health and human services.

3. SVH will cooperate with the County to conduct outreach campaigns on topics affecting the health status of residents of Santa Fe County on an as-needed basis, at the request of the County and according to the will of the SVH Board of Directors and Administration.

Section IV - Assessment and Evaluation

SVH and SFC shall have equal representation on a Progress Review Committee (PRC) that shall serve as the evaluation team for the progress of the activities described within. The PRC shall include, at a minimum, the Vice Presidents of the Community Service Network and Finance Administration Departments for SVH, and the Directors of the Finance Department and CHEDD Indigent Fund for SFC. The PRC shall meet quarterly, on the first Tuesday of the second month following the end of each calendar quarter to assess and evaluate progress made under the MOA. The PRC will prepare quarterly reports to be completed and available for review on, or before, February 22nd, May 24th, August 23rd, and December 27th, 2002.

Section V – Conflict Resolution

In the event of disagreement over the implementation or interpretation of this agreement, the parties agree to work together in good faith to resolve the disagreement. If these efforts are unsuccessful, either party may request that a mediation board be established. The mediation board shall be comprised of five (5) members, two (2) selected by each party and the fifth chosen by the four members so appointed. Decisions of the Board shall be by simple majority and shall be non-binding; however, the parties agree to participate in such mediation and to consider the board's decision in good faith.

Section VI – General Provisions

1. This agreement shall be effective as of October 1, 2001. It shall continue in effect until September 30, 2002.

2. This agreement shall be re-negotiated according to the following timeline:

November 1, 2001	SVH shall submit Sole Community Provider request to The County in the manner prescribed by the NM Human Services Department, Medical Assistance Division.
November 12, 2001	SVH and SFC representatives re-negotiate the terms of the MOA.
December 1, 2001	Draft MOA is prepared and presented to SFC Board of County Commissioners (BCC) and SVH Board of Directors.
December 11, 2001	Sole Community Provider request and MOA are put on SFC BCC Agenda.
December 25, 2001	SFC BCC Meeting.

3. The dollar amounts set out under "Scope of Services", below, represent SFC's and SVH's estimates of the amounts needed for each service over the course of the year. SVH does not undertake to expend more than the stated amount for any service.

4. In recognition of SVH's willingness to assume financial responsibility for certain county public health services which, at the present time, will continue to be provided by county personnel, SVH agrees to remit to SFC a monthly installment of $ 190,891, payable 30 days in arrears starting on October 31, 2001 and ending on September 30, 2002. These payments, which are to be considered interim payments pending study of the suitability of SVH assuming direct responsibility, shall encompass the following services, as further detailed under "Scope of Services":

   Item IA: MOA Coordination
   Item IIA: EMS Medical Services
   Item IIB: E-911 Addressing
   Item IVE: Maternal and Child Health Care
   Item VB: Ineligible Indigent Care
   Item VC: PARA Transit\Senior Medical Transport

5. Nothing in this agreement shall be construed to give either party the power to bind the other to any agreement not approved by the second party's board, i.e., the Board of County Commissioners or the SVH Board, respectively.

6. This agreement in no way shall limit the ability or the authority of either party to seek their own resources, implement their own plans, or deliver services as they see fit.

7. Except as herein specifically set forth, all of the provisions of the Memorandum of Agreement entered into between the parties hereto, with the effective date of August 29, 2000, shall remain in full force and effect. This amendment supersedes in its entirety, the Memorandum of Understanding between St. Vincent Hospital and the County of Santa Fe dated February 15, 2000 and its terms and conditions shall be deemed terminated.

IN WITNESS THEREOF, the parties have executed Amendment #1 to this Memorandum of Agreement on the dates below specified.

SANTA FE COUNTY

ATTEST

1873081

Paul Duran, Chairman
Santa Fe County

Rebecca Bustamante
Santa Fe County Clerk

APPROVED AS TO LEGAL FORM AND SUFFICIENCY:

Steven Kopelman
Santa Fe County Attorney

Date

ST. VINCENT HOSPITAL

John Lucas, M.D.
President and CEO

Date

SCOPE OF SERVICES 1873082

I. Coordination of Health and Human Services

A. SVH will participate in the coordination/monitoring of the planning for, and delivery of, health services between SFC and SVH as outlined in this Agreement through the development of liaison activity between the two entities.

Cost: Year 1	$ 100,000
Cost: Year 2	$ 100,000

B. SVH intends to assist SFC with the provision of the following array of health and human services.

- EMS Medical Services
- E-911 Addressing
- Maternal and Child Health Care
- Ineligible Indigent Care
- Santa Fe Care Network
- Health Services in Santa Fe County
- HealthCare Marketing and Outreach
- Clinic Health Care Support

This shall be done either through the establishment of a unique SVH department, or through a contractual arrangement with another entity or affiliate. SVH will fund this activity on an annual basis to provide the administrative oversight necessary to coordinate services and provide direct care where required.

II. Emergency Medical Services

A. Staffing of EMS Stations

SVH agrees to assist SFC with the provision of Emergency Medical Services twenty-four (24) hours a day, seven (7) days a week at four (4) EMS stations located in the four quadrants of Santa Fe County. The provision of these services includes funding the cost of Emergency Medical Technicians and Dispatchers at each location. The cost of these services will increase by no more than 3% per year over the next two years.

Cost: Year 1	$ 1,423,000
Cost: Year 2	$ 1,465,690

B. E 911 Addressing

SVH will assist SFC with the completion and maintenance of rural addressing for all residents in Santa Fe County.

Cost: Year 1	$ 209,000
Cost: Year 2	$ 300,000

III. CARE COORDINATION

A. Santa Fe Care Network

SVH will assist SFC with the provision of screening, assessment and referral services for individuals that are in need of mental health services, alcohol and substance abuse treatment and/or in-patient services. Staff workers made up of Screeners and Compliance Monitors will provide the services.

SFC will provide the capital for a facility to be constructed on Highway 14 within the next 18 months. For the duration, SVH and SFC will jointly serve on a selection committee to contract with an organization to administer the operation prior to the completion of a facility. SVH and SFC will also jointly serve on a Community Advisory Board to provide oversight for the Center.

Referral of Patients to Center:
Patients will be referred to the center from a variety of stakeholders.

Referral Sources for Patients:
Patients will be referred to a variety of providers for the provision of care.

Cost: Year 1	$ 350,000
Cost: Year 2	$ 287,000

B. Case Management for Jail Inmates

SVH agrees to work in conjunction with the County and their contract Jail Administrator to develop a coordinated primary care plan that will complement the efforts in IV. A. above.

IV. HEALTH EDUCATION & OUTREACH

A. Mobile Healthcare Unit

SVH will assist SFC with procurement, or lease of a mobile healthcare unit to be used to provide healthcare screening, assessment, and treatment to Santa Fe County residents.

Cost: Year 2	$ 100,000

B. Health Services in Santa Fe County

SVH agrees to coordinate with SFC and Santa Fe County public school systems to expand health services throughout the county. SVH will use existing programs where possible while simultaneously taking advantage of untapped public resources aimed at improving access to health care through the schools. SVH also agrees to provide preventative and limited primary care services to underserved communities in Northern and Southern Santa Fe County through the use of a mobile unit and existing resources.

SVH also agrees to assist SFC and the City of Santa Fe with health education and outreach services to the residents of public housing, and Section 8 housing clients. Education and outreach will be conducted at mutually agreed upon sites. The number of families in various types of public housing is as follows:

Housing Provider	Number of Families
SFC Public Housing	221
Section 8 Housing (City and County)	721
Santa Fe Civic Public Housing	581
Total Number of Families	1,523

Cost: Year 1	$ 400,000
Cost: Year 2	$ 400,000

C. Healthcare Marketing and Outreach

SVH agrees to provide and coordinate marketing and outreach services in order to inform all citizens of SFC in a consolidated manner of the health and human services available to them. Included in the effort is the promotion of collaboration among the various service providers. The vision includes a brochure and Public Service Announcements (PSAs), at a minimum.

Cost: Year 1	$ 100,000
Cost: Year 2	$ 38,000

D. County Health Day

SVH agrees to participate in up to two (2) County Health Days for the benefit of the residents of Santa Fe County and SFC employees. The Health Days will include a variety of screenings and capacity for referrals from a location provided to SVH by SFC. These funds may also be used by SVH and SFC to provide other health programs and benefits to Santa Fe County residents and employees.

Cost: Year 1	$ 10,000
Cost: Year 2	$ 10,000

E. Maternal Child Health Community Infant Project

SVH will assist SFC with the provision of maternal child health services to include, at a minimum, home visits and parenting skills, as well as the administration of the program itself as required.

The current service providers and cost per year are:

Cost: Year 1	$ 105,000
Cost: Year 2	$ 130,000

V. COUNTY HEALTH CARE PROVISION AND UNDERWRITING

A. Clinic Health Care Support

SVH agrees to provide technical assistance, provider support, and any other assistance or support deemed necessary by SVH and SFC; to health care clinics, and other organizations as solely determined by SVH and SFC, serving Santa Fe County residents, using a needs-based methodology.

Cost: Year 1	$ 300,000
Cost: Year 2	$ 350,000

B. Support for Services Provided not Eligible for Indigent Fund Reimbursement

SVH agrees to provide support through other non-profit organizations for services provided to patients where care has not heretofore been eligible for reimbursement under the SFC Indigent Fund.

Cost: Year 1	$ 200,000
Cost: Year 2	$ 175,000

C. PARA Transit\Senior Medical Transport

SVH will assist SFC with the provision of transportation and outreach services to the handicapped and senior citizens of SFC.

Cost: Year 1	$ 60,000
Cost: Year 2	$ 120,000

Total Cost of Services within the Scope of Services: Year 1	$ 3,307,000
Total Cost of Services within the Scope of Services: Year 2	$ 3,475,690
Total Cost of Services within the Scope of Services: Year 1 & 2	$ 6,782,690

SANTA FE BOARD OF COUNTY COMMISSIONERS

COMMISSION CHAMBERS COUNTY ADMINISTRATION BUILDING

SPECIAL MEETING

February 9, 2001 - 2:00 P.M.

Notice of Study Session & Agenda

Notice is hereby given that the Santa Fe Board of County Commissioners will hold a Study Session on Friday, February 9, 2001, at 2:00 p.m. in the Commission Chambers at the County Administration Building, 102 Grant Avenue, Santa Fe, New Mexico. The meeting will discuss the following items:

I. Call to Order
II. Roll Call
III. Approval of Agenda
IV. Community, Health and Economic Development Department
  A. Discussion and Review of the Sole Community Memorandums of Agreement between St. Vincent Hospital and Santa Fe County
V. Adjournment

The County of Santa Fe makes every practical effort to assure that its meetings and programs are accessible to the physically challenged. Physically challenged individuals should contact Santa Fe County in advance to discuss any special needs (e.g., interpreters for the hearing impaired or readers for the sight impaired).