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MINUTES OF THE
JOINT SANTA FE COUNTY
COMMISSION & HEALTH POLICY
AND PLANNING COMMISSION



July 28, 2004

This joint meeting of the Santa Fe County Commission and the Health Policy and Planning Commission was called to order on the above-cited date in Room 5, Sweeney Center, Santa Fe, New Mexico at approximately 9:20 a.m. by HPPC Chairman Larry Martinez.

Roll call indicated the presence of a quorum with the following County Commissioners and HPPC members present:

Commissioners Present:

Paul Campos, Chair
Jack Sullivan
Harry Montoya

Members Absent:

Paul Duran
Mike Anaya

HPPC Members Present:

Larry Martinez, Chair
Dr. Arturo Gonzales [Afternoon session]
Valery Henderson
Jerry Jorgensen
Ron Hale [Afternoon session]
Melissa Manlove
Dr. Mario Pacheco
Dr. Cleveland Pardue
Terri Rodriguez
Richard Taafe
Glenn Wieringa
Jack White

HPPC Members Absent:

Daniel Burke
Fernando Sena

County Staff:

Steve Shepherd, CHHS Director
Marie Garcia, CHHS Staff
Gerald Gonzalez, County Manager
Roman Abeyta, Deputy Manager
Greg Parrish, Corrections Director
Grace Phillips, Assistant County Attorney
Stan Holden, Fire Chief
Rebecca Beardsley, Indigent Services
Linda Dutcher, Home for Good Program
Frank Magourilos, DWI Program

Others Present:

Virginia Vigil, Commissioner-Elect
Edy Powers, MCH
Lynn Hathaway, City Human Services
Alan Wheeler, Chair, DWI Council
Mary Justice, CARE Coordinator

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Following a welcome by HPPC Chair Larry Martinez, the member introduced themselves and expressed their hopes for the meeting.

Approval of Agenda

Commissioner Sullivan moved approval of the agenda and Commissioner Montoya seconded. By unanimous vote, the agenda was approved by the Commission members.

Mr. Martinez thanked everyone for coming and singled out for their special achievements in the progress of the HPPC Commissioner-elect Virginia Vigil, and past chairs Richard Taafe and Jaime Estremera-Fitzgerald, who is currently in Florida. In an overview, he explained that the County receives money from the Department of Health, which is distributed to local entities who operate independently. The various groups work hand in hand to improve healthcare in Santa Fe County. The County is inundated with requests and the Commission, recognized they lacked a global view of the situation, created the Health Policy and Planning Commission to help prioritize and establish a funding framework.

In 2002-2003 the HPPC produced *A Call to Action*, which he characterized as a "snapshot" of the state of health care and proposed a health improvement plan. This landmark document was presented at a forum held at the Santa Fe Community College in January 2003. *A Call to Action* noted the pivotal role played by St. Vincent Hospital, especially through the Sole Community Provider (SCP) funds. These amount to \$14 to \$17 million dollars yearly and are matched 3-1 by the County.

Mr. Martinez noted the MOA with St. Vincent "has been cumbersome and has not worked well." He said the HPPC had to come in at the last minute to try to determine priorities with little time to do it. This has led to friction between St. Vincent, the HPPC and BCC. Referring the joint meeting held on July 13th, Mr. Martinez said the hospital stressed their financial difficulties, which they hope to alleviate by expanding their emergency room and cardiac care services.

A Call to Action is now two years old and new priorities have arisen, including the situation at the adult and juvenile detention facilities. Additionally, St. Vincent Hospital has a number of priorities that have to be recognized. There have been reductions in the behavior health resources to northern New Mexico, which he attributed to the DOH's plan to phase out residential treatment in favor of outpatient therapy. Mr. Martinez said this was less expensive but presented problems in the short term, particularly in a rural setting.

Another controversial trend coming through the DOH is consolidating the two separate funding streams of the HPPC and the Maternal and Child Health Council.

Processes and Procedures between BCC and HPPC

Mr. Martinez introduced for discussion an issue that arose concerning the handling of funding for the Women's Health Services (WHS). It was widely perceived by HPPC that they

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were bypassed when the County chose to fund this organization.

Commissioner Sullivan said they were trying to avoid "turf" issues. WHS felt they were not being heard or funded. There was some consensus that La Familia and WHS should coordinate their actions to facilitate federal certification which would result in greatly reduced malpractice insurance costs.

Commissioner Sullivan noted that when he joined the Commission there were no contracts with providers and no defined scopes of work. The accounting from St. Vincent was non-existent. This situation has improved, although they are still not generating quarterly reports.

Commissioner Campos asked for more information on the perception of being bypassed, and Mr. Jorgensen stated the HPPC was involved in the review process of funding candidates early on. There were leadership changes and problems with timely review. WHS felt "hung out to dry." Before the review was complete, the BCC came through with the funding, leading HPPC members to believe a procedure should be established that outlines their role. He said the Commission was a political organization subject to various pressures. The episode led to a perception that the HPPC was "not shooting real bullets." The question arose as to the County's strategy: Should they be serving as a safety net? He characterized the situation with WHS as a bail-out.

Dr. Pardue asked whether the bail-out came from the County or the state. Commissioner Campos said the County played a role and Mr. Jorgensen said both were involved. Mr. Martinez said there was concern about the process and suggested setting up a contingency fund for unforeseen circumstances. He added a subcommittee was set up to look into the certification requested by WHS but this was ultimately turned down on the federal level.

Commissioner Campos said WHS is an important provider and quick action was needed.

Returning to the question of the role of HPPC, Ms. Rodriguez noted HPPC struggles with the issue of being a recommending body, whereas the Progress Review Committee (PRC) and the MOA team have actual spending power. She said the City puts \$1.2 million into healthcare services, \$800,000 of which is from the general fund. The City has a advisory group whose recommendations go directly to the City Council. In the County there are more layers.

Commissioner Campos said he would be interested in hearing how the committee members would like to see the committee operate. Melissa Manlove stated there has been a desire to have a mechanism to test viability. WHS had longstanding financial issues and no improvement was seen. This led to their feeling "railroaded."

Commissioner Campos said he was approached by WHS early in his term and asked at that time if the organization was viable. The difficulty of assessing these things led to the formation of the HPPC.

Commissioner Montoya indicated that the County has advisory committees on other issues such as land use, and it might be necessary to streamline the process.

Mr. Jorgensen asked for a clear policy from the County in terms of priorities. Also, it is important to set the level of due diligence called for and what information can and should be demanded. "We don't have a lot of resources."

Mr. Taafe agreed that HPPC's role should be clarified, particularly with regard to how much staff will work with the committee. Dr. Pacheco agreed role clarification was called for, and advocated prevention as a broad philosophical approach. He noted that the PRC was made up of important decision makers, had access to more information, and had an important role to play.

Mr. White said he was on the WHS board in the past and they have continually functioned on the edge. He added they have expanded beyond their funding sources. He used WHS as an example of situations arising that need funding outside the normal scope of planning. He said the jail could also fall into that category and would profit by the existence of a contingency fund and emergency subcommittee.

Responding to a question from Commissioner Campos, Mr. Shepherd stated there is a HPPC subcommittee that makes recommendations regarding the Indigent Fund. This is an example of a streamlined process. However, with the MOA, there was an implementation team consisting of hospital staff and County staff and this lacked the ultimate decision making power. Thus the PRC came about, consisting of upper management, and they were empowered to make contractual decisions. A problem arose in trying to bring HPPC aboard, which St. Vincent initially resisted. He described putting the MOA together as frustrating and cumbersome. Further, the PRC has gone for long periods without meeting.

Mr. Shepherd said he would like to see the HPPC making recommendations on the MOA, which would then be passed on to the BCC, SVH and the PRC. He said the WHS has received lots of MOA money and their financial position hasn't improved appreciably.

Ms. Vigil championed the HPPC taking on a stronger leadership role. The initial idea was to gather experts to address the health gap. Boundary confusion has arisen. She said HPPC should be the sole advisory entity.

Mr. Shepherd stated the PRC consists of Alex Valdes, Don Butterfield and Rick Doxtater from the hospital, and Gerald Gonzalez, Robert Anaya and Susan Lucero from the County, as well as Larry Martinez and Bruce Besser, a community member. The MOA Committee currently consists of himself and Bonnie White from St. Vincent.

Regarding HPPC's role, Ms. Manlove asked if they should be monitoring the contracts and developing standards of performance. This would require funds.

Commissioner Sullivan cited the uniform fee schedule as welcome input from the HPPC. He pointed out the dealings with the hospital, particularly the fact that PRC wasn't

meeting, were still problematic. There needs to be a commitment from St. Vincent. Mr. Martinez mentioned that the PRC did in fact finally get together. Commissioner Sullivan noted that the current MOA in the packet has a list of PRC meeting dates. Due to the importance of meeting deadlines, if there is further reluctance on the part of the PRC to meeting, restructuring will have to take place.

[The meeting recessed from 10:55 to 11:10.]

Mr. Martinez summarized the morning's points relating to improving the relationship between the HPPC and the BCC:

- There should be a better understanding of Commission priorities; more joint meetings may be needed. A member of the HPPC could attend Indigent Fund meetings to update the Commission and become more familiar with the processes.
- Agreement should be reached regarding standardizing contract requirements and reports.
- The PRC needs to meet on a regular basis.
- Streamlining the process is called for.

Framework and Priorities of the BCC as they Relate to A Call to Action

a. MOA, Jail Medical and Other County Priorities

Corrections Director Greg Parrish stated burgeoning jail costs have been a tremendous drain on the County. The Department of Justice (DOJ) is investigating the detention center, particularly with regard to medical care. There is a need to assure the services meeting community standards, so community involvement is needed. Between 7,500 and 10,000 people go through the jail on a yearly basis and this presents an opportunity to provide medical services – with both prevention and continuity – to a segment of the population notably lacking those services. In the long run, this will represent savings.

Currently, the jail puts a strain on both the County and St. Vincent emergency room. More people need to be involved. He suggested there be a HPPC subcommittee to look at the jail's medical needs and work with the contractor. Intervention services of those released is a possibility.

Assistant County Attorney Grace Phillips added they have been trying to collaborate with DOH over the past year in the area of infectious diseases, such as hepatitis-C. Groups of 24 inmates at a time have been involved in education programs and there has been a genuine interest in follow-up. She characterized DOJ's involvement as positive, in that they are willing to provide technical assistance and occasionally funding. She said some facilities across the country have been successful in bringing in community providers of medical care. The DOJ will be bringing in experts in September and she asked the participants to think of questions they want to ask. It may be possible to arrange a meeting with them.

In response to questions, Mr. Parrish indicated that the recidivism rate is around 40 percent. He has not seen a case of an inmate having insurance reimbursement, although it is possible theoretically to collect third party payment. Medicaid coverage stops at the jail door. Dr. Pardue said that seemed like discrimination.

Mr. White supported case management services with follow-through, and asked if there were models for that. This would be especially important in the case of contagious diseases and dual diagnoses. He cited the CARE Connection as an attempt to put up a unified front to help manage illness.

Mr. Parrish agreed the jail is a collection area for all of society's problems. Case management is important but resources are limited. He pointed out that inmates often have to wait months in jail to get into needed programs, which constitutes expensive housing.

Mr. Taafe indicated La Familia has been talking to the County about jail medical problems and he has met with the chair of the Jail Advisory Committee which was helpful. La Familia has concerns about liability (which could be alleviated by the federal Tort Claims Act), about control over care and about staffing/recruitment. La Familia lacks detox expertise and would have to investigate support services such as x-ray, labs, emergency and specialists. A big question is whether La Familia can handle thousands more uninsured. Mr. Martinez suggested the Indigent program might be called upon.

Ms. Manlove asked who the vendor was and Mr. Parrish explained the jail contractor, MTC, is currently in the process of changing their medical subcontractor. The \$1.2 million for medical is built into the contract. The per diem per patient is rising precipitously. Ms. Manlove stressed the contract should be very clear, and said the profit motive was not a good guarantee of service delivery. She added correctional medicine is a specialty and the costs could be high. Mr. Parrish said they are fortunate to have a knowledgeable consultant to help them.

Ms. Vigil asked if the Indigent Fund would cover follow-up care. Mr. Taafe said it does, but La Familia already exceeds its contracted Indigent Fund amount by \$100,000.

Dr. Pacheco noted that many people, such as non-residents do not qualify for indigent funding. He recalled the Mr. Valdes agreed to look into St. Vincent taking on some of the responsibility, given the anticipated increase in funding from a new gross receipts tax. Commissioner Montoya stated the Commission recently passed a resolution clearing the way for enactment of the GRT.

In response to a question from Mr. White, Mr. Parrish stated the current contract with MTC expires at the end of September but they are negotiating renewal.

Commissioner Campos said there have been discussions touching on the question of the County taking over the jail.

Mr. Taafe noted that, if a contract were to be undertaken, it would take three to six months to deal with the federal agencies and six to twelve months to do the necessary recruiting.

Referring to the supplemental funding that occasionally appears, Commissioner Sullivan described it as mysterious and unpredictable. This results in problems for the County

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who is required to come up with a match. He suggested becoming more pro-active in lobbying for the supplemental funds. He added that either party to the jail contract can terminate it at any time.

Commissioner Montoya raised the subject of the local liquor excise tax, which is being promoted by the New Mexico Association of Counties. Mr. Martinez said the HPPC has traditionally supported making use of the local option.

Mr. Shepherd spoke of the need to coordinate the work of HPPC with the Jail Advisory Committee. For health care after leaving jail, they might need to look into the Indigent Fund structure. Mr. Parrish said returning the jail to a public concern could be done in a phased manner with the medical component perhaps being the first.

There was a discussion of details of how the medical contracts are estimated.

Mr. White indicated that the labor exists in Santa Fe County to do the work and this would cut down travel costs. Ms. Manlove pointed out that there is a premium for jail healthcare workers. Ms. Phillips said she had been contacted by people willing to work, and reminded the participants that the Department of Justice team would be coming September 21, 22, and 23, and she solicited suggestions and questions. Mr. Martinez suggested scheduling a joint meeting.

[The meeting recessed for lunch from 12:10 to 1:10.]

For the afternoon session, Linda Dutcher, Frank Magourilos, Alan Wheeler, Becky Beardsley, Ron Hale, Mary Justice, Lynn Hathaway, Edy Powers, Nancy Smith and Dr. Arturo Gonzales were present. Commissioner Sullivan, Jerry Jorgensen, and Dr. Mario Pacheco left the proceedings.

Mr. Martinez welcomed the participants back and referred to the frank discussions that occurred during the morning session.

DWI Issues

Frank Magourilos, speaking for the DWI programs referred to the packet information in Section 6b about potential impacts from pending developments. The DWI programs might be moved from DFA to DOH. This would have the advantages of bringing a higher level of expertise, more institutional capacity for oversight and continue with DOH's responsibility for DWI screening, tracking and epidemiological research. The disadvantage would be the programs would be detached from the law enforcement component with unknown consequences.

The second possible development would be \$1.5 million diverted to the AOC Drug Courts. This would have no benefit for Santa Fe County since it does not have an AOC Drug Court. There would be negative impact due to reduced funding of operating budgets.

Mr. Magourilos pointed out that the Behavior Health Purchasing Collaborative could be positive in that it has the potential to increase coordination between the various agencies and ensuring minimum standards for substance abuse treatment services. The cons would be the creation of a giant behavioral health HMO, and the possible elimination of small providers. This system has not been tried in any other state.

Mr. Shepherd expressed concern about erosion of the local excise tax on the local level. Commissioner Montoya said the purchasing collaborative sounded all bad, since it would be run by a for-profit out-of-state entity.

Mr. Martinez explained that the DOH currently manages behavioral health programs through Corrections, CYF, and the Department of Education with approximately \$40 million per year. Under the proposed system, resources would be pooled into an HMO-like structure. Additionally, a Behavior Health Department would be created, which he felt might result in a loss of integration with other health concerns. He noted half of all emergency room visits are perceived as having a behavioral component. The County expends many resources for behavioral health through the MOA and the SCP programs.

Linda Dutcher stated a "local systems of care" (LSOCs) would come into being that would correspond to the judicial districts. Santa Fe County would thus be combined with Rio Arriba and Los Alamos Counties.

Mr. Martinez noted meetings on the RFP and implementation are scheduled for August 4th in the PERA auditorium, morning and afternoon. He stated HPPC should be prepared to make a recommendation on this.

Ms. Manlove said there could be repercussions for rural health delivery.

Mr. Wieringa suggested the New Mexico Association of Counties may want to get involved. He added one possible consequence could be neglect of prevention programs in favor of treatment.

Mr. Shepherd expressed his concern about money getting "lost in transition."

Before leaving the meeting, Commissioners Campos and Montoya spoke of the need to have more meetings and come to terms with fragmentation. Commissioner Campos speculated that the HPPC's role would be to look at the big picture, or the "big picture-plus".

Mr. Taafe requested that the HPPC take a more pro-active role in presenting their views to the BCC, and Mr. Martinez said that the BCC seemed to be seeking direction from the committee.

Ms. Manlove stated she was unsure that the HPPC role issue was resolved. Mr. Martinez said communication could and will be increased with participation in the Indigent Fund meetings. Mr. Taafe recommended there be a standing item on the agenda whereby the BCC receives an update from the HPPC.

Maternal and Child Health

Mr. Shepherd stated this year the Department of Health gave Santa Fe County \$128,523 for a combination of MCH coordination, direct MCH services and the HPPC. Of this \$50,000 is for coordination, and the contract says there will be no money for direct services next year. The DOH contract requires consolidation of MCH and HPPC. He speculated that DOH wants to phase out the MCH Planning Council. However, MCH program has a lot of legislative support. He said the pressure brought to bear has made life difficult for staff.

Ron Hale agreed that it has been a difficult year and it has become a question of survival rather than improving services. He described the policy for the blending of agencies as the "osterizer model of healthcare". He said Fred Sandoval from the DOH considers Santa Fe County to have a blended system already. Since MCH is based in statute it cannot be eliminated completely without legislative approval, but funding can be reduced.

Mr. Hale spoke strongly in favor of the good outcomes MCH has effected with minimal resources.

Mr. Martinez said he understood from the solicitation they'd only be getting \$12,500.

Mr. Shepherd stated they need to keep the lines of communication to DOH open for planning purposes.

Referring to blending, Edy Powers indicated the community partners are eager to maintain MCH's vision. Mr. Martinez agreed it was important to preserve MCH's focus while doing the requisite blending.

Nancy Smith stated money has been received from grants. DOH funds can help leveraging. The projected cuts have been a distraction.

Lynn Hathaway noted there is no one else that represents the zero to three population.

Ms. Manlove asked if there was a fall-back position. Mr. Hale said their strategic planning continues. There is a possibility of converting to a 501(c)(3) or a subcommittee of the HPPC.

Dr. Gonzales said due to the current turmoil at DOH negotiations were pointless. He recommended assuming the blending would occur and to plan for that eventuality.

Mr. Martinez suggested that the executive councils from MCH and HPPC meet to review the contract for transition and see what works for both.

Mr. White pointed out that the MOA listed \$140,000 for MCH. Mr. Shepherd said that money goes to the County and from there to Las Cumbres learning program. If that line item is increased it will take funds from other entities.

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Ms. Powers pointed out that in the last legislative session two counties got \$75,000 as independent agencies.

Ms. Vigil said she was amazed at the cuts since statistics have clearly shown the value of 0-3 intervention and initiatives. "If it isn't broken, don't fix it."

Dr. Gonzales advised staying away from state funding to the extent possible, since lots of independent bills don't make it through the legislative process, and they tend to be short term.

Dr. Pardue advocated making MCH a subcommittee of HCCP. Ms. Manlove said since the County signs the contract, HPPC becomes a conduit. It is currently beholden to the state.

Mr. Hale said the contract initially listed criteria for a functioning council that were unmeasurable and ununderstandable. These provisions have been removed.

Mr. White asked what happens if an agency is allocated money from the legislature through a department, and the department refuses to do that, what are the repercussions. Ms. Vigil said the money lapses after three years if not reallocated. As far as enforcing the legislature's wishes, Mr. Martinez said the LFC or the Attorney General's Office might be called in.

Ms. Powers said the LFC has talked to DOH twice on the matter. Ms. Hathaway said if there is no state money, the County has the option of funding MCH as a separate entity. The City spends \$945,000 in this area through 36 programs. A discussion ensued about how the City funding is disbursed.

Mary Justice, coordinator for the CARE Connection said she looked forward to working with the committee.

[The committee took a five minute break.]

Healthcare Assistance Program and State Coverage Initiative

Becky Beardsley with the Indigent Fund stated New Mexico is looking to the Indigent Fund for help in leveraging Medicaid funds. The impact is uncertain but results could be devastating for the Indigent Fund if counties are required to match Medicaid. She noted now, Santa Fe County has to match \$2 million for Medicaid and an additional \$4.2 million for Sole Community Provider.

Mr. Martinez said initially protection was given to the counties through Sole Community Provider funds. Before that the Indigent Fund was used only for inpatient care.

Dr. Gonzales said when this was first broached they were talking about tapping only counties with surpluses. Ms. Beardsley said it could occur in all counties, and it could cost an addition \$2 million in Santa Fe County. Dr. Gonzales asked what if that money was already

earmarked for needed services.

Ms. Beardsley said she understood that would not apply. She said they are meeting with DOH and are trying to get the Association of Counties involved. Mr. Shepherd pointed out it could affect providers who help people who are not eligible for Medicaid.

Dr. Gonzales said it was critical to set up a legislative committee. Mr. Taafe asked if they would be able to take any action or if they should identify the issues and act in an advisory capacity. Dr. Gonzales suggested that the Commissioners can point to a group like the HPPC to show their community input.

Manager Gonzalez advised monitoring the activities of the Health and Human Services Committee, since that's where something like this would bubble up. It would also be good to secure an invitation to appear before the committee. He outlined how the legislative process works.

Ms. Beardsley pointed out that a negative impact would be felt if the GRT is rolled back. Ms. Rodriguez noted that would wipe out the City's Human Services operations.

Ms. Beardsley said the state coverage initiative could be a plus or a minus impact. She indicated Rio Arriba County is going to implement the program soon. It helps with situations where people come in for services repeatedly. It would, however, take control away from the County and fewer people would be eligible.

Mr. Martinez stated it was similar to the purchase of Medicaid insurance and is like an insurance policy for the working poor.

Mr. Shepherd said Don Harris will be making a presentation and staff will look for direction after that. Ms. Beardsley referred to the packet for SCI financing options for Santa Fe County.

Mr. White asked if it was a voluntary program, wouldn't that bring in only the sickest. Ms. Beardsley said she did not know at this point but there was the potential to save money under certain circumstances. Some funding can come from the Indigent Fund and some from the MOA and it could prove advantageous for St. Vincent.

Mr. Taafe said the impact would depend on the reimbursement rates.

Dr. Gonzales asked if the County became the payer of claims. Ms. Beardsley said it would all be in the hands of the state.

Given they could be asked to provide a recommendation, Dr. Gonzales asked that Mr. Harris bring lots of information to the presentation since there are many issues that merit elucidation such as administration, implementation, liability and collecting from employers.

Mr. Martinez expressed his concern that the state would not honor payments from county-developed criteria. Mr. Shepherd said his preference is to not take money out of the

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Indigent Fund. Dr. Gonzales said there may be no choice.

Ms. Vigil said the committee should learn all it can and make a recommendation.

Ms. Henderson noted the benefits were limited to \$100,000 per member per year. Mr. Shepherd speculated that anything above that might fall under the Indigent Fund.

Ms. Dutcher asked if family members were included in the coverage and Ms. Beardsley said they would be if they fell within the same category.

Dr. Pardue confirmed that the program was not intended to replace Medicaid. Mr. Martinez said Medicaid is normally used by women and children and this would cover the working poor.

Ms. Beardsley said the County sends a check to the state for the premium, so enrollees will be known.

Summation

Mr. Shepherd stated he has been putting together a list of concerns in order to be ready for the August 12th meeting.

Dr. Pardue said he was disappointed there was not more participation on the part of the Commissioners, since they requested the session. Ms. Rodriguez suggested that meetings in the future be divided up, perhaps into half-day sessions.

Given the complexity of the issues, Mr. Martinez said follow-up meetings were called for. Manager Gonzalez reiterated his support for regular appearances at the Indigent Fund meetings

Dr. Gonzales expressed his concern about resources and recommended identifying critical work items. He said the Commissioners should be invited to the HPPC meetings.

Mr. Shepherd encouraged mutual participation between the two bodies, and Mr. Martinez suggested developing a summary letter for the Commissioners in order to put things on their radar screen. He was amazed at the level of expertise present among committee members and the HPPC constitutes a valuable resource for the elected officials.

Ms. Rodriguez showed the participants a copy of the new resource directory which lists 258 programs. She said next year it will be on the Internet.

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Adjournment

Having completed the agenda and with no further business to come before the Board, this meeting adjourned at approximately 4:00 p.m.

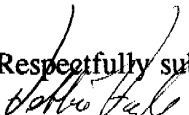
Approved by:




Paul Campos, Chairman, BCC



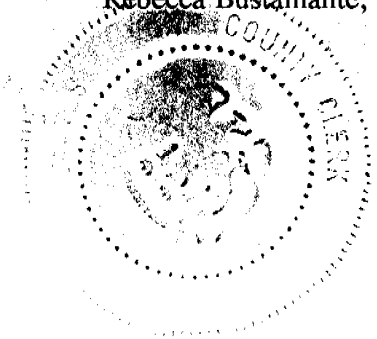
Larry Martinez, Chairman, HPPC

Respectfully submitted,

Debbie Doyle, Wordswork

ATTEST TO:



Rebecca Bustamante, County Clerk



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