



County of Los Alamos

BCC Meeting Minutes

Los Alamos County Health Council

1000 Central Avenue
Los Alamos, NM 87544

Lori Padilla, Chair; Philip Gursky, Vice - Chair; Cameron Counters; Carie Fanning; Caron Inglis; Maxine McReynolds; Gisel Martinez; Abbie Nelson; and Morrie Pongratz, Members

Thursday, June 1, 2023

12:00 PM

Hybrid- Municipal Building, Room 330 &

Zoom:

https://us06web.zoom.us/webinar/register/WN_ZBiVnVx2TqmaB_OEpZRtrg

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Webinar ID: 871 6885 7832

I. CALL TO ORDER

The Los Alamos County Health Council meeting of June 1, 2023, was called to order at 12:01 pm.

Present: Lori Padilla, Chair; Philip Gursky, Vice-Chair; Members Cameron Counters, Caron Inglis, Gisel Martinez, Abbie Nelson, Jennifer Bartram, Jeramay Martinez, and Morrie Pongratz.

Absent: Maxine McReynolds, and Joyce Richins

II. PUBLIC COMMENT

Others in attendance:

Melissa Arias with Lemonade Living and Rose Chocolatier and other programming to connect individuals with developmental disabilities to providers. Candice WilhiteQuiro, NMDOH Northeast Region Health Promotion Specialist Connor Thorpe, graduate student at NMSU studying public health, wanted to start attending these meetings to learn more about her community.

III. BUSINESS

[17466-23](#)

Approval of Minutes from the Los Alamos County Health Council Meeting on May 4, 2023

Presenters: Lori Padilla

A motion was made by Jenn Bartram, seconded by Abbie Nelson, to approve the May 4, 2023, meeting minutes as presented. The motion passed unanimously.

I move that the Board approve the Minutes for May 4, 2023[17468-23](#)**LACHC Subcommittees and Ad Hoc Committee Discussion****Presenters:** Lori Padilla

A motion was made by Chair Padilla to de-formalize all LACHC Subcommittees with the exception of the Comprehensive Health Plan Subcommittee while retaining, engaging, and expanding our connection with priority interest areas (PIAs). To the extent possible, liaisons will continue two-way communication between the PIAs and the LACHC. The motion was passed unanimously. Due to rich discussion, the motion did not end up getting seconded.

I move that the Board[17467-23](#)**FY24 Fact Sheet Approval****Presenters:** Lori Padilla

A motion was made by Vice-Chair Gurksy, seconded by Cam Counters, to approve the LACHC Fact Sheet as presented. The motion passed unanimously.

I move that the Board approve the FY24 Fact Sheet[17474-23](#)**Los Alamos County Health Council Role****Presenters:** Jessica Strong

Jessica Strong (Social Services Manager who started in February 2023) introduced this agenda item. Discussion was transcribed with minor edits for clarity.

It has been super interesting being in this role for almost four months and coming to a couple of health council meetings. And with Lori new as chair, having gone through some of the official business: approving the fact sheet, the work plan, getting the new members on and I've been at different meetings including County Council meetings. Lori and I went to the boards and commissions luncheon a couple of weeks ago, and I think just by virtue of the Social Services Division providing staff support to the CHC, people send things along like "is the Health Council looking at this or, hey, can I talk to you about the health council taking this on?" And trying to get a sense of what is for the Health Council to take on, what is for the Comprehensive Health Plan to address and be a longer term thing, what comes to the Social Services Office to be addressed? And so there have been some conversations around what does the Health Council do? What should we take on and what falls under our purview? And Cam had brought up in a narrow but kind of broad sense, really, the role of the Health Council is to advise County Council. That's both big and broad and we can kind of self define what that means.

A number of Health Councilors and staff have been thinking about how to keep this group, the Health Council, in a collaborative way, how do we keep everyone engaged? We have folks at the schools and at the Medical Center and in all of our different communities. Morrie, if I can use your presentation from a couple of months ago on the YRRS data as an example, and the one that Bob Dryja gave the month before that: both fascinating presentations, a lot of work went into those and were presented to the Health Council. And I will speak for myself, but I've been kind of feeling left with okay, and now what? Right now, we have the 2021 YRRS data on youth depression, teen depression, or other data on older adult women who may be experiencing both social isolation and limited incomes. Does Social Services take that on? Do we address these in the comprehensive

health plan? Do we go to Council and say, these are huge topics. And how do we make sure that if, Jen, you want to bring something from a grief and bereavement group to the CHC, or to the County Council, or, you know, Caron wants to bring something from what she's noticed with the schools, how do we make sure this is all happening?

A potential way to move forward is that as Health Council members, or the broader public, has items of concern, we will maintain a list of those concerns that will make their way through certain process steps. For example, for those topics that come to the Health Council, we need to make sure we get enough data and contextual information about the topic. How does that occur? Do we then take that presentation and look to connect to other community members? Do we bring in other Boards or Commissions? Is it the Transportation Board? Is it whoever else? And then how do we start working on some actions so that we can then advise Council on: here's an issue that was brought to the CHC, here's the fact finding or data that we've acquired, here's who else we collaborated with... And now we're advising Council on what the next action steps are? So that's an idea.

Chair Padilla stated:

The only thing that I would add is that we want people to know that they're heard AND that this particular Board is not set up to fix things. We can advise and we can find out more information, so having a process of being able to say, okay, this is an issue, do we have enough information to make a decision? If we do, then do we have somebody who is willing to step in and really drive this for us? Could be a board member, if the board member brought this issue to the table, it could be a community member that has time to help. Right now, we're pretty limited with county resources. We can't drop everything on Social Services. There's some things that Social Services will be able to do.

I think there's a series of natural questions that we're going to document and keep feeding back to this board when we talk about new things coming to our attention. There may be some things that we can do immediately and then some topics we'll need to run through questions: Do we have enough information? Do we have people that are going to help us push this need? Is there someone else in the community already working on this issue? And there may be some things that are way out of our hands, and we'll just continue to talk about it. But I think what I'd like to also see is that we review them on a regular basis and ask what's the status of this, what's the next step? Do you all have any questions or other thoughts that you think would be important to consider as far as this as a process? We're open for discussion.

Vice-Chair Gursky shared:

I think that we have a couple of things that underlie how we're supposed to operate: one is the resolution that established the board. The second is the State Health statutes relating to health councils. And the third is our opportunity now: we're doing the first comprehensive health plan to go from a purely advisory role to creating a public health role and authority in the comprehensive health plan. So that's an opportunity to change from a nebulous advisory one, to carve out the areas in which we think we can efficiently and effectively be an authority for or a clearinghouse for. And by those recommendations being accepted by the Council that creates an actual authority that's different than what we have now. And I would then add that the fourth portion, which helps us, may be narrow and delineate them, because our annual work plan tells us what initiatives we plan to do. And I think that if we look at those four things, in a more comprehensive way, what we need to come back with is a framework with which, when things come up, do they fit in one of these four areas. And as we're doing the comprehensive health plan, particularly, do we see a regularized need for consultation, and input from the community? Can we

create a public health function, which would subsume a lot of these questions? When you talk about most of these presentations they fall within what is classically public health. But I think that what would be very good for us is to identify if our job is to investigate them, at the end of that job, do we have either authority or do we report to the Council, whether it's in writing or by presentation, on whatever we've arrived at. I think maybe that's our best way of coming from a swamp area into a confined land. And maybe the best way is just to have a list of four or five or six areas, identify where they came from, identify their functional purpose and then when something comes up or somebody requests them, we can look at where our authority is. And it gives us a way to look at how do we approach things that come in, this is just an informational one, that in and of itself is extremely important, because that will tell you some other time, we've been collaborating, and we know this is something that has to happen. And then the ones for which we have advisory responsibility. And the ones that we have actual authority.

Councilor Bartram:

The sustainability of that I think would be an essential thing. Would it be possible to tie in with the County's 311?

https://www.losalamosnm.us/news/reporting_citizen_concerns_just_got_easier Because they could filter a lot of the questions and say, Oh, that can be answered by such and such. And then when they get that second level, work with them, so that we bring in those questions. In that way, it will continue past all of our terms. Vice-Chair Gursky That could be done by creating a policy: basically formalize our policy of how we approach things and that way as each iteration of the Council continues on, we have a policy for how we intake things, how we evaluate, investigate, and what authority we have. I think that could be a relatively simple policy and would then refer back to where our authority exists. Chair Padilla If there are no other comments, our plan will be to draft a work flow/ flow diagram/simple visual to show the steps a topic would go through if raised to this Council.

IV. BOARD/STAFF COMMUNICATIONS

17469-23

LACHC Comprehensive Health Plan/Equity Subcommittee Update- Cameron Counters & Emily Piltch

Presenters: Cameron Counters

Emily started:

Off with an update on the Health Equity Advisory Group: low participation in May (to be expected with graduation season) yet there's been good discussion over time and looking forward to potential next steps including possibly coordinating with the LAPS Equity Council and interest on REI topics brought forth from the Los Alamos League of Women Voters (to which Emily presented at a Board Meeting). Suggestions have been made of additional individuals to invite to the Health Equity Advisory Group. Emily is following up with them. Also, we now have a landing page on the County website introducing the CHP https://www.losalamosnm.us/government/departments/community_services/socialservices/county_health_council/comprehensive_health_plan

Cam updated on the CHP progress:

We're continuing to do the community interviews and we're pretty much finished with the provider interviews. We're summarizing those now. And then from that we'll identify what providers have said are barriers to health, and perhaps some solutions to those barriers. The data that's going to go into the report includes: the provider interviews, the previous reports, such as the Gap Analysis, and other local comprehensive health plans- both local and National. We're focusing on community member interviews now and as Emily just mentioned, with this website, we're also going to have a web-based questionnaire for

people to comment, as they see things that are issues. And then later on, this comes after identifying the problems, we'll be doing a community wide survey when we're basically finding out the extent or the magnitude of these issues that were identified. Also, we'll start doing the first draft of the plan. There's also concurrent activity in preparing that community wide survey, which probably will be administered sometime next year 2024, also preparing for community input feedback process that will include community meetings. The hope is that there are plenty of opportunities for input throughout the process so there aren't surprises at the end. And we're already starting to work on some fiscal 25 budget items.

Chair Padilla thanked everyone involved and shared a reminder that the CHP can always use additional help. Don't hesitate to reach out to Emily Emily.piltch@lacnm.us or Jessica Jessica.Strong@lacnm.us

17472-23

AdHoc Committee Updates

Presenters: Lori Padilla

There was opportunity for liaisons of Primary Interest Areas (former Subcommittees) to share updates since the last CHC meeting.

- Morrie shared that during the month of May, each Thursday a film was held at Sala within the theme of Mental Health Awareness. It was cosponsored by JJAB, the Schools Foundation, the LAPS. Morrie attended them and they were very good, especially the final one. Also shared that the JJAB budget was unanimously approved for a 7 year contract by County Council.

- Melissa shared appreciation for the CHP focus group held in partnership with Lemonade Living: it's very important that they stay within the radar of the community with any health reporting. Also pleased to share that they'll have a new counselor in training this year with support from the Commission for the Blind. Their summer camp is very inclusive serving the general community ages six and up and also individuals with developmental or physical disabilities. It's also a great opportunity to teach mainstream kids how to interact with our kids.

- Abbie shared that she will be taking over lead/liaison for BabyNet when Carie retires. Very sad that Carie is leaving but excited to keep the momentum moving. Continuing to get the word out about the new resource directory available and open to all dissemination ideas. Below copied from an earlier announcement sent out about the resource. Also encourages anyone who would like to join the BabyNet group to do so. They meet the 3rd Tuesday of each month over zoom. The Guide was developed and is maintained by volunteer members of BabyNet, an advisory council to the Los Alamos County Health Council and is intended for growing families pregnant and parenting 0-5 year olds in and around Los Alamos County.

We would love it if you shared the Guide with the community you serve via social media and or your organization's website. A short URL was also created to help you easily link to and share the Guide, currently published via Google Docs, with others: <http://bit.ly/3RZj0hE>. Feel free to share the attached image and let us know if you would like a hard copy (postcard sized), courtesy of Family Strengths Network, of it to have on hand by emailing me. In gratitude on behalf of BabyNet,

Karen Brown, Birth Doula

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Karen M. Brown • (505) 412-9195 sanguinejourney@gmail.com Doula for Sanguine

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17470-23 Chairman's Report

Presenters: Lori Padilla

Chair Padilla had no additional report beyond the earlier discussion item about the role of the LACHC.

17471-23 Staff Report

Presenters: Jessica Strong

Jessica reported:

The deliverables for the traditional funding through NMDOH included: the work plan, the fact sheet, and progress on the comprehensive health plan, have all been submitted. Thank you to Candice for all of her assistance with this process. The Junior Bill funding, mostly tied to the closed loop referral system, is still in process. It is currently with legal and procurement; working on getting all of that put together so that we can issue an RFP soon. The other big thing that we've been working on is addressing fentanyl and opioid use in the community and the overdoses and overdose deaths. Social Services Office is taking the lead on pulling together a plan for the county and kind of rippling effect for the community in developing a harm reduction strategy across multiple audiences and age groups. The next Community Conversation will take place June 29 at Fuller Lodge starting at 5:30 to about 7:30, dinner is being provided through JJAB funding which is fantastic. The event is free but please register <https://form.jotform.com/231427684764162>. It will include a drug recognition expert from the Los Alamos Police Department talking about signs of addiction and signs of overdose and then a training from the Mountain Center on kinds of harm reduction strategies that include Narcan with distribution of Narcan. Narcan is currently available at the Social Services Office and places where we're doing community outreach. So next week will include the Thursday Farmers Market. Last week, I was at the summer concert series, and we'll have Narcan at future summer concert series. It was great to have some conversations that people were interested in coming up to get Narcan, but also just kind of having that ability to converse. We had teenagers taking it, we had a couple of college students back in town that were interested in it. And I had two women that I would estimate were over the age of 70/75 plus, and one woman said I have teenagers that'll be here this summer, I should get a box. And the other woman said, I have friends that take painkillers. And the three of us had a really interesting conversation around assumptions and really that anyone can be saved by Narcan.

As we are expanding community capacity, Narcan and test strips will be available at the Health Commons Office and at the bookstore in town. And I'm currently working with a couple of other places to also get Narcan available. The Los Alamos Chamber of Commerce has reached out and we'll be developing a series of trainings for businesses that want to provide Narcan and we just completed a train the trainer for Social Services contracted providers, so that they are able to do those trainings and have Narcan available whether that's for their clients or more generally, we're working on that. There will be more train the trainers coming, more general one on one trainings coming, having both of those available in Spanish as well both in person and online. So kind of making this like a community map of what we need to do. In expanding the harm reduction, the Health Commons is looking at getting a clean needle exchange program going. And then working to meet with folks who may have wounds that have been infected, and they need to come

in for health care and then helping bridge that healthcare gap for them. There's a lot more to come. I feel like I've been to probably six trainings in the last month, and building out the collaborations that come from these.

We just got notice about a month ago of an Opioid Settlement Fund that came to all of the states and then to all of the counties and so working with the courts and others to determine the best use of those funds. Lots more to come. A couple of other things going on for the Social Services Office: we continue to see an increase of housing related calls, homelessness related calls: it's the thing that everyone is asking about and trying to figure out how to help folks with housing challenges is absolutely the hardest thing. There's no magic pool of apartments or housing. But where we've also been able to work across counties, those options are increasingly limited too. So there's less housing in Espanola. There's less in Santa Fe less in Bernalillo County, it's just getting harder and harder. Deni and Eloisa are still working on it like we're working on it all the time. But it's just that continues to be the greatest magnitude challenge we're facing.

We are working to put together some pilots to address health needs from the ARPA funds that were received during COVID, post COVID (the American Rescue plan)- there's a pot of funding and it's looking to address some of these issues. So hopefully we have an update on that in the next couple of months. And the office continues to meet, increase some collaborations and brainstorming. We have one coming up soon with transportation; Deni and I met with the library for having some additional resources available there in a non-stigmatized environment. And Deni will be going to the Public Utilities meeting next week to figure out ways to make it easier for folks to tap into their resources for bill payment. A lot happening. Happy to answer questions, but also happy to meet with any of you or send me an email or phone call afterwards if you have ideas or something I haven't addressed.

Councilor Counters had a follow up question about the closed loop referral progress:

Recalls there were a number of providers at a previous CLR meeting that were interested in following up about a pilot. Have you been able to share the progress that you've made with them so that they're aware of where things are at?

Jessica: That's an excellent comment I should follow up with them. I know that several were working on meeting separately with Unite Us to answer questions among their staff. But I'll absolutely get back with them on where we are in the process. Thank you. Chair Padilla asked:

Will you have any Narcan available in White Rock?

Jessica: let me figure out where. Collective input: there's a Youth Activity Center, a Senior Center, the Library. Jessica: Jordan Redmond was at the train the trainer so let me follow up with him about having it at both YACs.

V. COUNCIL COMMUNICATIONS

VI. PREVIEW OF NEXT MEETING

Next meeting will be held August 3, 2023.

VII. ADJOURNMENT

The meeting was adjourned at 1:04 pm.

Suggested Topics:

Jeramay Martinez: Safe heaven baby boxes and Opiode Settlement Funds for family and children in recovery.

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