

Bernalillo County Healthcare Task Force

Community Meeting Comments • June 18, 2014

North Valley Library

The following comments are from notes that were written on flip charts during the meetings in June 2014. These notes are intended to accompany the audio recording of each meeting. At each meeting, following a brief presentation on the Healthcare Task Force's purpose, participants were invited to offer how to improve healthcare in Bernalillo County, particularly how to improve the healthcare safety net. Ideas include both areas of concern (that the Task Force should focus on) and recommendations. All comments are presented in chronological, rather than thematic, order. Each primary bullet represents a different speaker; indented bullets are part of that person's comments.

June 18, 2014 Community Meeting Comments • North Valley Library

- It is distressing to me, as a human, that there are too many uninsured and underinsured people in the County. As a professional, there are too many of instances of people not receiving care.
 - Expand coverage to marginalized people.
 - Story of a woman who cannot leave the hospital because she is ineligible to obtain a dialysis chair.
- We need to have assurance that people not on Medicaid or in UNM Care have access to care.
 - There are 4000 people on the streets each night; and 40-60,000 who are not covered by the Affordable Care Act.
 - Story of a person who received excellent acute care at UNMH but was released directly to the streets, and could not get into Respite Care. We need to have real continuity of care. Also, the County should designate a specific indigent care budget.
- Provide healthcare—especially preventive/primary care—to undocumented people, who are in various states of housing [in]security.
 - It seems arbitrary who is covered by UNM Care. Enrollment needs to be opened up.
 - Re: MDC: People who become incarcerated have Medicaid suspended.
 - Better addictions treatment is needed. Provide incentives, such as authorization for Nurse Practitioners to prescribe suboxone under a physician's license.
- Invite community representatives to serve on UNMH boards and commissions.
 - This needs to be done, though, with continuity and sincerity. In the past, people are named to advisory boards, and then the boards are disbanded and reconstituted under another name. This contributes to serious mistrust between UNMH and the community.
- In the courts, we see secondary effects/problems of poor healthcare, e.g., child abuse in families where the parents have substance abuse and mental health issues.

- There need to be more locations, more facilities, to treat people with SA/MH issues. All Faiths Receiving Home is just about the only one.
- Continuity (and transitions) of care is a critical system need. This is not only related to suboxone treatment; it also relates to housing and other supports as well as direct care. Healthcare needs to be comprehensive and integrated.
- For substance abuse and mental health treatment, there is a lack of facilities—outside of MDC.
- Direct some of the County funding to community health providers.
 - Adopt a “No Wrong Door” policy.
 - Support community-based enrollment [in Medicaid and indigent care].
 - Make residency and income the only criteria for receiving care.
- Invest in having more community health workers.
- Direct some of the mill levy funding to community health providers, e.g., the Pathways Program.
- Build a safety net that is humane and compassionate—that tries to capture everyone in the County, and that provides more opportunities to participate in it.
- Build a safety net that is inclusive. Also, take 1/3 of the mill levy and build on the Pathways Program.
- Expand the scope, availability and amount of funding to address the needs of the most vulnerable people in the County. Follow people comprehensively, by a multi-disciplinary team of providers.
- Improve the coordination/integration between facilities/providers/agencies, e.g., UNMH, MDC, community health providers.
 - There are examples of other county programs that may be models for this.
 - This may include better automation in enrollment/better software systems, etc. Eliminate the “churning” of people in and out of programs.
- The Milagro and Focus Programs at UNMH do a great job. They follow people beyond acute care. Expand these programs to be on a larger scale.
- Build a shared data system to track people, evaluate whether performance goals have been met, etc.
- Provide Respite Care for women who are on the street.
- Take 5-10% of the MDC budget and designate it for substance abuse and mental health facilities—treatment, transition, etc. This will be a much more efficient use of these funds.