

Human Services Committee Strategic Action Plan 2022 - 2025



**Equitable access for
the people of Santa Fe
to a happy, healthy,
safe, and thriving life.**



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EXECUTIVE SUMMARY

The Human Services Committee (HSC) was formed by Resolution in 1987 and is charged by the City of Santa Fe Ordinance (2016) with **advising and recommending health and human service policies, assessing and advocating for human service needs, coordinating resources to maximize cost-effectiveness, evaluating local human service programs, providing technical assistance to programs, and making funding recommendations to the City Council to support nonprofit organizations that provide and maintain a safety net of services to meet the essential health and human service needs of the residents ages 18+ of Santa Fe.**

The Committee receives 2% of the gross receipts tax (GRT) and administers funding through the Human Services Fund to local nonprofits on a three-year funding cycle at approximately \$1 Million annually (funding amount varies due to GRT fluctuations). **The Committee works in partnership with the City liaison and the Youth and Family Services Division staff to provide advice on ways to effectively plan, coordinate, improve and support health and human services in the Santa Fe community.** The Committee presents a plan to the governing body for funding approval. The committee also works in collaboration with the Children and Youth Commission on shared priorities to improve population health and reduce health disparities.

The Human Services Committee is pleased to present their Strategic Action Plan for 2022 - 2025 cycle, which reflects key decisions made in the annual strategic planning sessions held in the fall of 2021, as well as builds upon the planning and health improvement efforts reflected in the 2018 - 2019 Human Services Committee goals. In 2018, the Human Services Committee adopted the Results-Based Accountability (RBA) methodology to develop a strategic framework that identifies funding priorities to leverage key health and social determinants indicators for community impact. The Human Services Committee gathered information on critical community needs and inequities identified through qualitative and quantitative data, needs assessments and information gathering.

**The Results-Based
Accountability Framework
outlines the desired results in
mind for the HSC
four key priority areas:**



- **ADULT HEALTH**
- **BEHAVIORAL HEALTH**
- **COMMUNITY SAFETY**
- **EQUITABLE SOCIETY**

VISION

Desired Outcome from Results-Based Framework:

1. People in Santa Fe are healthy.
2. Santa Fe is a safe community.
3. Santa Fe has a fair, just and equitable society.
4. People in Santa Fe achieve their full potential.

MISSION

To build and strengthen community capacity to address the most critical community health and wellness needs and to improve outcomes for adults and families throughout Santa Fe.

RESULT IN MIND

The HSC has identified the following result-in-mind as a central focus to leverage the 2022 - 2025 action steps: **Equitable access for the people of Santa Fe to a happy, healthy, safe, and thriving life.**

GUIDING PRINCIPLES

- Implementing rigorous, thoughtful grant-making focused on our identified priority areas and reducing health disparities in the City of Santa Fe.
- Providing technical assistance to help organizations expand their capacity to have a greater impact and to demonstrate their contribution to improving health outcomes and reduce health disparities.
- Partnering with other funders to leverage and maximize resources and to have a greater collective impact for the people of Santa Fe.
- Keeping current on the health and human service needs of our community.
- Promoting policies that benefit the health, safety and wellness of residents throughout the City, especially those most vulnerable and who lack equitable access to opportunities and resources.



ACKNOWLEDGEMENTS

The City of Santa Fe wishes to thank the members of the **Human Services Committee** who created this strategic action plan and who serve as volunteers to implement the plan throughout the 3-year funding cycle. **The City would also like to acknowledge Natalie Skogerboe and Arianna Trott from Aspen Solutions LLC., for their health and social determinant data and evaluation support, and Valeria Alarcón, from VIA Consulting, LLC., for her strategic planning facilitation.** The Committee is **grateful to agency navigators for their critical work**, and for sharing their experience and observations that inform this strategic action plan.

COMMISSION MEMBERS

Carrie Thielen, Chair, Community Health Program Manager, Presbyterian Healthcare Services

Tres Hunter Schnell, Vice Chair, Policy and Accountability Director, NM Department of Health (Retired)

Patricia Boies, Health Services Division Director, County of Santa Fe

Douglas Zang, Medical Officer, Santa Fe Indian Hospital

Christina Bruce, Senior Leadership & Organizational Development Specialist, Adventist HealthCare

Emily Haozous, Research Scientist, Pacific Institute for Research and Evaluation

Vacant member position



RESULTS-BASED ACCOUNTABILITY FRAMEWORK (RBA)

In simple terms the Results-Based Accountability and Strategic Planning framework offers a set of cohesive priorities and indicators with a reasonable chance to turn a curve or for improving a result. Below is a brief description of the RBA framework (www.ClearImpact.com):

1.

The End-Result (Conditions of result / impact in community)

- The end-result for HSC key priority areas

2.

Indicators

- Measures which help quantify the achievement/ end result
- Aspen has provided the overview of measurable indicators

3.

Programs/Services that propose strategies and related performance measures to improve indicators

- These are the services/ programs offered to address the need, make a collective impact, and turn the curve to improve indicators and ultimately the conditions that lead to the end results HSC has identified.

4.

Performance Measures

- Performance measures are currently tracked in the grantee contractual engagement, this is based on capacity and relate to specific indicators. Specific performance measures are included in a contractual agreement with the City and reflect results the grantee is accountable to achieve. The grantees propose the specific performance measures that will effectively turn the curve or improve a specific health or social determinant indicator. The committee is asking the City of Santa Fe to make the proposed evidence-based or promising practice strategies supporting performance measures a weighted factor for evaluating agency proposals.

5.

End-Result in Mind: Equitable access for the people of Santa Fe to a happy, healthy, safe, and thriving life.



PRIORITY AREA + KEY INDICATORS

Given the Covid19-Global Pandemic, grantees/organizations experienced unprecedented challenges. As a result, organizations' ability to provide direct services were hindered; however, those who were able to pivot experienced significant improvement in impact and a higher rate of service efficacy. Below is an overview of key indicators per priority area, depicting where indicators/conditions have improved and where opportunities remain for improvement: (Refer to Data Resources, Appendix 2. pp 40-42)



ADULT HEALTH:

- **Leading Cause of Death:** The southside population is experiencing a staggering higher rate of cancer, heart disease and unintentional injuries.
- **Life Expectancy:** Examination of the Hispanic/Latino population reveals that the Agua Fria (southside) population's life expectancy is 75.9 years of age, whereas the eastside of Santa Fe's population life expectancy is 85.7 years of age.
- NM leads the nation for the past 3 decades in alcohol related deaths.
- There has been a significant increase of alcohol and substance abuse related death over the past several years and continues to be an ongoing issue. Most affected are Native Americans and Hispanics. Deaths are attributed to high chronic liver disease and car crash injuries.
- Drug overdose death data tracks with Alcohol death data. Santa Fe County drug overdose death rate is higher than the state. Overdose with fentanyl that are circulated in a variety of forms. These drugs are being used by teens and adults. Most overdoses are unintentional and involve multiple substances.



HOUSEHOLD INCOME MEDIAN:

- Agua Fria Southside and Southwest population household income median is \$30,259.
- Eastside of Santa Fe population household income median at \$100,104.

PRIORITY AREA + KEY INDICATORS



HOUSING:

- The housing purchase median in Santa Fe is >\$487,000 with a 17% increase in home value since 2020.
- The housing cost of living index for housing in Santa Fe, NM is a staggering 164.5 (from baseline of 100), which is 50% more expensive than the National Average.
- There is a lack of affordable and accessible housing, average rent for a one bedroom in Santa Fe is >\$1,600.
- 208 renter households spend more than 60% of household income on housing, 59.6% of all renter households.
- 226 owner households with mortgages spend more than >30% of household income on housing, which is 35.2% of all owner households with mortgages.
- There are higher rates of evictions in the Agua Fria (Southside), Siringo, and Airport Road communities.



HOMELESSNESS:

- There are over 375 people living unsheltered in Santa Fe as of 2021 (homeless); however, the data doesn't capture the number of those people who are couch surfing and living in vehicles.
- As of July 2021, 927 people were housed in shelters and 508 in emergency housing situations.



FOOD:

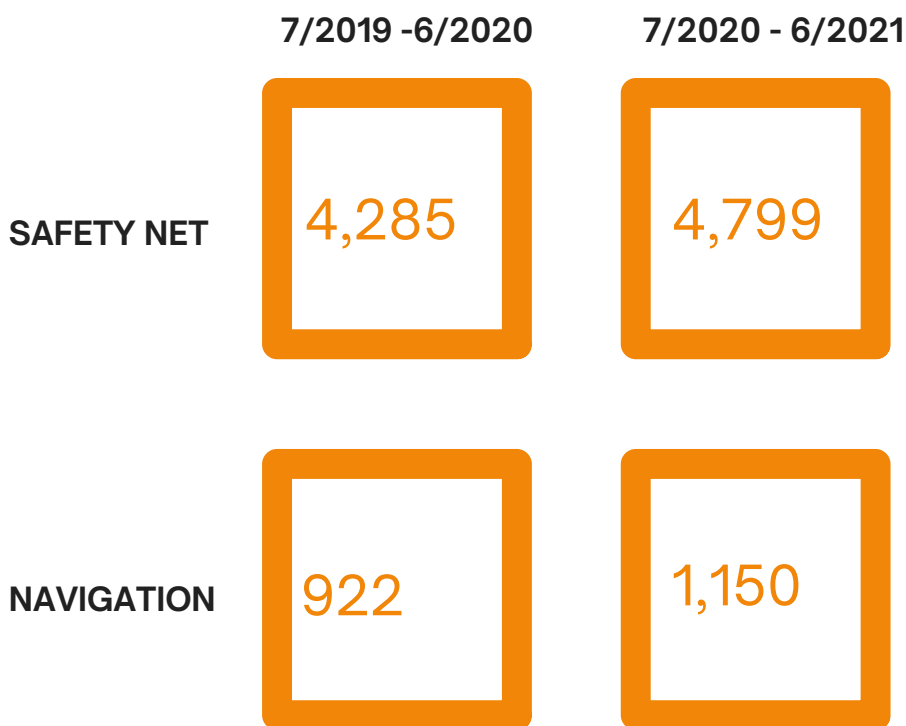
- Increase in Supplemental Nutrition Program (SNAP) availability and free/reduced school lunch location for children, in the southwest and South side parts of town. There's significantly less access to healthy quality food and higher poverty in the south and southwest areas of Santa Fe.
- Food inequities and poverty are directly connected with the staggering increase in diabetes and obesity rates.
- Food Depot provided drive through food delivery that quadrupled through the pandemic resulting in the distribution of 12.2 million pounds of food during July 2020 – June 2021.



BROADBAND + INTERNET CONNECTION

- 795 households in the Agua Fria Southside communities do not have internet connection, this makes up 32.8% of total households.
- 80 households in the Eastside communities do not have internet connection, this makes up 6.6% of total households.

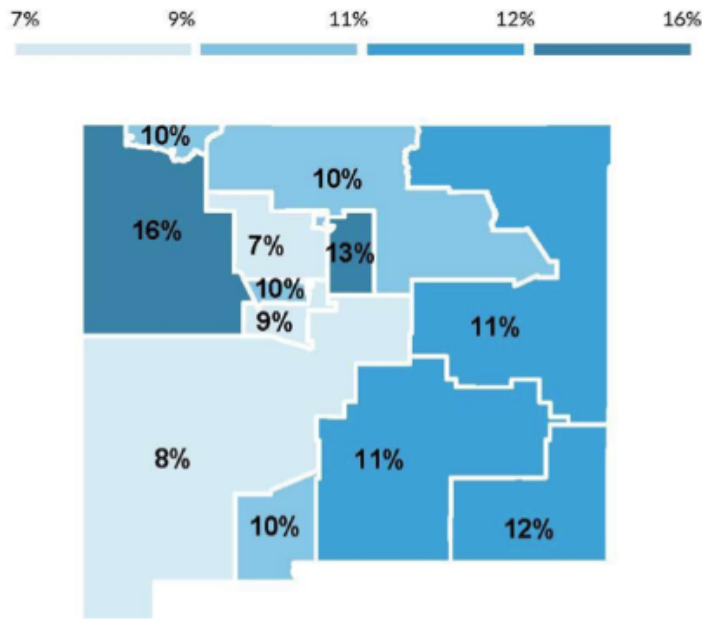
PEOPLE SERVED WITH HSC FUNDING BETWEEN 2019 AND 2021



- *Safety net programs often saw a reduction in clients, at the beginning of the fiscal year (largely due to COVID-19), but agencies figured out how to reach clients throughout the year.*

UNINSURED RATES NM 2019

Non-elderly New Mexicans by the Urban Institute



Source: Urban Institute Health Insurance Policy Simulation Model.

Note: Data include those below age 65 not enrolled in Medicare.

PRIORITY AREA + KEY INDICATORS

ADULT HEALTH

Indicators Santa Fe County	2015	2018	2021	Improved Conditions	Gap = Opportunity
<u>% Diabetes deaths</u> BVRHS, Rate per 100,000	0	16.7 2014- 2016	16.9 2015- 2017	X	Low Income,
<u>% Diabetes Diagnosis</u> BRFSS, Self-Reported	6.4% 2015	8.9% 2017	6.9% 2019	✓	Low Income,
<u>% Obesity - adults</u> BRFSS	20.9% 2015	21.4% 2017	29.0% 2019	X	Low Income,
<u>Persons without health insurance</u> (under age 65) American Community Survey	23.4% 2014 Prior to Medicaid Expansion	13.3% 2017	13.7% 2015- 2019	X	Low Income, People aged 18-34, undocumented, Native Americans

BEHAVIORAL HEALTH

Indicators Santa Fe County	2015	2018	2021	Improved Conditions	Gap = Opportunity
<u>% Adults with Frequent Mental Distress</u> (their mental health was not good 14+ days in the past month) BRFSS & NHANES	12.3% 2015- 2017	12.3% 2016- 2018	12.7% 2017- 2019	X	More common among people with depression, past suicide attempts, anxiety, alcohol dependence, and low income.
<u>Suicide deaths</u> BVRHS, Rate per 100,000	23.7 2013- 2017	24.1 2014- 2018	24.8 2015- 2019	X	Firearms are most lethal means; males have higher rates
<u>Alcohol-Related deaths</u> BVRHS, Rate per 100,000	56.4 2013- 2017	57.1 2014- 2018	57.6 2015- 2019	X	Chronic Liver Disease and Injury (Motor Vehicle Crashes)
<u>Drug-Overdose deaths</u> BVRHS, Rate per 100,000	32.5 2013- 2017	31.4 2014- 2018	33.4 2015- 2019	X	Opioids most prevalent but 75% involve more than one substance

The "X" indicates the need for improvement and the "✓" indicates improved conditions. Refer to Data Resources, Appendix 2. Page 40 -42

PRIORITY AREA + KEY INDICATORS

COMMUNITY HEALTH

Indicators Santa Fe County	2015	2018	2021	Improved Conditions	Gap = Opportunity
<u>Fall-Related Deaths</u> (among adults age 65+) BVRHS, Rate per 100,000	90.5 2015	81.7 2016	77.7 2017	✓	The majority of falls result in hip fractures and traumatic brain injuries
<u>Fall-Related Hospitalizations</u> (among adults age 65+) HIDD, Rate per 10,000	N/A	N/A	160.6 2017		Data development and considered indicator
<u>Homelessness for New Mexico, NOT Santa Fe HUD & PIT</u> , Rate per 10,000	12.0 2018	15.5 2019	15.9 2020	X	Low Income, People with Substance Use Disorders and/or Mental Illness, Veterans
<u>Domestic Violence</u> Rate per 1,000 NM Interpersonal Violence Data Central Repository	8.4 2016	9.0 2017	9.1 2018	X	Low Income

EQUITABLE SOCIETY

Indicators Santa Fe County	2015	2018	2021	Improved Conditions	Gap = Opportunity
<u>% Unemployment</u> New Mexico Department of Workforce Solutions	5.4% 2015	5.1% 2017	5.9% July 2021	X	
<u>% Food Insecure</u> households Feeding America Meal Gap Report	12.6% 2016	12.4% 2017	10.6% 2019	✓	Low Income, Southside of SF
<u>% of Adults Age 25+ with Some College</u> , Post-Secondary Education U.S. Census ACS	67.2% 2015	66.3% 2016	67.0% 2019	✓	
<u>Households with broadband subscriptions</u> American Community Survey 2015-2019	76.2% 2013-2017	78.7% 2014-2018	80.6% 2015-2019	✓	Agua Fria Corridor and Southside, Low Income
<u>Households with a computer</u> American Community Survey 2015-2019	85.7% 2013-2017	86.3% 2014-2018	88.0% 2015-2019	✓	Agua Fria Corridor and Southside, Low Income

The "X" indicates the need for improvement and the "✓" indicates improved conditions. Refer to Data Resources, Appendix 2. Page 40 -42



DISPARITY CAVEAT

There are numerous disparities across all facets of living conditions area wide in Santa Fe. HSC is committed to identifying the specific disparity and influencing factors, and to working to address these to close the gap on the inequities impacting all people of Santa Fe. The following are disparity indicators that provide context, this data is from the Census (HSC Population + Performance, Aspen Solutions, see Appendix 1).

EMERGING PRIORITIES

Below are the emerging or continued priority areas which HSC is working to identify relevant indicators. Although some are identified as emergent, in some cases the increased visibility of these chronic inequities is due to the impact of the COVID-19 pandemic. This information was gathered by Aspen Solutions, during the Navigators meeting in September of 2021. Reference Data Resources, Appendix 2. Page 40 - 42.



Affordable + Accessible Housing:

- Not enough housing to match the median income in the city.
- People cannot find housing under \$1,100+ for a 1-Bedroom.
- Young immigrant mothers are a priority population.
- Gentrification and short-term vacation rentals are negatively impacting available housing.
- Affordable Housing and Eviction Protection are essential.
- Eviction moratorium is ending, and the housing crisis is heightened.



Rent and Mortgage Support and Utilities:

- The Emergency Rental Assistance Program (ERAP) is helping renters but not homeowners.
- The State/Federal applications are very cumbersome, and the process of approval takes too long.
- Price gouging (landlords might not accept vouchers or they increase price which is inequitable to renter in the long term).
- Water bills not being covered by Low Income Home Energy Assistance Program (LIHEAP) and utilities are being disconnected quickly and with short notice.

EMERGING PRIORITIES



Childcare and Pre-School:

- Lack of professional childcare providers, especially for infants and toddlers.
- Lack of training and certification for providers.
- Pay is too low, high ratio of workers to children, high turn-over due to low pay, professionals get discouraged and leave the profession.
- Lack of business administration and management training.
- Growing Up NM, Early Childhood Education steering committee is focusing on improving childcare and early childhood education needs. Childcare isn't even available for people who work 9 AM - 5 PM, let alone people from low-income who are the most challenged given the untraditional hours that they work.



Senior/Elderly Care + Support:

- Inadequate support for Seniors/Homebound with home healthcare, senior center services, transportation, system navigation, and technology gap to service engagement.



Language Barriers:

- Resources and Services in Spanish, and other Native languages to bridge the gap and increase accessibility to services are needed.
- Improve Mental Health Services for Spanish-speaking clients.



Mental + Behavioral Health Care:

- Insufficient mental health and behavioral health services and providers.
- Deficit of Pre- and Post-natal care for mothers, including special attention to post-partum depression.
- Suicide Deaths higher Santa Fe than NM and US. Suicide is the leading cause of death for youth 5 to 17 years of age, and for adults, males tend to show higher rates due to owning a firearm.
- The two most significant referrals navigators make are for mental/behavioral health and substance use services. (Source: raw data from the CONNECT dashboard).

EMERGING PRIORITIES



Emergency Shelters:

- Increase emergency shelter availability for people and children experiencing domestic violence.



Broadband + WIFI + Computer Needs:

- Support for low-income communities with internet connection for work, school and for pursuing online certification training courses or GED is a critical need. This will improve educational and professional development, as well as leverage the local workforce. HSC will be tracking this indicator.
- Internet and computer access is limited (especially among poorer and older populations).
- Per the American Community Survey: Counties with lower educational success are more likely to have these unfavorable factors:
 - Lower access to broadband and computers in the home
 - Fewer people with a bachelor's or higher degree
 - Higher unemployment rates
- The New Mexico Public Health Association calls lack of access to the internet a “super-determinant of health”.
- 795 households in the Agua Fria Southside communities do not have internet connection, this makes up 32.8% of total households in comparison to 6.6% of households in the Eastside communities.



Food Insecurity:

- Reports show the need for food resources is increasing.
- SNAP benefits are being rolled back.
- People who are home-bound or have specialized dietary needs cannot utilize many food distribution options.



Legal Aid:

- A deficit of legal aid services is noted in response to domestic violence, immigration issues, child custody, renter issues, healthcare, and other areas.



Needs from Grantees:

- Resources in Spanish, including Spanish-speaking providers and staff, and information resources.
- Recognition for extra work accomplished during the pandemic.
- Streamlined forms and reporting across funders to minimize redundancy or duplication of work.
- Clarity on new/ongoing funding and what it will/will not cover.
- Advocacy for Navigators to receive bonuses, gift cards, raises.
- The cost of living has increased but salaries have not.



DUE TO COVID-19

The global pandemic has made the invisible visible, the community has been dealing with challenges like food inequity, lack of affordable housing, lack of childcare and access to affordable insurance before COVID-19. Although these appear as emerging challenges, the reality is that these disparities have existed prior to the pandemic.

- Shifts in the workplace, need **work/life balance/relief**.
- **People are not seeking jobs** in places they used to (e.g., childcare or house painting).
- People must take “whatever hours they can get” which leads them to **skip/delay seeking support** (e.g., mental health, grief, and physical health).
- Unwillingness to hire pregnant women, which is a blatant **discrimination on the basis of sex** (Dept. of Labor).
- **Burnout and fatigue** among staff.
- **Utility providers are cutting off services more quickly**.
- **Childcare crisis** – lack of trained/licensed professionals, lack of living-wage salaries.
- **Housing crisis** – lack of accessible and affordable housing in Santa Fe.
- **Eviction moratorium is ending**, which exacerbates the housing crisis.

TURNING THE CURVE

Based on the HSC Data Indicators, where have we turned the curve towards improving conditions / end-result? Where are the opportunities for continued efforts to turn the curve?

What is the story behind improving conditions / end-result?

- Increased funding sources allocated for services to improve conditions.
- Qualitative data is complex and fragmented, and it doesn't provide framework regarding the very real inequities and disparities people face.

Measuring Results:

HSC is dedicated to measuring and reporting results.

PRIORITY AREAS	POPULATION LEVEL PRIORITIES	AGENCY-LEVEL RESULTS
ADULT HEALTH	<ul style="list-style-type: none"> • Diabetes and Obesity • Heart Disease and Cancer • Physical Activity • Prenatal Care in 1st Trimester • Consuming 5+ Fruits and Veggies 	<ul style="list-style-type: none"> • Reduced A1C among diabetes patients
BEHAVIORAL HEALTH	<ul style="list-style-type: none"> • Current Depression and Suicide • Binge Drinking and Alcohol-Related Death • Drug Overdose • Untreated adults with mental illness 	<ul style="list-style-type: none"> • Adults with Mental Illness receive treatment
COMMUNITY SAFETY	<ul style="list-style-type: none"> • Fall-Related Deaths • Homelessness • Domestic Violence 	<ul style="list-style-type: none"> • Reduced risk of falls or reported falls after services • Clients moved to temporary or permanent housing • Reduced incidents of domestic violence
EQUITABLE SOCIETY	<ul style="list-style-type: none"> • Unemployment • Food insecure households • % of adults age 25+ with post-secondary education • Openness and acceptance of community toward people of diverse backgrounds 	<ul style="list-style-type: none"> • Clients who obtained / maintained employment • Increased access to healthy foods

Linking population to performance:

It takes many aligned programs & strategies to change outcomes at the population level, these include but not limited to:

- Direct service efforts
- Policy and systems change
- Partnership and collaboration
- The relationship between population accountability and performance accountability is one of contribution, not cause and effect.

TURNING THE CURVE

Improving Indicators per Priority Area and Achieving the HSC End-Result

01

ADULT HEALTH

Diabetes Death and Obesity Indicator:

Diabetes and Obesity Prevention Program:

- 603 patients referred to the nutrition program and 78 in diabetes education
- 100% of patients with gestational diabetes received follow-up
- The no-show rate for nutrition reduced from 31% in FY20 to 22% in FY21
- The no-show rate for diabetes education reduced from 21% in FY20 to 16% in FY21
- Tracking patients' A1C over time (at program entry and 6 and 12 months after starting the diabetes program)

02

BEHAVIORAL HEALTH

Adult Behavioral Health Indicator: Preliminary data shows navigator referrals for Mental/Behavioral Health individual/family/group counseling, medication management, mental health evaluations, mental health expense assistance spiked July – December 2020; Substance Use (SU) – SU treatment, recovery support, SU counseling referrals dipped July 2020 – September 2021 (raw data from the Connect Dashboard).

Homeless Services and Case Management + Navigation:

- 1,985 serviced with safety net services
- 214 receiving case management
- 42 helped by navigator
- 235 clients engaged in services
- Also tracking # of clients in case management who were placed in housing and hypothermia deaths
- FY20 = 52% of clients had reduced ER visits

People Experiencing Homelessness + Navigation:

- 130 new clients served this year
- 74 referrals to other agencies were made
- 56 completed initial assessments and 46 completed the final treatment assessments
- 14% engaged in treatment

TURNING THE CURVE

Improving Indicators per Priority Area and Achieving the HSC End-Result

03 COMMUNITY SAFETY

Fall-Related Death Indicator: Among the population age 65 and older, there is a significant reduction of fall injury in the past year in Santa Fe County. See causes and grantees performance measures:

Navigation and safety net services for Senior home care, respite for caretakers, fall prevention, caregiver respite, free equipment loan program, free rent, shower stabilizing support, etc.:

- Served 123 people, high satisfaction rate amongst clients, high fall reduction rates.
- 123 served and 682 equipment loans
- 41 clients helped by navigator
- 98% rate their care and good or excellent
- 92% experienced a reduction in falls
- 94.5% report an improvement in circumstances from working with the Navigator
- 36,144 total care hours provided
- Opportunities: To address the segment of population who are feeling isolated, among their clients, especially home bound patients, and caregivers. Encourage partnering organizations to help with isolation and wellness piece; and, working on establishing how best to capture the client's experience and satisfaction.

Homeless Indicator:

Expanded the shelter stay to 90 days, which has resulted in improved stability and increased outcomes/impact for the women and children.

- As a result, resources have increased
- 100% of clients reported improvement in their circumstances

Working on homelessness, served almost 400 people, 84% met all or most of their goals for treatment/housing goals.

- 394 served by Navigator and screened for Social Determinants of Health (SDOH)
- 84% of clients met all or most of their goals
- Client satisfaction is 4.83 (out of 5)
- 11% of men (n=14), 17% of women (n=13) moved to temporary housing
- 16.5% of men (n=21), 19% of women (n=14) moved to permanent housing

TURNING THE CURVE

Improving Indicators per Priority Area and Achieving the HSC End-Result

04

COMMUNITY SAFETY continuation

Homeless Indicator:

Hotel vouchers were issued because shelters couldn't keep up with the high demand given capacity issues/health concerns especially during the peak of COVID-19. However, people were often kicked out of hotels due to substance abuse.

Domestic Violence Indicator:

Shelter and navigation for survivors of domestic violence.

- 107 participants served, 18 helped by navigator
- 19 Clients stayed 90+ days
- 100% (n=30) clients reported an improvement in circumstances / positive change in SDOH

Legal support to victims of crime.

- 39 clients provided direct representation
- 92.3% have experienced DV, human trafficking, assault, or other crimes
- 4 work permits and 3 DACA were approved
- 33% (n=15) were affirmative applications
- 15% were defensive applications
- 100% received services in their preferred language

05

EQUITABLE SOCIETY

Unemployment Indicator:

Workforce and education support.

- Served 150 clients and made 64 referrals
- 21% passed at least 1 GED test, for preparing youth for employment but difficult during the pandemic
- High rate of return clients for services
- 84 young people maintained employment
- Access to computer and WIFI is a hindrance

TURNING THE CURVE

Improving Indicators per Priority Area and Achieving the HSC End-Result

06

EQUITABLE SOCIETY continuation

Unemployment Indicator:

Basic Literacy, Workplace Program, and English as a Second Language:

- 135 students served across all three programs
- 2,388 tutor instructional hours
- 1,307 tutor-hours
- 49% of students increased their score and 32% of students made a level gain
- 50.4% LVSF obtained/maintained employment (n=68)

Immigration Legal: Support immigrants and DACA.

- 288 DACA/green card clients services in 2020
- 466 DACA/green card clients services in 2021 (to date)
- They work in parking lots to provide legal advice to immigrants

Food Insecurity Indicator:

Meal delivery for homebound folks, addressed specialty diets and intense dietary health needs. This population can't access their specific healthy foods. Data collection for tracking improvement with diets and experience. Pet food delivery for people who are homebound with pets, who also felt isolated.

- 325 individuals served with an avg 60 meals per client per month
- 201 helped by navigator
- 65% reduction in ER visits after service
- 58% reduction overnight hospital stays after beginning service
- 95% say they have an improved diet
- 71% say they have in improved ability to live independently
- 88% say they have an improved quality of life

Community Acceptance of Diverse Populations Indicator (data challenged):

Support for immigrants in obtaining DACA, U-Visas, and providing legal clinics:

- 466 DACA/Green Card clients served
- 82 Green cards issued
- 53 Citizenships achieved
- 43 U visas granted
- 62 Legal clinics provided
- 100% of DACA applications were successful (n=365)

What's worked to turn the curve?



FUNDING

Eighty-five percent (85%) of the funding goes to the areas of low-income housing, when we conduct audits for site visits, we make sure these vulnerable populations are being addressed with that funding. The City of Santa Fe also prioritizes opportunity zones and low-income areas.



ADULT HEALTH

Grantees experienced an increase in medical care delivery during the pandemic as a result of virtual doctor appointments. However, diabetes and obesity rates are on the rise due to lack of affordable quality healthy food.



BEHAVIORAL HEALTH

Several organizations picked more than one priority area. Most are working with people dealing with homelessness.



EQUITABLE SOCIETY

Grantees are turning the curve on increasing GED completion among youth and increasing employment, as well as increasing resident and refugee application process to completion and award and increasing the workforce pool as a result.

POLICY + SYSTEMS CHANGE RECOMMENDATIONS

Please note that the following include proposed action steps and recommendations to be presented to the Governing Body for further review and consideration.

01 Policy and Programs

For review and consideration by the Governing Body.

Recommendations:

a.

Collaborate to improve the funding in support of and access to affordable housing.

- Address the daily/lodging and short-term rental excess in Santa Fe (Airbnb, VRBO, etc.)
- HUD requires documentation of homelessness status (e.g., living on the streets) for at least 6-months, for qualifying for a housing voucher. This imposes a unique limitation for people who have been incarcerated for 90+ days.

b.

Public health mitigation education and awareness (e.g., COVID-19 and flu vaccine education, mental health and behavioral community awareness education programs, and communicating the resources available in marketing campaigns).

c.

Collaborate to revitalize low-income neighborhoods: A recent study by the Urban Policy Institute highlighted effective ways to building equity and safety in low-income neighborhoods. Key takeaways:

- Invest money in low-income neighborhoods to beautify the streets and create green spaces and beautiful spaces, and safe walking trails.
- Invest in appropriate landscaping and maintenance, it shows high improvement in quality of life and reduced crime rates in these specific neighborhoods. For example: people feeling overall good about themselves and where they live.
- Invest in parks and recreation areas.
- Invest in creating community gardens as a way to improve food equity.
- Collaborate and work with the City of Santa Fe Mayor, Governing Body and neighborhood associations in low-income areas to focus on improving community / neighborhood living conditions.
- Coordinate neighborhood clean-up community service dates, public safety awareness and resources campaigns (in English and Spanish).

POLICY + SYSTEMS CHANGE RECOMMENDATIONS

Please note that the following include proposed action steps and recommendations to be presented to the Governing Body for further review and consideration.

02 Navigator System

For review and consideration by the Governing Body.

Recommendations:

a.

Propose the “**medical insurance navigators and grantee**” indicator: To address the barriers in registering for insurance. These include people who don't know who to call, how to navigate the system, don't understand the terminology, fear that they will get billed, etc. The goal is to keep people connected, support them to apply for insurance, provide support for navigating insurance process and terminology, support with billing questions/resources, and with making appointments.

b.

Create an **Insurance Access Navigator team**, specializing in insurance application and management. Navigators need to be bilingual, approachable, compassionate, and understanding to support people navigating the health insurance system. Keep in mind that the social determinant of health screening tool includes a question about health insurance, this is an indicator that can be worked with and prioritized with Navigators to implement across the system.

c.

Build in bonuses or some type of incentives for grantees to connect people to health insurance.

HSC committee and City staff will explore which agency is best suited to be insurance experts for the community.

d.

Collaborate with other funders to streamline forms, data tracking and reporting. Research and consider an effective and streamlined universal reporting approach to satisfy various requirements and reduce grantee reporting burden. How grantees meet requirements (Federal or State) is critical and it must be streamlined so their effort, resources and energy can be geared towards ensuring quality direct services.

f.

When the person has been referred, there's lack of tracking of services provided or follow-up, only able to track if referral was accepted or declined. Some navigators do keep notes but it's difficult to extract data from notes, or to gather notes in a quantifiable way. **The City and HSC Committee is collaborating with partners to improve available evaluation and reporting of data on indicators and emerging issues.**

POLICY + SYSTEMS CHANGE

RECOMMENDATIONS

Please note that the following include proposed action steps and recommendations to be presented to the Governing Body for further review and consideration.

03 Data Development + Indicators

For review and consideration by the Governing Body. Please note that Data is lagging due to COVID-19 from 2020 and 2021, therefore it is difficult to understand the full impact because of the pandemic.

Recommendations:

- Ensure data includes a **comparison analysis (year to year)** per key priority and its indicators.
- Ensure data includes **context regarding disparities in Santa Fe.**
- Leverage **data integration between City, County and Foundations** to ensure and capturing comprehensive data analysis and application.
 - Data + Indicators: City of Santa Fe to identify and address these needs assessment indicators overlaps, to ensure needs are being met.
 - Data Resources: The City's Children and Youth Commission (CYC) does look at some of these youth measures and prenatal care among teen moms.
 - Data Resources: The CYC focuses on youth indicators the county is measuring.
 - Data Resources: The PRAMS survey has infant health data.
 - Cross-collaborate with other committees and commissions regarding survey work, the Women's Commission survey may be a good way to capture this information for specific HSC indicators.

POLICY + SYSTEMS CHANGE RECOMMENDATIONS

Please note that the following include proposed action steps and recommendations to be presented to the Governing Body for further review and consideration.

04

Priority Areas + Indicators to Improve

Opportunities for improving indicators, and collective impact.

Recommendations:

- **Adult Health Priority Area:** There's only one grantee currently addressing diabetes/obesity.
- **Behavioral Health Priority Area:** There are several agencies selected for more than one priority area. These are working with people dealing with homelessness.
- **Community Safety Priority Area:** There are several grantees addressing housing, domestic violence, and elderly concerns.
- **Equitable Society Priority Area:** There are grantees addressing employment and access to food.
- **Broadband/Internet** connection is a critical need for the low-income community as they need to be supported with an internet connection for work, school and to pursue online certification training courses or a GED. This will support education and professional development and leverage the local workforce. HSC will be tracking this indicator.
- **Behavioral and Mental Health performance measures:** Building relationships between behavioral health providers and community, determine the most appropriate way to measure this. Some grantees measure the referral use for one session and at most they track between 3 to 6 sessions, however longevity of treatment is important. Must increase grantees in this area.

POLICY + SYSTEMS CHANGE

RECOMMENDATIONS

Please note that the following include proposed action steps and recommendations to be presented to the Governing Body for further review and consideration.

05

Behavioral + Mental Health

Opportunities for improving indicators, and collective impact.

Recommendations:

- There's a **significant need for training for peer support workers in the behavioral and mental health sector**. There are peer support worker jobs available and people are interested but there's no certification training. It's only a week of training, so this is a barrier that can be addressed relatively quickly.
- The Youth and Family Services Division is working on **creating a navigation certification program at the Santa Fe Community College**, as an easy way to get educated in different social services, the peer support worker training and an early childhood education and childcare certification program can be added.
- Look into providing **stipends for supporting educational pathways** like the mentioned certification program. (City will consult with legal).
- Behavioral health: **Several grantees identified more than one priority area**. These grantees are also working with homeless people.
- **Include anxiety and depression** as these are common issues for people.
- Expand the indicator measurement, there's a **difference between single encounter and actual treatment plan** or multiple sessions (e.g., detox versus treatment in addressing substance misuse/abuse).
- Is there a more **effective way to measure engagement and impact** of behavioral health services?
 - Identify effective ways for measuring reduction in substance abuse.
 - Las Cruces has an evidence-based program to train on mental health first aid and mental health awareness education for the Santa Fe community.
 - Navigators are asking for mental health training and grants. The HSC committee will explore avenues to provide these trainings to grantees and the general public.

POLICY + SYSTEMS CHANGE RECOMMENDATIONS

Please note that the following include proposed action steps and recommendations to be presented to the Governing Body for further review and consideration.

06

Equitable Society

Opportunities for improving indicators, and collective impact.

Recommendations:

- High levels of **unemployment directly connected with other inequities.**
- **Lack of training and certification programs to build the workforce.**

07

Housing

Opportunities for improving indicators, and collective impact.

Recommendations:

- The Human Services Committee recognizes that affordable and safe housing is a vital social determinant of health. The COVID-19 Pandemic has exacerbated the previously existing affordable housing crisis for many who live and work in the City of Santa Fe. HSC will explore opportunities to better understand and respond to the complexities of current policies and challenges by collaborating with the City's Office of Affordable Housing and other entities to improve access and availability of affordable and safe housing for the people of Santa Fe.



2022-2025

STRATEGIC ACTION STEPS

STRATEGY: A SET OF COHESIVE ACTIONS WITH A REASONABLE CHANCE TO TURN A CURVE TO IMPROVE A RESULT OR INDICATOR.



INTERNAL GOALS

- Increase HSC Committee's understanding of community needs and status of progress on priority area indicators and data development agenda.
- Partner with funders to discuss and align funding priorities around shared goals.
- Partner with nonprofit organizations and partners/community members to expand the network to improve coordination of the system of care and encourage collaboration.
- Align the City's committee, commission, board and task force work where possible and increase communication and coordination on shared strategies and results.
- Develop and engage sub-committees for the Human Services Committee as needed.
- Plan and implement professional development to prepare Committee Members for policy and funding advisory roles and responsibilities.
- Increase understanding of grantee services and shared learning from grantee performance measures/data collection by conducting site visits with Human Services Committee Members and grantees.
- Present proposed HSC strategic plan priority areas, indicators, and rationale and framework for funding decisions to the governing body for input and refinement.



EXTERNAL GOALS

- Incorporate the collective impact communication plan into grantee contracts.
- Addressing Community-wide Challenges to turn the curve on population level indicators cannot be accomplished by one organization but will take the combined efforts of many partners and community members. The Human Services Committee is looking to partner with and support organizations, institutions and community members that would like to contribute toward the collective effort to improve the community health outcomes, especially for the most vulnerable populations.



FUNDING RATIONAL



Funding Rationale for Distribution of Funds Based on Performance Results:

The Human Service Committee members recommend that funding be awarded to grantees that demonstrate excellence on the HSC funding criteria. The criteria include the following:

- Alignment with the City of Santa Fe Human Services Committee priority areas and indicators as outlined in the End-Result Framework; include in the RFP.
- Require strategies that show efficacy (evidence-based or promising practice).
- Define and include disparities indicators in the RFP (may include but not limited to race, ethnicity, literacy level, income, etc.).
- Disparities in relation to the key priorities, speaks to the social and economic inequities prevalent and unique to vulnerable populations in the City of Santa Fe.
- Proposals must identify strategies for ensuring that services reach populations to address such disparities.
- Demonstration of a plan to address disparities, service gaps and report on results.
- Demonstration of performance accountability for services they provide (e.g., data on how adults and families are better off as a result of the service provided).
- Prior history on grants awarded over the past two years including on-time reporting, progress on performance measures, appropriate and timely use of past awards.
- Effectiveness of collaboration with other non-profit organizations, partners and the City Youth and Family Services Division.
- Project budget rationale + Qualifications of personnel.
- Completion, timeliness of application materials.
- Action Steps to implement strategies to improve Indicators.
- Inform grantees as to when funding is expected so that they can plan accordingly.



STRATEGIC ACTION STEPS



To improve performance measures and community impact.
(Specific, Measurable, Achievable, Realistic/Relevant and Timely.)

PER PRIORITY

Key Priority	Indicator	Action Step
Equitable Society	Affordable Housing	Reinstate the affordable housing policy for developers, to ensure accessibility of affordable housing in Santa Fe. Cap the excessive rent, and price-gouging on monthly rent. Address the daily/lodging and short-term rental excess in Santa Fe (Airbnb, VRBO, etc.)
Equitable Society	Households with Broadband	Assess the resources invested in ensuring broadband (City of Santa Fe public school system, public library, and County). This will support education and professional development and leverage the local workforce. HSC will be tracking this indicator.
Behavioral Health	Adults with Frequent Mental Distress	Creating more than one engagement point of services, extending services as a program rather than one session. Tracking sessions and outcome

Identify: Improvement Opportunities + Leveraging Indicators.

Key Priority	Indicator	Action Step
Adult Health	Persons without health insurance	Implement a Medical Insurance Access Navigators team and identify partner organizations to reach and enroll people in health insurance, and to support people in understanding, navigating and utilizing their health insurance. *** Increasing insurance enrollment will increase health screenings for preventive measures against chronic illness and high-risk diagnosis (e.g., cancer). *** Identify additional organizations who are addressing diabetes/ obesity.
Adult Health	ADD: Senior/ Elderly care and home improvements.	Identify grantees, organizations and City programs/ services that can directly support the home health care and support needs of senior and elderly population. Implement a Weatherization Assistance Program (WAP) to reduce energy costs for low-income households by increasing the energy efficiency of their homes (repairs and replacements), to ensure health and safety. Other areas of need: <ul style="list-style-type: none"> • Homemaker program • Elderly transportation • Handicap services • Homebound senior care, hire family members who are already providing this support, provide training for the caregiver. *** A Senior Navigator has been hired. *** Connect Emergency Funds and the City's Flexible Funds are available to provide support with this indicator. *** Explore and leverage partnerships with the Santa Fe Community Foundation, and other local and state level foundations.
Adult Health	ADD: Public Health Education & Awareness Campaign	Public health mitigation and awareness, such as covid19 and flu vaccine education, see "mental health first aid".
Adult Health	Revised Indicator: Diabetes Deaths to Diabetes Diagnosis	
Behavioral Health	OMIT:	Openness and acceptance of community toward people of diverse backgrounds.

Key Priority	Indicator	Action Step
Behavioral Health	ADD: Beautiful and Safe Public Spaces	Per the Urban Policy Institute Study: By investing in appropriate landscaping and maintenance, it showed high improvement in quality of life and reduced crime rates in these specific neighborhoods. For example: people feeling overall good about themselves and where they live. Considerations: Safe and desert-scaped walking paths, community gardens, outdoor community gathering spaces, beautifying the commercial and residential areas, hosting community-clean up days, etc.
Behavioral Health	Adults with Mental Health	Expand the indicator performance measurement, there's a difference between single encounter and actual treatment plan or multiple sessions. The latter will help turn the curve.
Behavioral Health	OMIT: Untreated adults with mental illness	HSC will focus on increasing direct services for mental/behavioral needs.
Equitable Society	REFRAME: Unemployment + Literacy	Include literacy to a priority strategy to support employment
Equitable Society	ADD: Transportation	Ascertain why the public transportation system is in crisis, recommend ways to improve. Identify high demand community areas and peak times to address these populations as soon as humanly possible.
Equitable Society	Unemployed	Create and implement a Navigation for Education and Certification Program. Industries lacking trained or certified workforce include but are not limited to: Child Care, Early Childhood Education, Peer Support, Plumbing, Electrical, IT Administration/ Management, Call Center Tech, Data + Coding, Renewable Energy Tech, etc.



STRATEGIC ACTION STEPS

To improve performance measures and community impact.
(Specific, Measurable, Achievable, Realistic/Relevant and Timely.)

Accountability + Data to Measure Impact: Tracking and reporting process (quarterly + annual progress report).

Priority	Action Steps
Data Tracking + Reporting	Streamline forms, data tracking and reporting. Research and consider an effective and streamlined universal reporting to satisfy various requirements. How grantees meet requirements (Federal or State) is critical and it must be streamlined so their effort, resources and energy can be geared towards ensuring direct services.
Data Tracking + Reporting	Ensure proper tracking of services provided and referral use and follow-up, how many times a referral was utilized, and track and capture the outcome and impact of the using the referral.
Data: Comparison Analysis Data per Indicator	Ensure data includes a comparison analysis (year to year) per key priority and its respective indicators.
Data + Disparities: Cross-Departmental and Cross-Sector	Ensure data includes context regarding disparities in Santa Fe. Leverage data integration between City, County and Foundations to ensure and capturing comprehensive data analysis and representation.
Data Distinction	Moving forward consider data within the context of: <ul style="list-style-type: none">• Population level and the grantees level• Performance measure but not a population measure
Additional Data Collection	Track the Rate of deaths due to falls, and the rate of hospitalization due to falls. Track the literacy rate in Santa Fe, by sub-population (e.g., age, income).



2022-2025

CHILDREN & YOUTH COMMISSION

**THE HUMAN SERVICES COMMITTEE AND
THE CHILDREN AND YOUTH COMMISSION
SEEK TO COLLABORATE
ON SHARED PRIORITIES**

Children and Youth Commission

Vision + Mission + Purpose



VISION

A connected community where all children and youth have support and opportunity to thrive.

MISSION

We advocate for and provide resources to organizations and community projects. Together we creatively address barriers that result in outcomes by engaging children, youth, and families in Santa Fe.

PURPOSE

The purpose of the Children and Youth Commission (CYC) is to identify and recommend to the governing body existing legislation, policies and programs that promote the healthy development of young people. CYC determines priorities for program development, advocating in the community on behalf of children and youth, and planning short- and long-range improvements for young people, from birth through the age of twenty-one (21).

The Children and Youth Commission has identified two priority areas that outlined a strategic framework these include:

1. Early Childcare and Supplemental Education
2. Youth Wellness

NAVIGATION STRATEGY + RESULTS-BASED ACCOUNTABILITY

Over the last 2 years grantees of the Children and Youth Commission and the Human Services Committee funding have delivered an array of services and programs from food assistance to behavioral health interventions. At the heart of these services is a provision of safety net services and navigation to other needed services. Every program the Commission and Committee has supported is made up of people helping people in a variety of ways, sometimes by connecting them to additional resources in the community. When people get the help they need, we expect that we will see improved health outcomes. “Navigators”—or the people helping individuals through the system—are key to success. There has been successes in the combined efforts of the Commission and Committee, through the combined data project we have seen initial results of the work of the safety net and the navigators working within it: increases in permanently housing the homeless, reduction of bed nights for homeless women and children, chronically ill patients increasing participation in physical activity, and a reduction in symptoms associated with PTSD and depression, for example. In joining together for a stronger referral network system using RBA and navigation-based services, we can track client outcomes and continue making progress for the people being served.

Children and Youth Commission

END RESULT IN MIND



Funding Process

The purpose of the Children and Youth Commission Fund is to support community programs that promote the healthy development of children and youth, ages birth to twenty-one (21).

The Children and Youth Commission identified two categories based on an analysis of critical community needs as directed in the Ordinance.

Below is the shared goals, indicators and projected outcomes between the two memberships:

CYC + HSC Shared Goals: Youth and Children in Santa Fe

			Indicators	Desired/Shared Outcomes	End-Result in Mind
Youth Priorities	Early Childcare and Supplemental Education		<ul style="list-style-type: none"> High School Graduation At my school, a teacher or other adult who believes I will be a success Habitual Truancy 	Children and Youth Succeed in School and Graduate	Equitable access for the people of Santa Fe to a happy, healthy, safe, and thriving life.
	Youth Wellness		<ul style="list-style-type: none"> Youth Depression Youth Suicide Rates % of Youth 19-21 not in School or Working Juvenile Arrests per 1k (ages 10-17) Youth Binge Drinking Youth Use of Painkillers to get High Youth Methamphetamine Use Youth Heroin Use Youth Tried Marijuana for the First Time before age 13 	Youth are Mentally and Physically Healthy Youth are Re-engaged in Traditional or Non-Traditional Academic Pathways	
Adult Priorities	Adult Behavioral Health		<ul style="list-style-type: none"> Adults with Frequent Mental Distress Adult Suicide Deaths Adult Alcohol Related Deaths Adult Overdose Deaths 	People in Santa Fe are Healthier	
	Adult Health		<ul style="list-style-type: none"> Adults with Diabetes Obesity Diagnosis 	People in Santa Fe are Healthier	
	Equitable Society		<ul style="list-style-type: none"> Unemployed/underemployed Food Insecure Households Childcare and Pre-school access 	People in Santa Fe achieve their full potential	
	Community Safety		<ul style="list-style-type: none"> Homelessness Rates Domestic Violence Rates 	Santa Fe is a safer community	

Children and Youth Commission

NAVIGATION + PRIORITIES



Priority to Projects Addressing Disparities and Gaps

Priority is given to projects that address equity by serving those who are underrepresented and/or have struggled to access services and opportunities. For example, data show that a growing number of Santa Feans have obtained health insurance over recent years (CHRISTUS St. Vincent Community Health Needs Assessment, 2019). However, there is evidence that some sub-groups and neighborhoods continue to have a high number of uninsured children, youth and families.

Organizations that seek to address this inequitable access to opportunity and services would be prioritized for funding in order to direct resources to areas of greatest need. Another example of funding prioritization might be to organizations that demonstrate quality programs and results and increase “Out of School Time (OST)” opportunities for children and youth from high-poverty neighborhoods and schools.

CITY OF SANTA FE + SANTA FE COUNTY PARTNERSHIP: CONNECT Wellness

PARTNERSHIP

In November 2020 the City of Santa Fe and Santa Fe County formalized their partnership and shared vision through a memorandum of agreement to create and be the fiscal sponsor of CONNECT Wellness to ensure that all residents of the City and County, especially the most in need, are connected to critical services and resources to improve their health and wellbeing (see Appendix 1).

PURPOSE

CONNECT is a network of navigators at clinics, community service organizations, and city and county programs that link people to the services and resources they need to address social determinants of health.

SHARED VISION

All Santa Fe City and County residents regardless of income have access to high quality health care and are linked to the resources they need for health and well-being.

SHARED GOALS

- Residents and providers collectively identify problems and co-create solutions.
- Navigators link residents to resources within a cohesive provider network.
- Social, economic, and physical environmental resources are available to all residents.
- Information systems are coordinated, and data is evaluated to improve services and population health, while reducing health care costs.
- Non-medical needs such as secure housing, utilities, reliable transportation, nutritious food, and safe physical and social environments are key to health and well-being.

The CONNECT partnership works with community partners by breaking down communication and funding silos and fostering relationships between health and social service providers as well as those between residents seeking assistance and the navigators who guide them through the system. These relationships are the essence of CONNECT.

In September 2021 the City of Santa Fe, Santa Fe County and the Santa Fe Community Foundation formalized the creation of a shared Wellness Fund that flexibly works to address the community's most emergent needs. (see appendix 1)

APPENDIX 1 - DATA DOCUMENTS

PRIORITY AREAS	POPULATION LEVEL PRIORITIES	AGENCY-LEVEL RESULTS
ADULT HEALTH	<ul style="list-style-type: none"> Diabetes and Obesity Heart Disease and Cancer Physical Activity Prenatal Care in 1st Trimester Consuming 5+ Fruits and Veggies 	<ul style="list-style-type: none"> Reduced A1C among diabetes patients
BEHAVIORAL HEALTH	<ul style="list-style-type: none"> Current Depression and Suicide Binge Drinking and Alcohol-Related Death Drug Overdose Untreated adults with mental illness 	<ul style="list-style-type: none"> Adults with Mental Illness receive treatment
COMMUNITY SAFETY	<ul style="list-style-type: none"> Fall-Related Deaths Homelessness Domestic Violence 	<ul style="list-style-type: none"> Reduced risk of falls or reported falls after services Clients moved to temporary or permanent housing Reduced incidents of domestic violence
EQUITABLE SOCIETY	<ul style="list-style-type: none"> Unemployment Food insecure households % of adults age 25+ with post-secondary education Openness and acceptance of community toward people of diverse backgrounds 	<ul style="list-style-type: none"> Clients who obtained / maintained employment Increased access to healthy foods

APPENDIX 2 - DATA RESOURCES

1 Diabetes Death Rates by County, New Mexico, 2015-2017 – Retrieved from https://ibis.health.state.nm.us/indicator/complete_profile/DiabDeath.html Data Sources: New Mexico Death Data: Bureau of Vital Records and Health Statistics (BVRHS), New Mexico Department of Health. Population Estimates: University of New Mexico, Geospatial and Population Studies (GPS) Program, <http://gps.unm.edu/>

2 Doctor-diagnosed diabetes, as self-reported in the Behavioral Risk Factor Surveillance System (BRFSS) https://ibis.health.state.nm.us/query/result/brfss/DXDiabetes/DXDiabetesAA11_.html Data Sources: 1) Behavioral Risk Factor Surveillance System Survey Data, U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, together with New Mexico Department of Health, Injury and Behavioral Epidemiology Bureau. 2) Centers for Disease Control and Prevention (CDC), BRFSS Prevalence and Trends Data. 3) Single Year Data and Updated 2019

3 Obesity Among Adults by County, New Mexico, 2015-2017 Retrieved from <https://ibis.health.state.nm.us/indicator/view/ObesityAdult.Cnty.html> Data Sources: 1) Behavioral Risk Factor Surveillance System Survey Data, U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, together with New Mexico Department of Health, Injury and Behavioral Epidemiology Bureau. 2) Centers for Disease Control and Prevention (CDC), BRFSS Prevalence and Trends Data. 3) Single Year Data and Updated 2019

4 US Census QuickFacts uses data from the following sources: National level - Current Population Survey, Annual Social and Economic Supplement (CPS ASEC); State level - American Community Survey (ACS), one-year estimates; County level - The Small Area Health Insurance Estimates (SAHIE), one-year estimates; Sub-county level: Cities, towns and census designated places; - ACS, five-year estimates. The Census Bureau produces health insurance data from three surveys and one model-based program. Depending on your needs, one data source may be more suitable than another data source. <https://www.census.gov/quickfacts/fact/table/santafecountynewmexico,NM,US/PST045219>

5 <https://www.nmhealth.org/data/view/substance/2457/> Behavior Risk Factor Surveillance System Survey estimate of percent of people in population group who report FMD in the past 30 days 2017-2019; "How many days during the past 30 days was your mental health not good?" Respondents who report that they experienced 14 or more days when their mental health was "not good" are classified as experiencing Frequent Mental Distress (FMD).

APPENDIX 2 - DATA RESOURCES

6 Suicide Deaths by County, New Mexico, 2013-2017 – Retrieved from <https://ibis.health.state.nm.us/indicator/view/SuicDeath.Cnty.html> and 2015-2019 data retrieved from <https://www.nmhealth.org/data/view/substance/2457/> Data Sources: 1) New Mexico Death Data: Bureau of Vital Records and Health Statistics (BVRHS), New Mexico Department of Health. 2) Population Estimates: University of New Mexico, Geospatial and Population Studies (GPS) Program, <http://gps.unm.edu/> 3) U.S. Data Source: Centers for Disease Control and Prevention, National Center for Health Statistics, <http://www.cdc.gov/nchs/> 3) Single Year Data and Updated 2017 Data Obtained from Special Data Request to Public Health Division - K. Gwendolyn Gallagher, Ph.D. Community Health Epidemiologist

7 Alcohol-related Deaths by County, New Mexico, 2013-2017 - Retrieved from <https://ibis.health.state.nm.us/indicator/view/AlcoholRelatedDth.Cnty.html> and 2015-2019 data retrieved from <https://www.nmhealth.org/data/view/substance/2457/> Data Sources: 1) New Mexico Death Data: Bureau of Vital Records and Health Statistics (BVRHS), New Mexico Department of Health. 2) Population Estimates: University of New Mexico, Geospatial and Population Studies (GPS) Program, <http://gps.unm.edu/> 3) U.S. Data Source: Centers for Disease Control and Prevention, National Center for Health Statistics, <http://www.cdc.gov/nchs/> 3) Single Year Data and Updated 2017 Data Obtained from Special Data Request to Public Health Division - K. Gwendolyn Gallagher, Ph.D. Community Health Epidemiologist

8 Deaths due to Drug Overdose by County, New Mexico, 2013-2017 – Retrieved from https://ibis.health.state.nm.us/indicator/complete_profile/DrugOverdoseDth.html and 2015-2019 data retrieved from <https://www.nmhealth.org/data/view/substance/2457/> Data Sources: 1) New Mexico Death Data: Bureau of Vital Records and Health Statistics (BVRHS), New Mexico Department of Health. 2) Population Estimates: University of New Mexico, Geospatial and Population Studies (GPS) Program, <http://gps.unm.edu/>. 3) U.S. Data Source: Centers for Disease Control and Prevention, National Center for Health Statistics, <http://www.cdc.gov/nchs/>. 3) Single Year Data and Updated 2017 Data Obtained from Special Data Request to Public Health Division - K. Gwendolyn Gallagher, Ph.D. Community Health Epidemiologist

9 Fall-related Unintentional Injury Death Among Adults 65+ Years of Age by County, New Mexico, 2012-2016 Retrieved from: <https://ibis.health.state.nm.us/indicator/view/InjuryDeathFalls.Cnty.html> Data Sources: 1) New Mexico Death Data: Bureau of Vital Records and Health Statistics (BVRHS), New Mexico Department of Health. 2) Population Estimates: University of New Mexico, Geospatial and Population Studies (GPS) Program, <http://gps.unm.edu/>. 3) Centers for Disease Control and Prevention, National Center for Health Statistics, CDC WONDER Online Database (<http://wonder.cdc.gov>). 3) Single Year Data and Updated 2017 Data Obtained from Special Data Request to Public Health Division - K. Gwendolyn Gallagher, Ph.D. Community Health Epidemiologist

10 Number of hospitalizations for unintentional injury due to falls in persons age 65 years or older. <https://ibis.health.state.nm.us/indicator/view/InjuryFallsHosp.Cnty.html> Data Sources: 1) Hospital Inpatient Discharge Data, New Mexico DOH, 2) Population estimates from the University of New Mexico GPS.

11 Rates of People Experiencing Homelessness 2020 – Retrieved from The 2020 Annual Homeless Assessment Report (AHAR) to Congress (<https://www.huduser.gov/portal/sites/default/files/pdf/2020-AHAR-Part-1.pdf>) Data Sources: State of Homelessness in American Report, The Department of Housing and Urban Development (HUD) and Point-inTime (PIT) estimates, www.endhomelessness.org.

APPENDIX 2 - DATA RESOURCES

12 Domestic Violence Rates per 1000 in Santa Fe County Compared to Domestic Violence Rate in New Mexico, 2015-2019 Retrieved from: Incidence and Nature of Domestic Violence In New Mexico XVIII: An Analysis of 2018 Data From The New Mexico Interpersonal Violence Data Central Repository https://nmcsap.org/wp-content/uploads/DV_Report_2018Betty_Caponera_Jul19web.pdf. Data Source: Central Repository from statewide law enforcement agencies, service provider agencies, and district and magistrate courts, which demonstrate the prevalence of domestic violence in our state.

13 Percentage Unemployed by County, New Mexico, 2017 – Retrieved from: <https://ibis.health.state.nm.us/indicator/view/Unemploy.Cnty.html> Data Source: New Mexico Department of Workforce Solutions, 401 Broadway NE, Albuquerque NM 87102. Phone: (505)841-8645. Website: www.dws.state.nm.us

14 Food Insecurity Rate by County, All Persons, New Mexico 2017 – Retrieved from <https://ibis.health.state.nm.us/indicator/view/FoodInsec.Overall.Cnty.html> Data Source: U.S. Census Bureau Current Population Survey and the U.S. Department of Agriculture Economic Research Service, as presented in the Feeding America, Map the Meal Gap Report. 2019 data Downloaded from <https://map.feedingamerica.org>

15 Adults Age 25+ with Post-Secondary Education includes Some College with no degree, Associate’s Degree, Bachelor’s Degree, and Graduate or Professional Degrees - Retrieved from: <https://data.census.gov/cedsci/table?q=Secondary%20Education%20new%20mexico&tid=ACSST1Y2019.S1501>
Data Source: 1) U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates. <http://factfinder.census.gov>. American Community Survey population estimates are the calculated number of people living in an area as of a specified point in time, usually July 1st. The estimated population is calculated using a component of change model that incorporates information on natural increase (births, deaths) and net migration (net domestic migration, net international migration) that has occurred in an area since the latest decennial census.

16 U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates. Questions about the computers and devices that people use, and whether people access the internet. These questions were added in 2013 as a requirement of the Broadband Data Improvement Act of 2008. They help federal agencies measure the nationwide development of broadband access and decrease barriers to broadband access.
<https://www.census.gov/quickfacts/fact/table/santafecountynewmexico,NM,US/PST045219>

17 U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates. Questions about the computers and devices that people use, and whether people access the internet. These questions were added in 2013 as a requirement of the Broadband Data Improvement Act of 2008. They help federal agencies measure the nationwide development of broadband access and decrease barriers to broadband access
<https://www.census.gov/quickfacts/fact/table/santafecountynewmexico,NM,US/PST045219>