



AGENDA

HUMAN SERVICES
COMMITTEE
DECEMBER 07, 2021
3:00 PM
ATTEND VIRTUALLY

SPECIAL PROCEDURES FOR HUMAN SERVICES COMMITTEE MEETING

Attendance: In response to the risks identified in the State's declaration of a Public Health Emergency and the Mayor's Proclamation of Emergency and the emergency orders issued to reduce those health risks, the Governing Body meeting will be conducted virtually.

Viewing: Members of the public may join the Zoom meeting by internet or phone, as follows:

Internet: To join the Zoom meeting: <https://santafenm-gov.zoom.us/j/92065081715?pwd=MXQ4NG9wS2cxZkhKT0QxNUVhdzNxUT09>

Passcode: 900540

Attendees should use the "Raise Hand" function to be recognized by the Chair to speak at the appropriate time.

Phone: To join the Zoom meeting using a phone, use the following phone numbers and Webinar ID: **US: 1 (346) 248-7799 - Webinar ID: 920 6508 1715 - Passcode: 900540**

Phone attendees should press *9 to use the "Raise Hand" function to be recognized by the Chair to speak at the appropriate time.

The agenda and packet for the meeting will be posted at <https://santafe.primegov.com/public/portal>.

1. **CALL TO ORDER**
2. **ROLL CALL**
3. **APPROVAL OF AGENDA**
4. **APPROVAL OF MINUTES**
 - a. Approval of October 19, 2021 Minutes
5. **MATTERS FROM THE PUBLIC**
6. **DISCUSSION/ACTION ITEMS**



AGENDA

HUMAN SERVICES
COMMITTEE
DECEMBER 07, 2021
3:00 PM
ATTEND VIRTUALLY

- a. Welcome of new YFSD Program Manager and staffing updates
 - b. Approval of 2021 HSC Strategic Plan and Next Steps
 - c. Approval of FY22 Human Services Committee Chair
 - d. FY22 HSC Budget and Report Update
7. **MATTERS FROM STAFF**
8. **MATTERS FROM THE CHAIR**
- a. Update on HSC Recruitment
 - b. HSC Strategic Plan Policy Review and Discussion
9. **NEXT MEETING: No Meeting Scheduled**
10. **ADJOURN**



MINUTES

HUMAN SERVICES
COMMITTEE
OCTOBER 19, 2021
ATTEND VIRTUALLY

1. CALL TO ORDER

The meeting was called at 3:00pm.

2. ROLL CALL

Members Present:

Member Douglas Zang
Member Patricia Boies
Member Tres Hunter Schnell
Member Emily Haozous
Member Carrie Thielen
Member Christina Bruce

Members Excused:

Member Brian Serna

Others Attending:

None

3. APPROVAL OF AGENDA

MOTION: Member Bruce moved, seconded by Member Boies, to The agenda is approved as presented.

VOTE: The motion was approved on the following Roll Call vote:

For: Member Zang, Member Boies, Member Hunter Schnell, Member Haozous, Member Thielen, Member Bruce

Against: None

Abstain: None

4. APPROVAL OF MINUTES

- a. Approval of October 15th meeting minutes



MINUTES

HUMAN SERVICES
COMMITTEE
OCTOBER 19, 2021
ATTEND VIRTUALLY

MOTION: moved, seconded by , to The October 15th minutes were postponed until the December 7th meeting.

VOTE: The motion was on the following Roll Call vote:

For: None

Against: None

Abstain: None

MOTION: moved, seconded by , to The minutes from October 15th are postpone until the next meeting.

VOTE: The motion was on the following Roll Call vote:

For: None

Against: None

Abstain: None

5. MATTERS FROM THE PUBLIC

No matters from the public.

6. DISCUSSION/ACTION ITEMS

- a. Discuss and provide final input on the 2021 HSC Strategic Action Plan

A brief overview was presented and facilitated by Valeria. The indicators were reviewed and discussed. New indicators were added to the list and indicators that were unrealistic or hard to fund to were removed.

- b. HSC 2022 Meeting Calendar

The 2022 meeting calendar was presented and reviewed by the Committee.



MINUTES

HUMAN SERVICES
COMMITTEE
OCTOBER 19, 2021
ATTEND VIRTUALLY

MOTION: Member Haozous moved, seconded by Member Bruce, to Motion to approve the 2022 HSC meeting calendar as presented.

VOTE: The motion was approved on the following Roll Call vote:

For: Member Zang, Member Boies, Member Hunter Schnell, Member Haozous, Member Thielen, Member Bruce

Against: None

Abstain: None

7. PRESENTATION

No presentations were on the agenda.

8. MATTERS FROM THE COMMISSION


9. MATTERS FROM THE CHAIR

Distribution of funding – send out the RFP to your respective networks.
December meeting rescheduled to either the 7th or 14th.

10. NEXT MEETING: December 07 2021

11. ADJOURN

The meeting was ajourned at 4:54pm.



Liaison

Chair



City of Santa Fe Human Services Committee Strategic Action Plan 2022-2025

OVERVIEW

Part 1 - ACKNOWLEDGEMENTS

MEMBERS + CITY STAFF + PARTNERS + GRANTEES

Part 2 - EXECUTIVE SUMMARY

VISION + MISSION

KEY PRIORITIES + RESULT IN MIND

GUIDING PRINCIPLES

Part 3 - RBA FRAMEWORK

RESULTS-BASED ACCOUNTABILITY

END RESULT IN MIND

PRIORITIES + INDICATORS

DISPARITIES + EMERGING PRIORITIES + COVID-19

TURNING THE CURVE

POLICY + SYSTEMS CHANGE RECOMMENDATIONS

Part 4 - STRATEGIC ACTION STEPS:

INTERNAL + EXTERNAL GOALS

FUNDING DISTRIBUTION PROCESS

STRATEGIC ACTION STEPS



OVERVIEW

Part 5 - CHILDREN & YOUTH COMMISSION

VISION + MISSION + PURPOSE

NAVIGATION STRATEGY

END RESULT + FUNDING PROCESS

CYC + HSC SHARED GOALS

RESULTS-BASED ACCOUNTABILITY (RBA)

TIERED SERVICES

ADDRESSING DISPARITIES

Part 6 - CITY & COUNTY PARTNERSHIP

CITY OF SANTA FE & SANTA FE COUNTY

PARTNERSHIP + CONNECT WELLNESS

PURPOSE + SHARED VISION

GOALS



WELCOME

Welcome and Introduction of Human Services Committee Members, City Staff and Partners

Presented by Valeria Alarcon,
Strategic Planning Facilitator



City of Santa Fe Liaisons

JULIE SANCHEZ, Division Director

Youth and Family Services Division

Kyra Ochoa, Director of Community Health & Safety

HSC MEMBERS

Tres Hunter Schnell, Acting Chair, Policy and Accountability
Director, NM Dept 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

Carrie Thielen, Community Health Program Mgr, Presbyterian
Healthcare Services

KEY PARTNERS

Acknowledgement of Key Partners & Grantees

Presented by Tres Hunter Schnell,
HSC Acting Chair



Key Partners

City of Santa Fe
NM Community Foundation
Santa Fe Community Foundation
Christus St. Vincent Hospital
Grantees + Navigators

Consultative Partners

Valeria Alarcón, Founder & CEO, VIA Consulting, LLC
(Strategic Planning Facilitator)
Natalie Skogerboe, Owner/Director, Aspen Solutions, LLC
(Data & Evaluation)
Arianna Trott, Statistical Analyst & Consultant, Aspen Solutions
LLC
(Data & Evaluation)

KEY PARTNERS

Acknowledgement of Key Partners & Grantees

Presented by Tres Hunter Schnell,
HSC Acting Chair



Grantees

NM Immigrant Law Center
La Familia Medical Center
Santa Fe Dreamers Project
Literacy Volunteers
Comming Home Connection
Kitchen Angels
Esperanza Shelter
Life Link
The Food Depot
St. Elizabeth Shelter
Interfaith Community Shelter
Youth Works



HUMAN SERVICES COMMITTEE

The Human Services Committee 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 adult residents ages 18+ of Santa Fe.

HUMAN SERVICES COMMITTEE (HSC)

VISION

1. People in Santa Fe are healthier.
2. Santa Fe is a safer 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 **improve outcomes for adults and families throughout Santa Fe.**

QUOTE

Equality means each individual or group of people is given the same resources or opportunities.

Equity recognizes that each person has different circumstances and allocates the exact resources and opportunities needed to reach an equal outcome.

~ Milken Institute School of Public Health



Guiding Principles

Our fundamental beliefs in action:

We Do This By:

- Implementing rigorous, thoughtful grant-making focused on key priority areas.
- Providing technical assistance to help organizations expand their capacity to have a greater impact and to demonstrate their impact and contribution to improving outcomes.
- Partnering with other funders to leverage and maximize resources and to have a greater impact together.



Guiding Principles

Our fundamental beliefs in action:

We Do This By:

- 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 at-need or who lack access to opportunities and resources.



“If you have come here to help me, you are wasting your time.
But if you have come because your liberation is bound up with mine,
then let us work together.”

-Lilla Watson



Results-Based Accountability Framework + Key Priorities

RESULTS-BASED ACCOUNTABILITY RBA FRAMEWORK



END-RESULT



INDICATOR



PERFORMANCE MEASURES



PROGRAM/SERVICES



ORGANIZATIONS/PROGRAMS
addressing the issue(s)

RESULT WE ARE SEEKING:

WITH END IN MIND:

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



RBA - PER INDICATOR

- Per Key Priority + Indicators
- Results-Based - Improved Conditions:
 - How much did we do?
 - How well did we do?
 - Is anyone better off?



KEY PRIORITIES



ADULT HEALTH



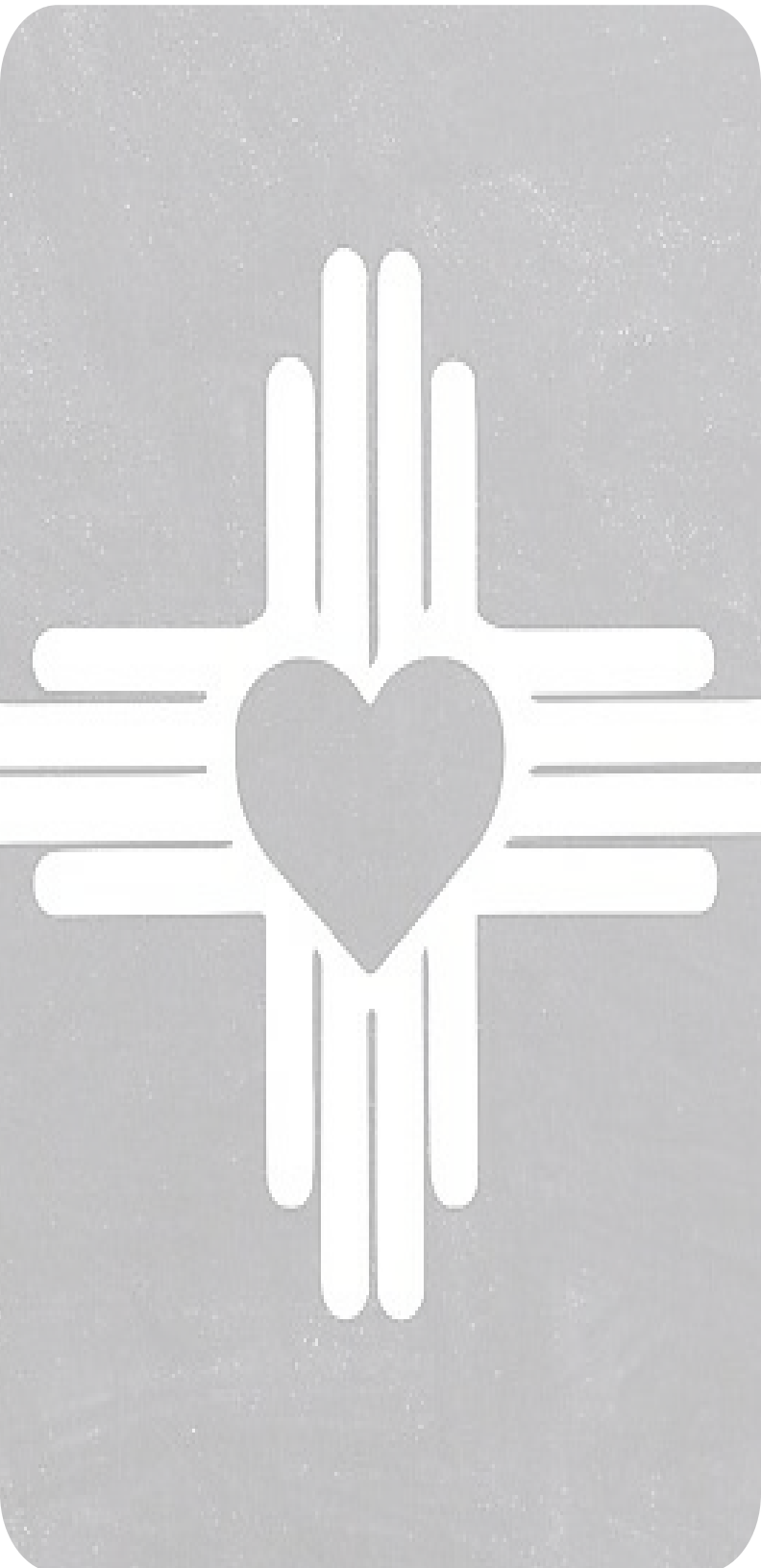
BEHAVIORAL HEALTH



COMMUNITY SAFETY



EQUITABLE SOCIETY



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 <i>Prior to Medicaid Expansion</i>	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



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 <small>2015</small>	81.7 <small>2016</small>	77.7 <small>2017</small>	✓	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 <small>2017</small>		Data development and considered indicator
<u>Homelessness for New Mexico, NOT Santa Fe</u> HUD & PIT, Rate per 10,000	12.0 <small>2018</small>	15.5 <small>2019</small>	15.9 <small>2020</small>	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 <small>2018</small>	9.0 <small>2017</small>	9.1 <small>2018</small>	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% <i>2015</i>	5.1% <i>2017</i>	5.9% <i>July 2021</i>	X	
<u>% Food Insecure</u> households Feeding America Meal Gap Report	12.6% <i>2016</i>	12.4% <i>2017</i>	10.6% <i>2019</i>	✓	Low Income, Southside of SF
<u>% of Adults Age 25+ with Some College, Post- Secondary Education</u> U.S. Census ACS	67.2% <i>2015</i>	66.3% <i>2016</i>	67.0% <i>2019</i>	✓	
<u>Households with broadband subscriptions</u> American Community Survey 2015-2019	76.2% <i>2013- 2017</i>	78.7% <i>2014- 2018</i>	80.6% <i>2015- 2019</i>	✓	Agua Fria Corridor and Southside, Low Income
<u>Households with a computer</u> American Community Survey 2015-2019	85.7% <i>2013- 2017</i>	86.3% <i>2014- 2018</i>	88.0% <i>2015- 2019</i>	✓	Agua Fria Corridor and Southside, Low Income





RESULTS-BASED ACCOUNTABILITY (RBA):

- **DISPARITY CAVEAT**
- **EMERGING PRIORITIES + COVID-19**
- **TURNING THE CURVE**
- **POLICY + SYSTEMS CHANGE RECOMMENDATIONS**

DISPARTIY 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

Following 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.



EMERGING PRIORITIES



- **AFFORDABLE + ACCESSIBLE HOUSING**

- Affordable Housing and Eviction Protection needed.
- Eviction moratorium is ending, housing crisis is heightened, lack of affordable housing, etc.
- Gentrification and short-term/vacation rentals exacerbating affordable rental shortage.

- **RENT + MORTGAGE + UTILITY SUPPORT**

- Price gouging, utility bills not covered by LIHEAP and ERAP doesn't help homeowners.

- **CHILDCARE + ECE /PRESCHOOL**

- Lack of professional care for infants and toddlers. Lack of licensed professionals.

- **SENIOR + ELDERLY CARE + SUPPORT**

- Inadequate and lack of essential services.

EMERGING PRIORITIES



- **LANGUAGE BARRIERS**
 - Resources and Services in Spanish, and other Native languages to bridge the gap
- **MENTAL + BEHAVIORAL HEALTH CARE**
 - Insufficient mental health and behavioral health services and providers.
- **FOOD INSECURITY**
 - An increase need for food resources, specially for home-bound folks, SNAP is being rolled back.
- **BROADBAND + WIFI CONNECTION**
 - Support for low-income communities with internet connection for work, school and for pursuing online certification, education, etc.
- **LEGAL AID**
 - For domestic violence, immigration issues, child custody, renter issues, healthcare, etc.

EMERGING PRIORITIES

- **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.



COVID-19



Please note that 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 before the pandemic.

COVID-19



- Shifts in the workplace and need work/life balance relief.
- People are not getting jobs in places they used to (e.g. childcare, house painting, etc.)
- People must take “whatever hours they can get” which leads them to skip/delay seeking support (e.g., mental health, grief, physical health, etc.)
- There's an unwillingness to hire pregnant women, which is a blatant discrimination on the basis of sex (DOL).

COVID-19



- 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.
- Burnout and fatigue among staff.

TURNING THE CURVE 2018 - 2021



CONDITIONS IMPROVED

ADULT HEALTH

- **DIABETES DIAGNOSIS < 8.9% to 6.9%**

BEHAVIORAL HEALTH

- *NO SIGNIFICANT IMPROVEMENT MADE*

COMMUNITY HEALTH

- **FALL RELATED DEATHS < 81.7% to 77.7%**

EQUITABLE SOCIETY

- **FOOD INSECURITY < 12.4% to 10.6%**
- **ADULTS WITH SOME COLLEGE > 66.3% - 67%**
- **BROADBAND CONNECTION > 78.7% to 80%**
- **HOUSEHOLD WITH COMPUTER > 86.3% to 88%**

TURNING THE CURVE 2018 - 2021



**CONDITIONS NEED
IMPROVEMENT**

ADULT HEALTH

- DIABETES RELATED DEATHS 16.7% - 16.9%
- OBESITY 21.4% - 29%
- UNINSURED PERSONS 13.3% - 15.7%

BEHAVIORAL HEALTH

- MENTAL DISTRESS 12.3% - 12.7%
- SUICIDE 24.1% - 24.8%
- ALCOHOL RELATED DEATHS 57.1% - 57.6%
- DRUG OVERDOSE DEATHS 31.4% - 33.4%

COMMUNITY HEALTH

- HOMELESSNESS 15.5% - 15.9%
- DOMESTIC VIOLENCE 9% TO 9.1%

EQUITABLE SOCIETY

- UNEMPLOYMENT 5.1% - 5.9%

**POLICY + SYSTEMS
CHANGE
RECOMMENDATIONS**

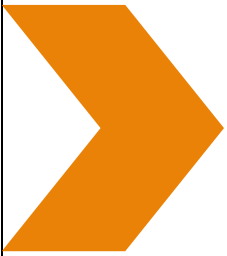


**SEE ACTION PLAN FOR THE
FULL LIST OF
RECOMMENDATIONS**

- REINSTATE AFFORDABLE HOUSING POLICY
- REINSTATE HIGH RISK INSURANCE POOL
- INSURANCE NAVIGATION SYSTEM
- PUBLIC HEALTH MITIGATION AWARENESS
- REVITALIZE LOW INCOME NEIGHBORHOODS
- DATA INTEGRATION BETWEEN CITY + COUNTY + GRANTEES + FOUNDATIONS + KEY PARTNERS
- DATA TO INCLUDE DISPARITY INDICATORS
- STREAMLINE DATA TRACKING + CAPTURE YEAR-TO-YEAR INDICATOR COMPARISON ANALYSIS
- IMPLEMENT A CAREER PATHWAY TO IMPROVE CERTIFIED, LICENSED AND TRAINED WORKFORCE



Strategic Action Steps Three-Year Funding Cycle 2022-2025



HSC STRATEGIC MEASURES + ACTION STEPS

- Result-Based Accountability Framework (RBA)
- **Action Steps** - To improve performance measures and impact. (Specific, Measurable, Achievable, Realistic/Relevant and Timely.)
- **Identify:** Improvement Opportunities + Leveraging Indicators.
- **Accountability + Data to Measure Impact:** Tracking and reporting process (quarterly + annual progress report).

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

IMPROVING INDICATORS

Key Priority	Indicator	Action Step
Adult Health	Persons without health insurance	<p>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.</p> <p>*** 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.</p>
Adult Health	ADD: Senior/ Elderly care and home improvements.	<p>Identify grantees, organizations and City programs/ services that can directly support the home health care and support needs of senior and elderly population.</p> <p>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.</p> <p>Other areas of need:</p> <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. <p>*** 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.</p>
Adult Health	ADD:	Public health mitigation and education awareness, such as covid19 and flu vaccine education, mental health first aid.
Adult Health	Revise Indicator:	Diabetes Deaths to Diabetes Diagnosis
Behavioral Health	OMIT:	Openness and acceptance of community toward people of diverse backgrounds

IMPROVING INDICATORS CONTINUED

Key Priority	Indicator	Action Step
Behavioral Health	ADD: Beautiful and Safe Public Spaces	<p>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.</p> <p>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.</p>
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.

ACCOUNTABILITY + DATA TO MEASURE IMPACT

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).

KEY PARTNERSHIPS + SHARED GOALS

Children and Youth Commission Community + Human Services Committee Shared Priorities

Children and Youth Commission Key Priority Areas:

- Early Childcare + Supplemental Education
- Youth Wellness

City of Santa Fe + Santa Fe County Partnership: CONNECT Wellness

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.

CHILDREN & YOUTH COMMISSION

The Human Services Committee 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 adult residents ages 18+ of Santa Fe.



ASPEN SOLUTIONS

- Key Priority Areas + Indicators
 - Performance Measures
 - Grantee performance and Comparison Overview
 - Navigator Observations



**HUMAN SERVICES
COMMITTEE MEMBERSHIP**

**A special
Thank you
to:**

→ **Julie Sanchez, MSW, Youth
and Family Services Division
Director, the City of Santa Fe,
and our Key Partners.**

**Aspen Solutions LLC. and
VIA Consulting LLC.**

Human Services Committee Strategic Action Plan 2022 - 2025



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



TABLE OF **CONTENTS**

04 Executive Summary

Key Priority Areas
Vision + Mission
Result in Mind
Guidance Principles

06 Committee Members

Acknowledgements + Members + City Staff

07 Results-Based Accountability Framework

End-Result in Mind
Priority Areas + Key Indicators
Disparities + Emerging Priorities

18 Turning the Curve

Policy + Systems Change Recommendations

TABLE OF **CONTENTS**

30 **STRATEGIC ACTION STEPS**
Internal Goals + External Goals
Fund Distribuion Process
Strategic Action Steps per Indicators

35 **Children and Youth Commission**
CYC Vision + Mission + Purpose
CYC Funding Process
CYC and HSC Shared Goals + Projected Outcomes
CYC Navigation + Results-Based Accountability
CYC Tiered Service
CYC Priority Projects + Addressing Disparities and Gaps

39 **City of Santa Fe + Santa Fe County Partnership**
CONNECT Wellness

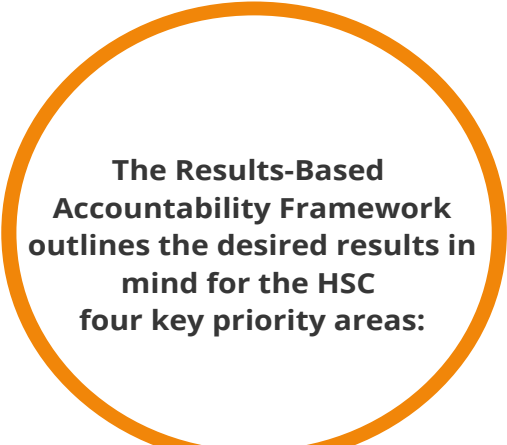
40 **APPENDIX**
Data + Documents

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 and administers funding through the Human Services Fund to local nonprofits on a three-year funding cycle at approximately \$1Million 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 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 Ends 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 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 helped to create 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 Consulting 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

Tres Hunter Schnell, Acting 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

Carrie Thielen

Vacant member position



RESULTS-BASED ACCOUNTABILITY FRAMEWORK (RBA)

In simple terms the Results-Based Accountability and Strategic Planning framework offers a set of cohesive actions with a reasonable chance to turn a curve or for improving a result and indicators. 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.

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.

4.

Programs/Services that address 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.

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:



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 "little blue pills" that are circulated as fake oxycontin. 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:

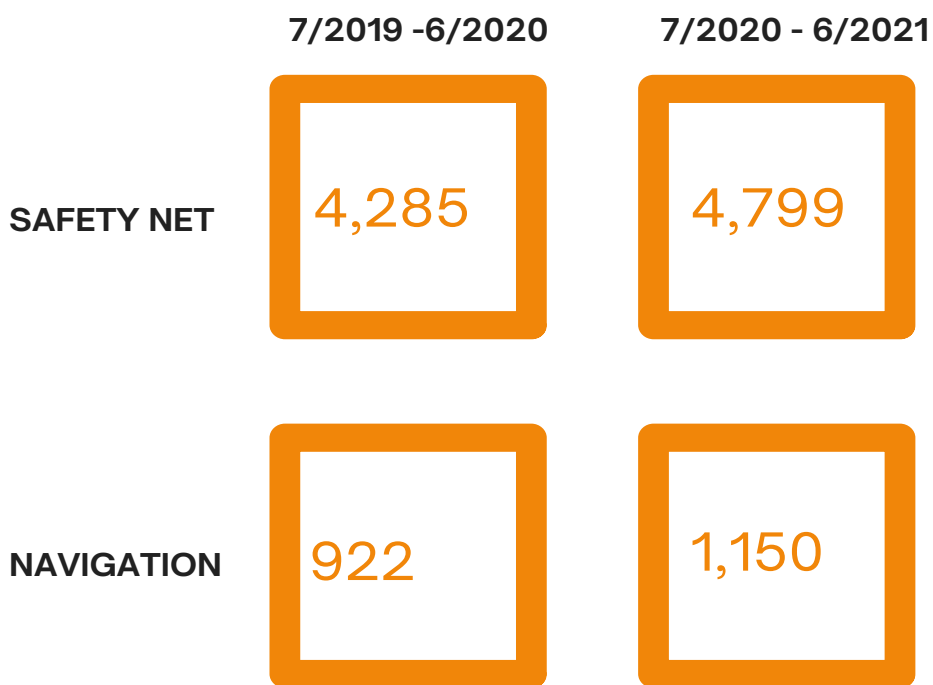
- Increase in SNAP availability and free/reduced school lunch location for children, in the southwest and southside parts of town. There's still significantly less access to healthy quality food and higher poverty in the south and southwest areas of Santa Fe.
- Food inequities and poverty are directly 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.

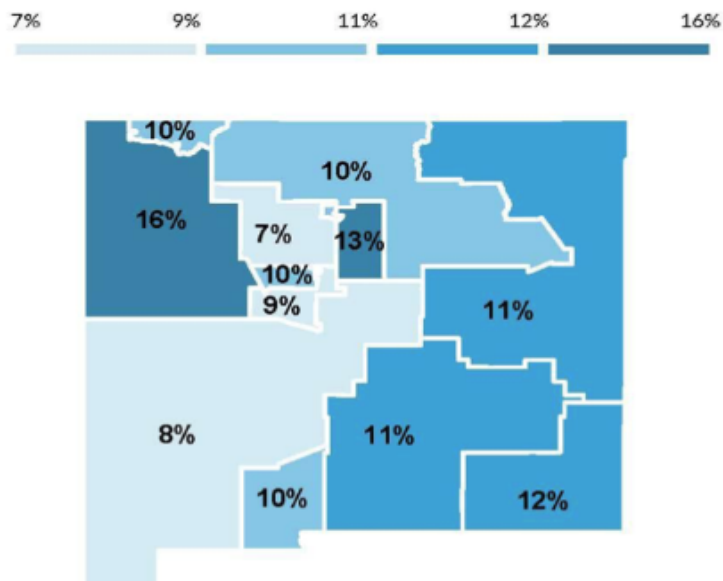
PEOPLE SERVED BETWEEN 2019 AND 2021



- 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.
- The numbers also do not include the 38,000 food distribution encounters provided by The Food Depot/Feeding Santa Fe drive through locations.

UNINSURED RATE 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.

PRIORITY AREA + KEY INDICATORS

COMMUNITY HEALTH

Indicators Santa Fe County	2015	2018	2021	Improved Conditions	Gap = Opportunity
<u>Fail-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>Fail-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.



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.



Affordable + Accessible Housing:

- Not enough housing to match the median income in the city.
- People cannot find housing under \$1,600+ 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.
- NM Lost 3,317 of licensed and registered sites from 2010 to 2019 (55%).
- The biggest losses occur in sites for infants and toddlers under age 2.
- 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

Please note that 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 before the pandemic.

- Shifts in the workplace, need **work/life balance/relief**.
- **People are not getting jobs** in places they used to (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 blatant **discrimination on the basis of sex** (DOL).
- **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? and 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.

How well are we doing?

Please reference the comprehensive report from Grantees (Appendix 1).

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:

La Familia: 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
- La Familia is 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).

Interfaith Shelters: 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 BH services
- Also tracking # of clients in case management who were placed in housing and hypothermia deaths
- FY20 = 52% of clients had reduced ER visits

Life Link: Treat First with 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 treat-first 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:

Coming Home Connection: 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: Coming Home wants to address the segment of population who are feeling isolated, among their clients, especially home bound patients, and caregivers; Coming Home is in partnership with Kitchen Angels to help with isolation and wellness piece; and, working on establishing how best to capture the client's experience and satisfaction.

Homeless Indicator:

Esperanza Shelter: Changed their policy and 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

St. Elizabeth's: 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:

Esperanza: Shelter and navigation for survivors of domestic violence.

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

New Mexico Immigration Law Center: Providing legal support to victims of crime.

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

05

EQUITABLE SOCIETY

Unemployment Indicator:

Youthworks: Provides 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:

Literacy Volunteers: Provides Basic Literacy, Workplace Program, and English as a Second Language (2021 outcomes).

- 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)

Santa Fe Dream Project – Immigration Legal: Support immigrants and DACA. They've done a tremendous job!

- 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:

Kitchen Angels: Delivers meals for homebound folks, addresses specialty diets and intense dietary health needs. This population can't access their specific healthy foods at Food Depot, however Kitchen Angels meets this unique and critical need. Kitchen Angels has great data collection, tracking improvement with diets, and the high rate of experience. They go above and beyond, they also provided pet food for people who are homebound with pets, who also felt so isolated. A big plus is that people want to give back to the Kitchen Angels because of how they have impacted their lives. Kitchen Angels has also helped other navigators to improve the referral systems. (2021 Outcomes):

- 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

TURNING THE CURVE

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

06

EQUITABLE SOCIETY continuation

Community Acceptance of Diverse Populations Indicator (data challenged):

Santa Fe Dreamers: Support for immigrants in obtaining DACA, U-Visas, and providing legal clinics (2021 Outcomes):

- 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

Funding: 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 like La Familia 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 quality healthy food.



BEHAVIORAL HEALTH

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



EQUITABLE SOCIETY

Grantees such as Youthworks and Santa Fe Dream Project 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.

Reinstate the affordable housing policy for developers with no “buy out” option 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.)

- 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.

Reinstate the high-risk insurance pool within Centennial.

c.

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).

d.

Revitalizing low-income neighborhoods policy recommendation: 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. For example, a \$500 bonus for every person that is registered with insurance/ Medicaid.

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:

- **Data is lagging due to COVID-19 from 2020 and 2021**, therefore it is difficult to understand the full impact because of the pandemic.
- 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 representation:
 - 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 (e.g., Women's Commission) regarding surveying 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 as a peer support worker in the behavioral and mental health sector**, see Solace. 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 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 picked 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** competencies currently in demand and preparing the workforce for emerging industries. Emerging industries: IT Programming + Management, Database Management, Coding + HTML/LENIX Programming, Software/Hardware management, Renewable Energy Industry, Infrastructure for Film Industry, Electrical, Transport, Construction, Plumbing, Call center techs, Tech Support for Operational Systems and Commercial Call Center, Customer Service Professional Training, and Child Care/Early Childhood Education Certified or Licensed Professionals.

07 Housing

Opportunities for improving indicators, and collective impact.

Recommendations:

- 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.
- Reinststate the affordable housing policy for developers with no “buy out” option 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.)



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.

A revised RFP and Scoring Rubric:

This is the framework for scoring applicants on the criteria above and funding amounts will be awarded according to the formula below. This chart is based on 100-point total score on criteria and is flexible per funding needs.



Evaluation Score Range	Evaluation Score Range Level
90-100	High
80-89	Medium-High
70-79	Medium
61-69	Medium-Low
<60 or below	Low



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
COMMUNITY-SHARED
PRIORITIES AND OUTCOMES**

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

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.

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

Key Priority	Indicator	Action Step
Adult Health	Persons without health insurance	<p>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.</p> <p>*** 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.</p>
Adult Health	<u>ADD:</u> Senior/ Elderly care and home improvements.	<p>Identify grantees, organizations and City programs/ services that can directly support the home health care and support needs of senior and elderly population.</p> <p>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.</p> <p>Other areas of need:</p> <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. <p>*** 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.</p>
Adult Health	<u>ADD:</u> Public Health Education & Awareness Campaign	Public health mitigation and awareness, such as covid19 and flu vaccine education, see "mental health first aid".
Adult Health	<u>Revised Indicator:</u> Diabetes Deaths to Diabetes Diagnosis	
Behavioral Health	<u>OMIT:</u>	Openness and acceptance of community toward people of diverse backgrounds.

Children and Youth Commission

NAVIGATION + PRIORITIES



Navigation Strategy, Results-Based Accountability and Tiered Service Delivery

Over the past 2 years grantees of the Children and Youth Commission have focused on funding services and programs including but not limited to behavioral health interventions, food distribution, supplemental education classes, trauma intervention and employment programming. At the heart of these services is provision of safety net services and navigation to other needed services. 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. Over the last 2 years of the 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 habitually truant children and youth, increased participation in afterschool activities, and a reduction of symptoms associated with PTSD and depression, for example. In joining a strong referral network system using RBA and navigation-based services, we can track client outcomes and continue making progress for the people being served. A tiered service delivery system is being developed, while possibly modeled after the Human Services Committee funding the complexity of serving the youth population requires additional thought and consideration.

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

- HSC Population + Performance, Aspen Solutions
- Comprehensive Report from Grantees, Aspen Solutions
- 20-0629 Memorandum of Agreement between County of Santa Fe and City of Santa Fe regarding CONNECT.
- City of Santa Fe Memorandum, from Mayor Webber and City Council regarding the fiscal sponsorship for the CONNECT Wellness Fund.

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=ACST1Y2019.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>



CITY OF SANTA FE HUMAN SERVICES COMMITTEE

FY22 1ST QUARTER REPORT OVERVIEW

COMING HOME CONNECTION

HIGHLIGHTS

- ◇ CHC provided navigation to 20 clients, home care to 7 unduplicated clients, and provided 118 equipment loans to 60 individuals over Q1.
- ◇ CHC's navigator, Patti, recently navigated a difficult client who was discharged from hospice care due to weapons in the home. CHC's navigator was able to find a friend who was comfortable with the home situation that could provide care under the Medicaid waiver.

PROGRAM UPDATES

- ◇ CHC's Executive Director will be transitioning out at the end of October.
- ◇ CHC has seen a substantial drop in the number of clients being referred in late August through September. Unite Us shows a drop in referrals across all agencies. It's unclear what is causing this decrease.
- ◇ In late June CHC changed program classifications on Unite Us, so that agencies can more easily see the range of services offered and hopefully increase referrals. CHC has the capacity to navigate up to 12 clients per month though this has dropped to between 4-6.
- ◇ CHC saw an influx of calls from people needing in-home care but many are not willing or able to pay for care. CHC's volunteer program can often fill this gap on a temporary basis.
- ◇ Coming Home held a caregiver training in collaboration with SFCC for 5 people.

FEEDBACK FOR AGENCY

- ◇ Great job this quarter navigating 20 people, providing 118 pieces of medical equipment, and providing homecare to 7 clients. It's great you've been able to track and follow your navigation program so closely. It will be interesting to see if we have an increase in referrals this winter, similar to last year. As CONNECT continues to develop we are interested in better understanding all of these trends. We know the agency will miss you, JoDee as you transition out of Executive Director. Please let us know if there's anything we can do to support data collection and processes throughout the transition.

ESPERANZA

HIGHLIGHTS

- ◇ Esperanza served 13 (4 new) clients with navigation services in Q1.
- ◇ The Community Navigation Program has been very productive in Q1 successfully transitioning 4 of residents into affordable housing through Valencia Shelter's Safe at Home Program, Taos County Housing and, with St. Elizabeth's Santa Fe Suites housing program.
- ◇ Amazing success story about a resident who was finally able to secure housing after 9 months. The resident reported sexual, physical, verbal, and psychological abuse by a boyfriend and witnessed by the resident's children. At Esperanza, the family was provided with food, clothing, and basic necessities and worked through trauma with the family and child therapist, the child life skills coordinator, and an advocate. They were able to enroll in the Coordinated Entry System through the NMCEH, but locating housing was challenging because of the low inventory of apartments and rising costs. Despite these barriers this family was able to secure housing in Santa Fe through Valencia Shelter's Safe at Home program. The parent was able to secure a new job and shared with staff how grateful they were for the support of Esperanza throughout their stay.

CONCERNS

- ◇ The Community Navigator reports continued difficulty gaining access to safe and affordable housing. Most of residents have difficulty securing affordable housing due to limited openings at apartment complexes or rental homes that have reasonable rates. Many of partner agencies need to adjust their

services due to the pandemic making it even more challenging to connect residents to the critical services they need. Many outside resources previously relied on prior to the pandemic continue to have long waiting lists and limited office hours.

- ◇ COVID continues to have a negative impact on program participants, many report increases in stress, anxiety, financial stress, difficulty finding work, depression, and worry about the future. In addition, children/teens are reporting an increase in school bullying, depression, and anxiety.

PROGRAM UPDATES

- ◇ All staff is continue telecommuting and the majority of services are provided remotely.
- ◇ The board continues to recruit a new treasurer, as the one recruited had to resign a month after accepting a new job with a larger scope of work.
- ◇ Two new board members came on with skills in fundraising and counseling psychology.
- ◇ Esperanza was unable to find a qualified candidate for the Domestic Violence Client Services Manager. The position was changed to a clinical director position and hired an internal candidate.
- ◇ Esperanza's transitional housing program now has multi-year funding with seven apartment units and a transitional housing coordinator.
- ◇ Esperanza is improving COVID safety measures by reconfiguring the shelter space so each family will have their own sleeping room, living room and bathroom. Made possible by "wish list" money from VOCA. Other remodeling includes new paint and deep cleaning the shelter in anticipation of reopening in January, new landscaping (possible due to an incredible team of volunteers) as well as a bathroom remodel to be ADA compliant (possible due to another grant award).

FEEDBACK FOR AGENCY

- ◇ Great work. You provided detailed information on your services over the past quarter and an amazing success story that exemplifies the amazing work you do and support you provide to those who are facing serious challenges and hardships. Congratulations on your grant award and "wish list" money from VOCA! It's great you will be able to remodel and improve safety.

THE FOOD DEPOT

HIGHLIGHTS

- ◇ The Food Depot acquired 1.38 million pounds of food in Q1.
- ◇ A total of 44 new SDOH screens were completed in Q1.
- ◇ The Food Depot's new strategic framework is supporting the navigation program to provide wrap-around services to reduce the need for emergency food assistance.
- ◇ During the quarter the Navigation Program distributed 77,400 diapers (with wipes) to in-need families and partnered with the *Global Give a Book* organization to provide award-winning children's books to more than 150 families. This is an increase from 51,520 diapers in 2021 Q4.

CONCERNS

- ◇ Rent and utility assistance requests continued to be the most-sought resources. The response timeline of the NM Emergency Rent Assistance Program proved difficult to work with for persons in need of rent and utility assistance.

PROGRAM UPDATES

- ◇ The program pursued its commitment to bilingual navigation by funding and recruiting for a bilingual navigator during this period.
- ◇ The Food Depot receives a regular stream of inbound referrals to resource individuals with food and diapers. Additionally, individuals and families who contact The Food Depot for food or diaper assistance are regularly connected to and assisted with a wide range of other resource needs.
- ◇ The Food Depot serves as a field instruction site for NM Highlands University MSW students. The Food Depot and CONNECT program provide a rich learning environment for the students.
- ◇ Home Delivery Program continues to provide food to 80+ individuals and families on a weekly basis who are otherwise unable to reliably access food; this includes several individuals and families receiving an "easy-prep" box and often these are persons experiencing homelessness being housed in motels by CONNECT partner agencies.

FEEDBACK FOR AGENCY

- ◇ Great work this quarter! You all have made your program sustainable by building some program goals into your strategic plan. Your commitment to bilingual services shows you truly care about the

outcomes of your program by ensuring that people have access to your programming without language barriers. Please let us know if you would like to meet again about data collection. We're happy to continue helping you streamline the data collection processes and minimize the burden of data collection for your partners.

INTERFAITH SHELTERS

HIGHLIGHTS

- ◇ Interfaith provided 5,929 meals and served 564 guests with 1,090 bed nights and 1,154 showers in Q1.
- ◇ The Board of Directors of the Interfaith Community Shelter, in honor of Joe's retirement, set aside in April \$40,000 from ICS operating reserves to pay rent at the Santa Fe Suites for a few folks. When the news got out about this grant, two other ICS donors contributed a combined total of \$90,000. The combined funds allowed the Shelter to pay rent for 6 people for 2 years each with the commitment of case management services. Who were in greatest need of housing but the most difficult to house, because they did not score well on the VI-SPDAT. All the 6 people who received long-term rent assistance from the Shelter had been homeless for a number of years and had little hope of achieving long-term supportive housing using traditional tools. Amazingly, the team at Santa Fe Suites has reported having little or no problems with these tenants. One of the tenants had previously refused any type of help, has now, with the help of the case managers at the Suites, gotten access to his VA benefits, which will help insure that he is able to remain stably housed in the future.

PROGRAM UPDATES

- ◇ The Interfaith Community Shelter at Pete's Place lost beloved Executive Director, Joe Jordan-Berenis, on October 3. Beverly Kellam is leading the shelter in the interim, with the help of the Shelter's amazing staff on the ground.
- ◇ News of Joe's death has increased interest in creating a permanent fund of private money to be used to house chronically homeless individuals who, due to mental/behavioral health or other issues, do not score well on the VI-SPDAT, despite their great need for permanent supportive housing.
- ◇ Many hours went into pouring over last year's data to attempt to recreate how Joe would have reported the numbers, both for consistency and for all of his compassion and gentle service to individuals experiencing homelessness, Joe also loved the data and the numbers, and he took great pains to report both thoroughly and accurately.
- ◇ Also, in the near future, the Shelter will be investigating other options for storing intake and day services' data, as the database ICS currently uses is reaching the end of its useful life. This will be a part of the Shelter's strategic planning in the Spring

NEEDS

- ◇ Aspen: Update template performance measures to include the language used to calculate the data in the report. (See Report)
- ◇ City: In the past, there was no need for ICS to include those discrete individuals receiving safety net services from its Day Services program in the billing (ICS provides showers, free clothing and food for 80-100 individuals each Resource Day). Including individuals receiving safety net services in the total number served is appropriate and will help resolve the issue of per capita billing that emerged during the pandemic and continues, as ICS continues to limit the number of guests it can serve nightly, although not to the extremes of 2020.

FEEDBACK FOR AGENCY

- ◇ We are so deeply saddened by Joe's death. It's incredible the reach he has had in our community. It so great to hear about how he's impacted and continues to impact people. The accomplishments of the shelter to provide housing for 2 years for 6 people through Joe's memory with matching donations and a possible permanent fund. In terms of billing, it looks like you've come up with a solution for per capita billing, however we didn't see any navigation services listed in the report or billed this quarter. Are you still providing navigation? We know you've done tremendous amounts of work and want you to be able to bill for all the services you provide. I'm so glad that you were able to include the calculations you used in the report. I have added these into the template for ease of reporting in the future. Let's do this again for the mid-year performance measures. We're happy to meet with you if there's anything we can do to assist your program.

KITCHEN ANGELS

HIGHLIGHTS

- ◇ Kitchen Angels served 84 customers serving 36,301 meals and screened 12 new clients for SDOH.
- ◇ A letter from a grateful client: Since May, I have been watching my health decline steadily, but “watching” means using an internal compass because my vision changes have been the most frightening aspect of an overall collection of issues affecting this now “homebound, frail, elderly” Santa Fean. Just 10 days ago I began to receive help from Kitchen Angels . . . The kindness of everyone in your organization is overwhelming. It’s been a very difficult week grieving the loss of my ability to drive my own car and enjoy a freedom most people take for granted. I know you don’t take it for granted. Thank you for coming to work today. Thank you for coming to work every day

PROGRAM UPDATES

- ◇ Kitchen Angel’s facility is currently under construction with upgrades to HVAC systems, restrooms, roof and warehouse area of Kitchenality.
- ◇ Event planning has been a challenge as last year Kitchen Angels opted out of online venues in hopes the pandemic would now be history and usual calendar events could resume. Kitchen Angels is now adapting to virtual programming and other efforts in hope to keep supporters somewhat engaged. The financial aspects of hybrid events has been disappointing.
- ◇ The pandemic has been challenging for acquiring and acknowledging KA volunteers.
- ◇ Elizabeth Pettis joined KA Board of Directors.
- ◇ Kitchen Angels was pleased to be voted two awards in Santa Fe Reporter’s 2021 Best of Santa Fe contest. It is the first year that KA thrift store, Kitchenality, has made the list.

FEEDBACK FOR AGENCY

- ◇ Great job this quarter in serving 36k+ meals and your SF Reporter Best of Santa Fe awards! We know there have been many challenges with the pandemic and hybrid/virtual fundraising and volunteer recruiting have been a common theme! We know your creativity to address find new innovative ways to recruit and fundraise will come together. As always it’s so great to hear directly from your clients. They always provide such a great picture of the amazing work you do and the impact it has for people to be supported and treated with kindness when they are facing such big hurdles in life.

LA FAMILIA

HIGHLIGHTS

- ◇ Served 162 unduplicated new patients in diabetes education over Q1, with a total of 230 patients in diabetes education referrals and follow-ups.
- ◇ 142 unduplicated patients were seen in the nutrition program in Q1.
- ◇ From the patients of last quarter (Q4 FY21), 65/119 (54.6%), of those served, had a decrease in A1c.

PROGRAM UPDATES

- ◇ Fresh Rx for Health New Mexico program has enrolled 30 LFMC patients.
- ◇ In efforts to help those patients with higher than 9 A1c results, La Familia has offered appointments with Diabetes Educator once a month for extra support and guidance, worked with the IT department in a campaign to reach those patients and get them in to see the Diabetes Educator, and is working with IT to set up systematic EMR alerts to bridge the gap in patients missing their A1c, eye care and foot care.
- ◇ The program is working in a team approach (Dr. Waltersdorf, MD, Associate Medical Director;
- ◇ Dr. Bernstein, MD, FACE; Carmen Rodriguez, RN; Heriberta Leon, CHW) on a plan to devote more resources and implementing patient specific and clinic wide interventions.
- ◇ Services have moved to telehealth due to COVID-19, which was a challenge. The CENA program and health education classes had to be discontinued due to the pandemic. Currently working on possible strategies to re-open/revise these programs in the future.
- ◇ Many patients were out of care for a full year or more due to the pandemic. Now as the return they seem to have a higher Hgb A1c over 9.

FEEDBACK FOR AGENCY

- ◇ It was great getting to work with you and revise your measures. Please keep in touch if there is anything else we can do to update your data tracking or processes. Congratulations on the great work

this quarter. You've done a great job since Carmen came on revamping and building the program. We know what a struggle the pandemic has been for you and hope that you're able to continue this momentum in building this program and adding in new layers for CENA/health education classes and more. Congratulations on the Q4 numbers and having over half of your patients decrease their A1c through the support and education of your program. A huge accomplishment!

LIFE LINK

HIGHLIGHTS

- ◇ The Life link navigator had a caseload of 55 clients, with 20 new clients who were screened for the SDOH.
- ◇ Great success story about children and mother who were being abused by the father and Life Link was able to evict the father, allowing the mother and her two kids to stay. Life Link supported the family to feel secure and find stability. She is now currently housed, employed and living independently with her children.

PROGRAM UPDATES

- ◇ Continue to face challenges brought on by the pandemic, including increased needs for services.
- ◇ The transition from running a hotel to returning to navigation and case management has been a struggle. The community outreach had to increase because the clients were no longer coming to Life Link for hotel placement and there several barriers in re-engaging the clients from the hotel.

NEEDS

- ◇ Aspen: Life Link had a challenge with data and had to restart reporting for the City.

FEEDBACK FOR AGENCY

- ◇ Thanks for the quick update on your program. Sorry to hear that reporting has been a challenge and required you to complete restart your report. Please let us know if there is anything we can do to help improve the reporting process for you. It sounds like there have been several struggles with the transition from housing people in the hotel to re-engaging in services. Out of curiosity, what adaptations are you making to improve re-engagement? Your success story is incredible and demonstrates your program impact and the amazing staff that develop relationships with your clients.

LITERACY VOLUNTEERS OF SANTA FE

HIGHLIGHTS

- ◇ LVSF served 74 students in Q1 across three programs: basic literacy (22), workplace program (11), and in the ESL program (41)
- ◇ LVSF Tutors volunteered almost 634 instructional hours and about 530 non-instructional hours
- ◇ LVSF Coordinators met with NMHED Secretary Stephanie Rodriguez during her visit to the SFCC Adult Education Department. Coordinators presented an overview of LVSF programs and introduced a tutor and student who spoke the impact of LVSF has on their lives.
- ◇ LVSF was awarded a grant from The Las Campanas Community Fund.
- ◇ LVSF had a wonderful a success story from an ESL/Citizenship Tutor who supported her student through the process of applying for U.S. citizenship up to the student taking their oath of allegiance.

PROGRAM UPDATES

- ◇ The LVSF Board of Directors added four new diverse board members this quarter. The LVSF Board of Directors held a LVSF Board Retreat for its new members and LVSF staff. LVSF staff had the opportunity to give an overview of each program and to answer questions from board members.
- ◇ LVSF staff is now allowed to spend 50% of their work week in their offices on campus, allowing for students to drop in for enrollment, for tutors to access the BL and ESL Resource Library, and for tutors and students in meet in person.
- ◇ Although, the Higher Education Center is open, the facility closes at 5:00 pm, which limits access for student who work until 5pm. There are limited meeting location options for students and tutors.
- ◇ LVSF struggles with safely serving students and recruiting tutoring during the pandemic, especially for the underserved members of our community who do not have access to technology and may not have received vaccinations.

- ◇ The LVSF Coordinators have been recruiting tutors for the Basic Literacy and English as a Second Language Programs. The Basic Literacy Tutor Training took place and there are fourteen new BL tutors to match with students. The ESL Tutor Training is upcoming in November.
- ◇ LVSF has strengthened its collaboration with Santa Fe Dreamers Project by participating in monthly Citizenship Clinics every month at the Santa Fe Public Library.

FEEDBACK FOR AGENCY

- ◇ Your report and the work you highlighted demonstrate your continued determination to provide and improve services throughout the pandemic. You have faced so many barriers throughout the pandemic and yet continue to have great success stories, such as the student who has an upcoming citizenship other of allegiance and also increasing your numbers served this fall! It's great you have been able to expand the diversity of your board and build relationships between the board and LVSF staff. We know you continue to face challenges and you clearly work together to advocate and creatively address them. We hope you're able to come up with some creative solutions for students who work to meet with tutors after hours. As always please let us know if we can support you all.

NEW MEXICO IMMIGRANT LAW CENTER

HIGHLIGHTS

- ◇ NMILC provided 10 unduplicated individual consults and 13 direct rep clients in Q1.
- ◇ Amazing and touching story about a mother and her two children who had fled Mexico and were seeking asylum for domestic violence. After settling in Santa Fe, she was once again the victim of severe intimate partner violence. She was kidnapped and taken across safe lines. She finally escaped her kidnapper in the other state. The abuse and the kidnappings caused her to miss her asylum immigration court hearings, so the court issued an in absentia order of removal. Fortunately, the family was able to work with NMILC's partner the Santa Fe Dreamers, who able to get the in absentia removal order revoked, support one of the children's applications, and get a new asylum hearing scheduled. However, SFDP did not have the capacity to represent for the needed U Visa application, so they partnered with NMILC. The case was extremely complex, although the NMILC's HSC-funded attorney filed the U Visa application in May 2021. Although the application is still pending, SFDP was able to use the filed application, police reports, U Certifications, and proof of delivery to request prosecutorial discretion from the Immigration Court and get the removal case dismissed. This story demonstrates how effective and crucial partnership with SFDP is for providing holistic legal services to mutual clients.

PROGRAM UPDATES

- ◇ Executive Director Adriel Orozco stepped down from his position and transitioned out of the organization at the end of June. Given the changed political climate and his passion for immigrant rights, he has decided to refocus his career on policy advocacy.
- ◇ Co-founder and former Deputy Director, Jennifer Landau, resumed her former role as Executive Director at the start of July.

FEEDBACK FOR AGENCY

- ◇ Thank you for sharing and congratulations on the amazing success story you shared about your partnership with the Santa Fe Dreamers Project. This is a great example of how NMILC is dedicated to the people in our community who need services and support. We know it can be difficult going through executive direct transitions, it's great the Jenny was able to step back in to the role, hopefully minimizing some of the common challenges with transitions. Please let us know if there's anything on our end with data tracking or collection that would be helpful during this time.

SANTA FE DREAMERS

HIGHLIGHTS

- ◇ Dreamers served 164 DACA clients, 12 Green Cards, and provided 18 legal clinics in Q1.
- ◇ SFDP has been exploring new partnerships including hosting several in-person DACA clinics at Earthcare during July and August, and making plans with new partners for ongoing services.
- ◇ In-person services will be started again in November.
- ◇ SFDP's new online DACA renewal service is continuing and over 50 individuals have successfully used that platform, which was developed this summer.

PROGRAM UPDATES

- ◇ Due to a significant loss of anticipated revenue in the form of individual donations, SFDP was in the unfortunate position to have to furlough the majority of staff during June and July. Some staff members left the organization permanently during this time. Some emergency funding was obtained and allowed SFDP to reopen in August, but there was a large backlog of work with a much smaller staff.
- ◇ There were at least two policy changes that greatly increased workload. On July 16, a court order came out in the case *Texas v. the United States*, which stopped all adjudication of first-time DACA applications. At that time, SFDP had literally hundreds of individuals with first-time DACA applications, including many who had applications already pending with USCIS. SFDP had to contact each client and inform them of the news and discuss with them their potential options at this stage.
- ◇ The other policy change happened over a year ago and the consequences were felt in Q1. In July 2020, Acting Secretary of Homeland Security Chad Wolf, among other changes, reduced DACA renewals from two years to one year, effectively doubling the cost of DACA for clients. SFDP contacted each client and put out an electronic newsletter to explain the change. In December 2020, a federal court revoked the Wolf decision, and ordered USCIS to grant extensions to all those affected, which was wonderful for 66 of clients who were able to get the normal two years for their DACA. However, the change meant a significant amount of work time, administration efforts essentially doubled the workload and expense for each of these cases to process the second work permit cards, including extra case management time, phone calls to clients, extra postage and time for mailing, and extra time for in-person pick-ups of work permits, as well as generating and sharing information in the form of individual consultations, newsletters, and social media content.

FEEDBACK FOR AGENCY

- ◇ Wow, you've had many hurdles this year and we're very sorry to hear about the challenges with individual donors which impacted your staff and ultimately your clients. Despite these challenges, it's still incredible the work you have done for our community working with over 160 DACA applicants as well as the clients you support with obtaining Green Cards and providing legal clinics! Congratulations on launching and keeping in place your new online platform. How had the process for your executive director search been going? Please let us know if we can help with anything for your data development and processes.

ST. ELIZABETH'S SHELTER

HIGHLIGHTS

- ◇ 97 clients helped by navigators in Q1. In total 59 men and boys, 38 women and girls, and 2 families were provided services.
- ◇ Great success stories, including a woman who has remained committed to her sobriety, was reunited with her child, and was provided a vehicle from St. Elizabeth's, she has secured employment, and is now having some stability. There were 3 guests from Casa Familia who got permanent housing vouchers and 13 from the men's shelter who got permanent housing. At the men's shelter, one guest was able to enroll in culinary school and was in charge of a gourmet meal for Zozobra. Another guest was able to get a job, save money, enroll in school, and save enough money to get his own apartment!

PROGRAM UPDATES

- ◇ Casa Familia has slowly reopened and is reaching full capacity. Families seem to be relying on the hotels rooms, still available through other agencies, which means the shelter has been slow to reopen.
- ◇ Cold weather has increased the need, and single beds and Men's Shelter has reached capacity in Q1.
- ◇ The Men's Shelter was renovated with new shower stalls and a new AC system.
- ◇ Hired a new overnight staff member, who's a great addition!
- ◇ St. Elizabeth's has been strengthening their partnership with Santa Fe Recovery
- ◇ Safety precautions are still in places with PPE and regular COVID-19 testing, which has allowed for groups such as AA, Women's Empowerment again. For those that are willing to get vaccinated day of, they are provided a 2-week hotel stay until their vaccine has taken and then brought to the shelter.

- ◇ There was an outbreak of walking pneumonia at the facility. St. Elizabeth's swiftly addressed it and was able to stop the spread and support those who got sick with urgent care, antibiotics, and bedrest.
- ◇ St. Elizabeth's is in the process of reestablishing regular testing for HIV and Hep C onsite.
- ◇ Staff was trained in motivational interviewing.

NEEDS

- ◇ *This section is missing from report*

FEEDBACK FOR AGENCY

- ◇ You all have done such great work this quarter. Congratulations on your many successes for guests. The support you offer has tremendous impact on your guests' lives. So sorry to hear about the walking pneumonia outbreak. Thank goodness you were able to address it so quickly and minimize the spread. I'm sure that experience increased your gratitude for all the cumbersome safety precautions you've put in place due to the pandemic. Overall good job on your report. One note, it appears that you're missing page 3 from your report. As the success stories from Asher on the Men's Shelter were cut off.

YOUTHWORKS

HIGHLIGHTS

- ◇ YouthWorks provided navigation to 33 clients in Q1.
- ◇ YouthWorks staff accomplishments, including the YouthBuild Program Director, Hicham Ghizlane, completing his PHD in Talent Management, and the YouthWorks Culinary Director, Jackie Gibbs, receiving a national nomination for the "Catalyst For Change" of the year award.
- ◇ YouthWorks has been working successfully as a Midtown Engagement Partner to assist the city to collect community feedback for Midtown Development.

PROGRAM UPDATES

- ◇ YouthWorks has two new leased properties. A new commercial kitchen offers youth additional apprenticeship opportunities as YouthWorks Culinary will become the production line for a local Blue Corn Pancake retail business and offer additional training space for youth seeking skills and certification in the culinary arts. The second newly leased facility is being set up as a resale store called ThriftWorks. The store will provide job training opportunities for youth, with credentials in small business management, customer service and inventory and logistics management. Ideally, ThriftWorks revenue will support this program in its entirety after start-up costs.
- ◇ Partnered with the SFCF's Opportunity Santa Fe program and funds from NM PED to host a short-6 week- summer internship program placing 22 youth in a variety of programs including culinary, farming and agriculture, electronics repair, youth summer program recreational assistants and social work case management.
- ◇ The need and pace for essential work throughout the pandemic has kept the workload high. The strain of this is causing key staff to express concern of burnout. YouthWorks management is staging rotating days off for primary staff in order to accommodate this pace and minimize burnout.

NEEDS

- ◇ Unite Us: YouthWorks utilizes the City/County UniteUs for data collection for quarterly reports and navigation services for the community. It would be great if there was a home screen on UniteUs that is easily accessible to show what other organizations still have funding available to send referrals over. This feature would be very helpful in the future use of this tool to assist those with navigation needs and resources.

FEEDBACK FOR AGENCY

- ◇ Good job on your quarterly report. It's great that you have been able to grow and plan new and exciting developments in the organization such as the new commercial kitchen and ThriftWorks! Congratulations to your incredible staff on all their accomplishments, especially, Dr. Hicham Ghizlane and Jackie Gibbs nomination for the national *Catalyst for Change* award. Although the pandemic has increased your workload and shows no signs of slowing, it's great YouthWorks is identifying new innovative strategies such as rotating days off to prevent burnout and keep staff happy and healthy.

2021-2022

	Organization	Total Award	1st quarter received	2nd quarter received	3rd quarter received
1	Coming Home Connection	\$ 75,000.00	10/12/2021		
2	Esperanza Shelter	\$ 43,000.00	11/5/2021		
3	Feeding Santa Fe	\$ 30,000.00			
4	The Food Depot	\$ 57,000.00	10/15/2021		
5	Interfaith Community Shelter	\$ 150,000.00	10/10/2021		
6	Kitchen Angels	\$ 50,000.00	10/6/2021		
7	La Familia Medical Center	\$ 75,000.00	10/13/2021		
8	Literacy Volunteers	\$ 60,000.00	10/15/2021		
9	NM Immigration Law Center	\$ 50,000.00	10/18/2021		
10	Santa Fe Dreamers Project	\$ 40,000.00	10/15/2021		
11	St. Elizabeth Shelter	\$ 100,000.00	10/15/2021		
12	Youthworks	\$ 50,000.00	11/1/2021		
13	Life Link	\$ 70,000.00	10/15/2021		
	Aspen Solutions	\$41,000.00			

ort 2021-2022

4th quarter received	Total amount paid out to date	Balance Remaining	Percentage Remaining	PO #
	\$ 33,179.40	\$ 41,820.60	56%	22202112
		\$ 43,000.00	100%	22202113
		\$ 30,000.00	100%	
	\$ 53,458.00	\$ 3,542.00	6%	
	\$ 93,060.00	\$ 56,940.00	38%	22201976
	\$ 11,896.48	\$ 38,103.52	76%	22202114
	\$ 75,000.00	\$ -	0%	22202137
	\$ 14,999.95	\$ 45,000.05	75%	22202138
	\$ 18,883.00	\$ 31,117.00	62%	22202136
	\$ 10,091.00	\$ 29,909.00	75%	22202115
	\$ 33,750.00	\$ 66,250.00	66%	22201982
	\$ 14,347.74	\$ 35,652.26	71%	22202139
	\$ 35,500.00	\$ 34,500.00	0%	22201977
		\$ 41,000.00	0%	22201994