# AGENDA

**HUMAN SERVICES COMMITTEE**
**AUGUST 16, 2022**
**3:00 PM**
**ROUND HOUSE ROOM**
**MARKET STATION**
**500 MARKET STREET**

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## PROCEDURES FOR HUMAN SERVICES COMMITTEE MEETING

**Written Public Comment:** Members of the public may submit written comments on legislation by clicking on the comment bubble to the right of the meeting on the public portal at https://santafe.primegov.com/public/portal (https://santafe.primegov.com/public/portal) three hours prior to the start of the meeting.

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

1. **CALL TO ORDER**
2. **ROLL CALL**
3. **APPROVAL OF AGENDA**
   a. Approval of August 16th agenda
4. **APPROVAL OF MINUTES**
   a. Approval of June 21st minutes
5. **PRESENTATION**
   a. Results Based Accountability Overview (Aspen Solutions)

b. Report on FY22 Grantee Programs (Aspen Solutions)

6. **DISCUSSION/ACTION ITEMS**

a. Discussion of how members might support the Human Service Committee Strategic Plan

b. Future HSC meeting preference (virtual or in person)

c. Public Health Emergency termination discussion and next steps

7. **MATTERS FROM THE CHAIR**

a. Report on Tierra Nueva HSC Committee Support

8. **EXECUTIVE SESSION**

a. HSC planning/consultation update

9. **MATTERS FROM STAFF**

a. Staffing update

b. Small/Innovative Fund RFA and data platform updates

c. FY22 grantee year end expenditure report

10. **MATTERS FROM THE COMMISSION**

11. **NEXT MEETING: Tuesday, October 18, 2022**

12. **ADJOURN**

City of Santa Fe

# MINUTES

**HUMAN SERVICES COMMITTEE**
**JUNE 21, 2022**
**ATTEND VIRTUALLY**

1. **CALL TO ORDER**

2. **ROLL CALL**

**Members Present:**
Member Douglas Zang
Member Patricia Boies
Member Tres Hunter Schnell
Member Carrie Thielen
Member Christina Bruce
Member Michal Anne Pepper

**Members Excused:**
Member Brian Serna
Committee Member Emily Haozous

**Others Attending:**
Christa Hernandez, Christa Hernandez

3. **APPROVAL OF AGENDA**

**MOTION:** Member Boies moved, seconded by Member Bruce, to approve the as presented.

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

**For:** Member Boies, Member Hunter Schnell, Member Thielen, Member Bruce, Member Pepper

**Against:** None

**Abstain:** Member Zang

4. **APPROVAL OF MINUTES**

a. Approval of 4/19 minutes

**MOTION:** Member Hunter Schnell moved, seconded by Member Boies,

to approve the minutes as presented.

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

**For:** Member Boies, Member Hunter Schnell, Member Thielen, Member Bruce, Member Pepper

**Against:** None

**Abstain:** Member Zang

5. **MATTERS FROM STAFF**

   a. YFSD ARPA funding update

   An update on the status of the ARPA funds was provided to the HSC. The Division is still in the process of finalizing the contract to be able to disperse ARPA funds.

   b. HSC FY23 budget update

   The Youth and Family Services Program Manager provided an update on the FY23 budget.

   c. Innovation Fund RFA

   The Youth and Family Services Program Manager provided an update on the status of the innovation/small grant fund. The RFA is currently in process and will be posted once it is completed.

   d. HSC FY23-26 grantee/contract update

   The Youth and Family Services Program Manager provided an update on the status of the HSC FY23-26 grantee contracts. They are scheduled to go before the Governing Body on 7/27.

6. **PRESENTATION**

a. Housing Needs in Santa Fe and How City Funds are Used to Support Solutions (Alexandra Ladd, Office of Affordable Housing Director)

Office Of Affordable Housing Director provided information to the HSC on the housing initiatives taking place within Santa Fe.

b. Draft: City of Santa Fe Multimodal Transition Plan (Erick Aune, Santa Fe MPO Officer)

The Santa Fe Metropolitan Planning Organization provided infomation to the HSC on the draft transportation plan for Santa Fe.

c. CONNECT update (Christa Hernandez)

The Youth and Family Services Program Manager provided an overview of CONNECT and shared data from April 2019-2022 via the Unite Us platform.

d. HSC Quarter 3 report (Aspen Solutions)

Aspen Solutions provided a 3rd quarter grantee update on HSC funded agencies.

7. **MATTERS FROM THE COMMITTEE**

8. **MATTERS FROM THE CHAIR**

9. **NEXT MEETING: August 16 2022**

10. **ADJOURN**

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Liaison Chair

**VOTE SUMMARY**

Meeting Name - Human Services Committee

Meeting Start Date - 06/21/2022

Meeting Committee - Human Services Committee

Item Title - Approval of 4/19 minutes

Item Type - minutes

Item Owner -

Item Sponsor -

Item Tracking Number - 22-14830

Motion Type - Approve

Motion Mover - Tres Hunter Schnell

Motion Seconder - Patricia Boies

Motion Status -

Vote For Count - 5

Vote Against Count - 0

Vote Abstain Count - 1

Vote Absent Count - 2

Vote For Names - Patricia Boies, Tres Hunter Schnell, Carrie Thielen, Christina Bruce, Michal Anne Pepper

Vote Against Names -

Vote Abstain Names - Douglas Zang

Vote Absent Names - Brian Serna, Emily Haozous

User Name - Christa Hernandez

User Email - chernandez@santafenm.gov

# CITY OF SANTA FE HUMAN SERVICES COMMITTEE

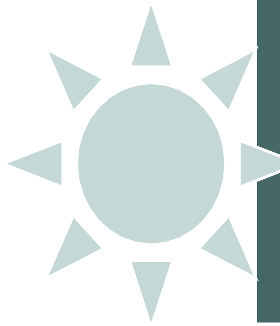
## FISCAL YEAR 2021-2022 *GRANTEE PROGRESS* + *RBA OVERVIEW*

AUGUST 2022

Aspen Solutions
Natalie Skogerboe and Ana Coghlan

TODAY

Results-Based Accountability Overview



End of Year Grantee Progress

Grantee Challenges & Innovations

# RESULTS-BASED ACCOUNTABILITY

RBA STARTS WITH THE END IN MIND (WELL-BEING FOR CHILDREN)

AND WORKS BACKWARD TO LAY OUT THE MEANS

(PROGRAMS AND POLICIES THAT WILL LEAD TO WELL-BEING)

# POPULATION LEVEL PRIORITIES

Adult Health

Behavioral Health

Community Safety

Equitable Society

Results Based Accountability

HSC Vision

Priority Indicators

Grantee Performance

Population

Performance

## RESULT or OUTCOME

A condition of well-being for children, adults, families or communities.

## INDICATOR or BENCHMARK

A measure which helps quantify the achievement of a result.

## PERFORMANCE MEASURE

A measure of how well a program, agency or service system is working.

Three types:

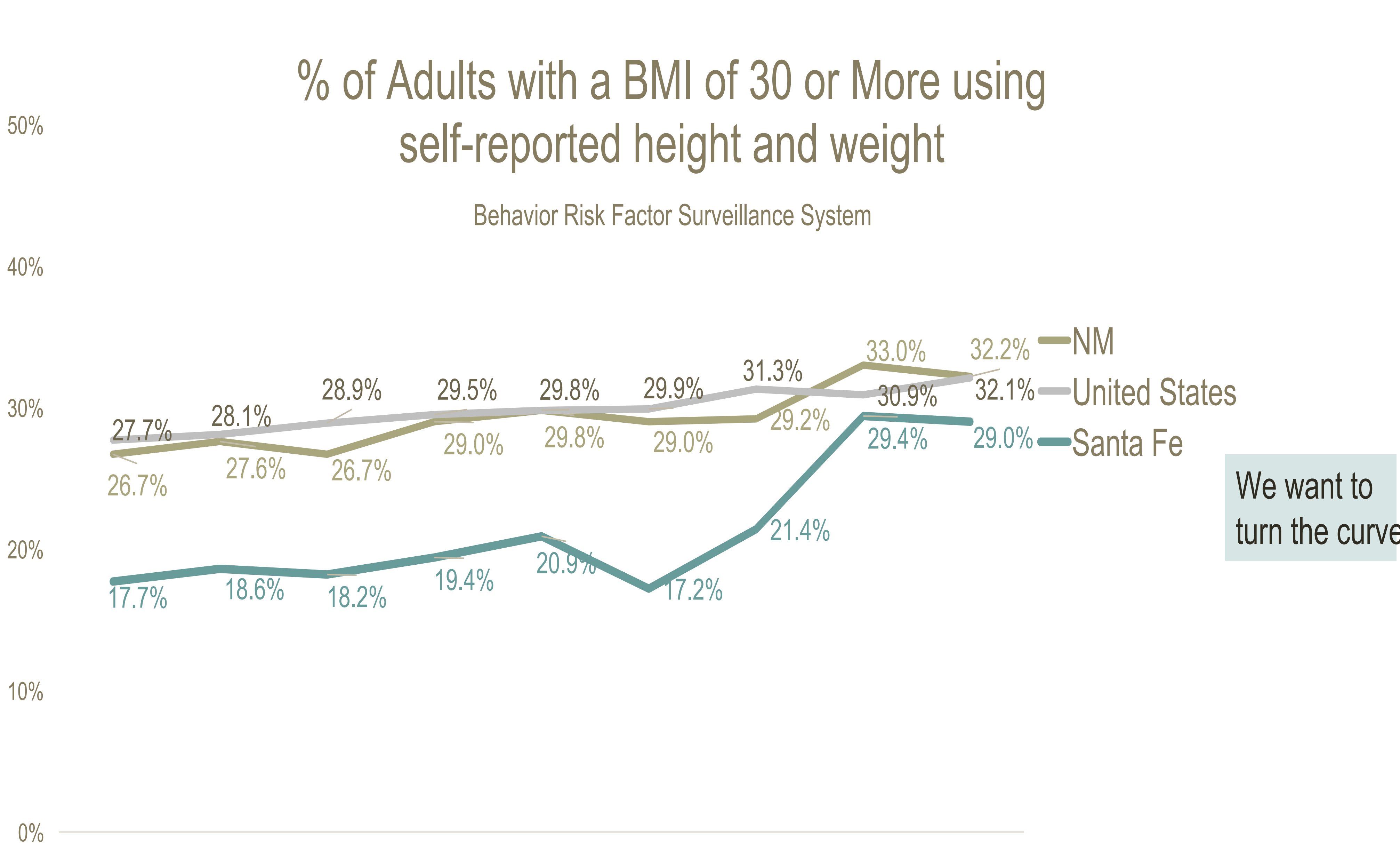
1. **How much did we do?**
2. **How well did we do it?**
3. **Is anyone better off?** = <u>**Customer Results**</u>

# RESULTS BASED ACCOUNTABILITY (RBA)

1. How much are we doing?
   - # people served, # classes held, # case management hours
2. How well are we doing it?
   - Client satisfaction, wait times for service, preferred language used, meeting education standards, successful referrals
3. Is anyone better off?
   - Changes in knowledge (improved reading), skills (gained/maintained employment), behaviors (reduced substance use), or circumstances (housing stability or safety)

**Goal is to "turn the curve" towards healthier outcomes**

# Turn the Curve on Obesity Among Adults



## Population

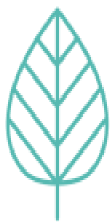
- OBESITY RATES
- DRUG OVERDOSE DEATH RATES
- ALCOHOL-RELATED MOTOR VEHICLE CRASH DEATHS
- SUICIDE DEATH RATES

State or County Level data

## Performance

- FRUIT AND VEGETABLE INTAKE AMONG DIABETES PROGRAM PARTICIPANTS
- % OF PATIENTS ABSTAINING FROM ALCOHOL 6 MONTHS AFTER LEAVING PROGRAM
- % CLIENTS OBTAINING EMPLOYMENT

Agency or Program level data



| PRIORITY AREAS | HSC - POPULATION LEVEL PRIORITIES |
| --- | --- |
| **ADULT HEALTH** | • Diabetes Deaths and Diagnosis<br>• Obesity Prevalence<br>• Persons without Health Insurance (under age 65) |
| **BEHAVIORAL HEALTH** | • Frequent Mental Distress<br>• Suicide Deaths<br>• Alcohol-Related Death<br>• Drug Overdose Death |
| **COMMUNITY SAFETY** | • Fall-Related Deaths & Hospitalizations<br>• Homelessness<br>• Domestic Violence |
| **EQUITABLE SOCIETY** | • Unemployment<br>• Food Insecure Households<br>• % of adults age 25+ with Post-Secondary Education<br>• Households with Broadband<br>• Households with Computers |

# EXAMPLE PERFORMANCE MEASURES

| | HSC Performance Measures |
|---|---|
| Level 1 | **How much service did we deliver / provide?**<br># unduplicated participants served<br># participants served by navigator<br># total patients served (could be patients carried over from previous quarters) |
| Level 2 | **How well did we do it?**<br>Average # case management hours per family<br># referrals accepted |
| Level 3 | **What quantity/quality of change for the better did we produce?**<br># clients with safe housing<br># patients with reduced A1c (diabetes risk)<br># clients who obtained/maintained employment |
| Level 4<br>Is anyone better off? | **Did we improve skills, attitudes, behavior, or circumstances?**<br>% clients with safe housing |

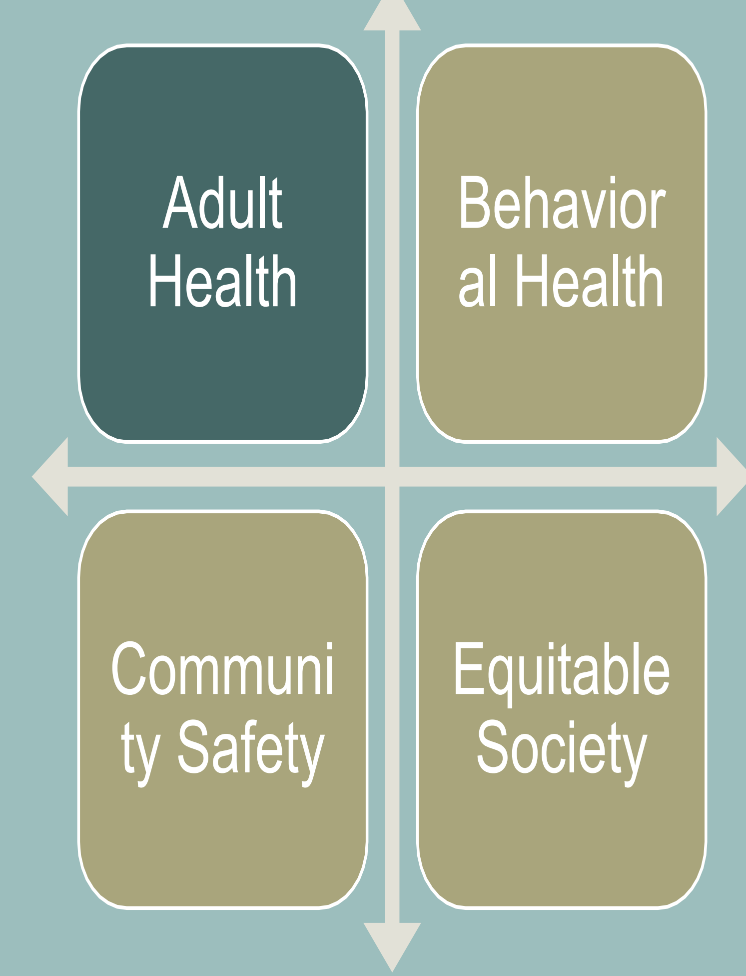
| PRIORITY AREAS | POPULATION LEVEL PRIORITIES | HSC AGENCY-LEVEL RESULTS |
|---|---|---|
| **ADULT HEALTH** | • Diabetes deaths and diagnosis<br>• Obesity<br>• Persons without health insurance (under age 65) | • Reduced A1C among diabetes patients |
| **BEHAVIORAL HEALTH** | • Frequent mental distress<br>• Suicide deaths<br>• Alcohol-related death<br>• Drug overdose | • Adults with mental illness receive treatment |
| **COMMUNITY SAFETY** | • Fall-related deaths & hospitalizations<br>• Homelessness<br>• Domestic violence | • Reduced risk of falls or reported falls after services<br>• Clients moved to temporary or permanent housing<br>• Reduced incidents of domestic violence |
| **EQUITABLE SOCIETY** | • Unemployment<br>• Food insecure households<br>• % of adults age 25+ with post-secondary education<br>• Households with broadband<br>• Households with computers | • Clients who obtained / maintained employment<br>• Increased access to healthy foods |

# HSC INDIVIDUALS SERVED

| | FY20<br>July 2019 - June 2020 | FY21<br>July 2020 - June 2021 | FY22<br>July 2021 - June 2022 |
|---|---|---|---|
| Safety Net | 4,285 | 4,906 | 3,497 |
| Navigation | 922 | 1,150 | 1,272 |
| | 5,107 | 6,056 | 4,769 |

# INDIVIDUALS SERVED BY HSC AGENCY

| Agency | # served Safety Net FY22 Q1-Q2 | # served by Navigation FY22 Q1-Q2 | # served Safety Net FY22 Q3-Q4 | # served by Navigation FY22 Q3-Q4 | TOTAL Safety Net FY22 | TOTAL Navigation FY22 |
|---|---|---|---|---|---|---|
| Coming Home Connection | 19 | 17 | 21 | 13 | 40 | 30 |
| Esperanza | | 7 | | 127 | 168 | 134 |
| Feeding Santa Fe | | | | | 0 | 0 |
| Interfaith Shelters | 904 | 3 | 449 | 10 | 1353 | 13 |
| Kitchen Angels | 148 | 56 | 177 | 100 | 325 | 156 |
| La Familia | 242 | | 201 | | 443 | 0 |
| Life Link | 111 | 38 | 75 | 21 | 186 | 59 |
| Literacy Volunteers | 112 | | 70 | | 182 | 0 |
| NM Immigrant Law Center | 45 | | 16 | | 61 | 0 |
| Santa Fe Dreamers | 287 | | 267 | | 554 | 0 |
| St. Elizabeths | 222 | 188 | 126 | 127 | 348 | 315 |
| The Food Depot | | 97 | | 162 | 0 | 259 |
| Youthworks | | 52 | | 168 | 0 | 220 |
| SFCF - Fathers + Gerard (Peer Na | 2 | 45 | 3 | 41 | 5 | 86 |
| | 2092 | 503 | 1405 | 769 | 3497 | 1272 |




# ADULT HEALTH

Diabetes (diagnosis and deaths)
Obesity
Adults without Health Insurance

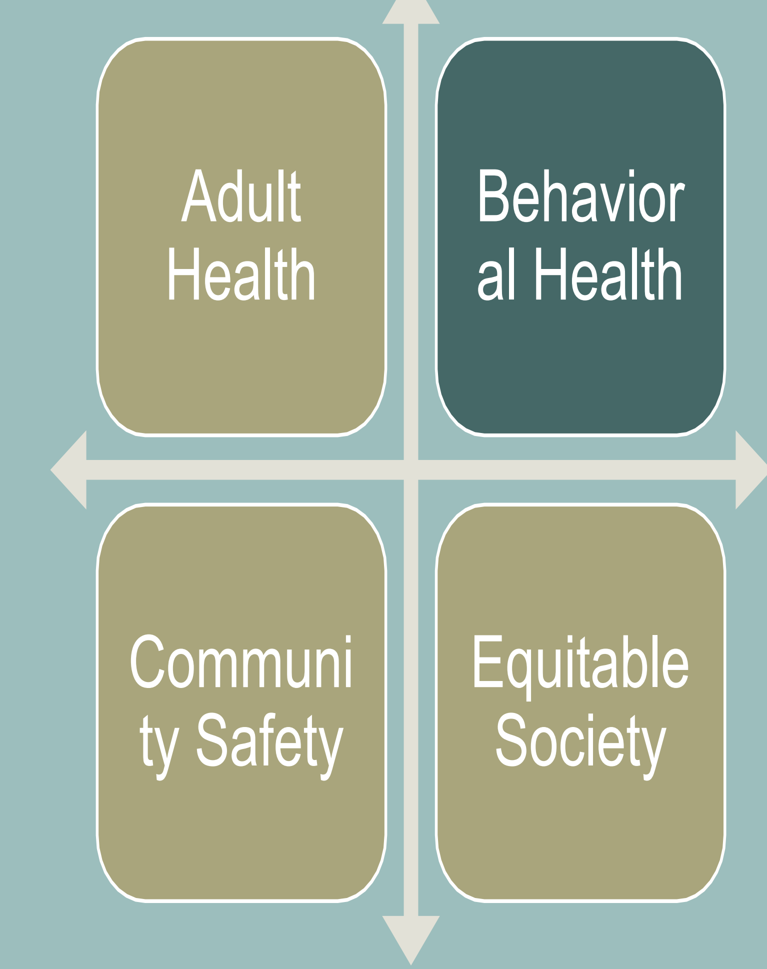
# ADULT HEALTH – GRANTEE PERFORMANCE MEASURES

## La Familia

Diabetes Risk Factors and Obesity

Diabetes and Obesity Prevention Program

| *La Familia* | FY20 (July 2019-June 2020) | FY21 (July 2020-June 2021) | FY22 (July 2021-June 2022) |
|---|---|---|---|
| Numbers Served (Diabetes Education) | 273 | 78 | 443 |
| Percentage reduction in number of patients with an A1c over 9 | 16% | 16% | 11%Q1 patients<br>19.6% Q2 patients<br>**Average of 15.3%** |




# ADULT BEHAVIORAL HEALTH

- Depression/Frequent Mental Distress
- Suicide
- Alcohol-Related Death
- Drug Overdose

# BEHAVIORAL HEALTH – GRANTEE PERFORMANCE MEASURES

## Life Link

% of adults with untreated mental health

Homelessness rates

Treat First with People Experiencing Homelessness + Navigation

| *Life Link* | FY20 (July 2019-June 2020) | FY21 (July 2020-June 2021) | FY22 (July 2021-June 2022) |
|---|---|---|---|
| Numbers Served (Safety net) | 136 | 130 | 186 |
| Numbers Served (Navigation - SDOH Screens) | 82 | 110 | 59 |
| % who engage in treatment | 3.1% | 14.3% | 15.1% |

# PARENT/PEER NAVIGATION PROGRAM

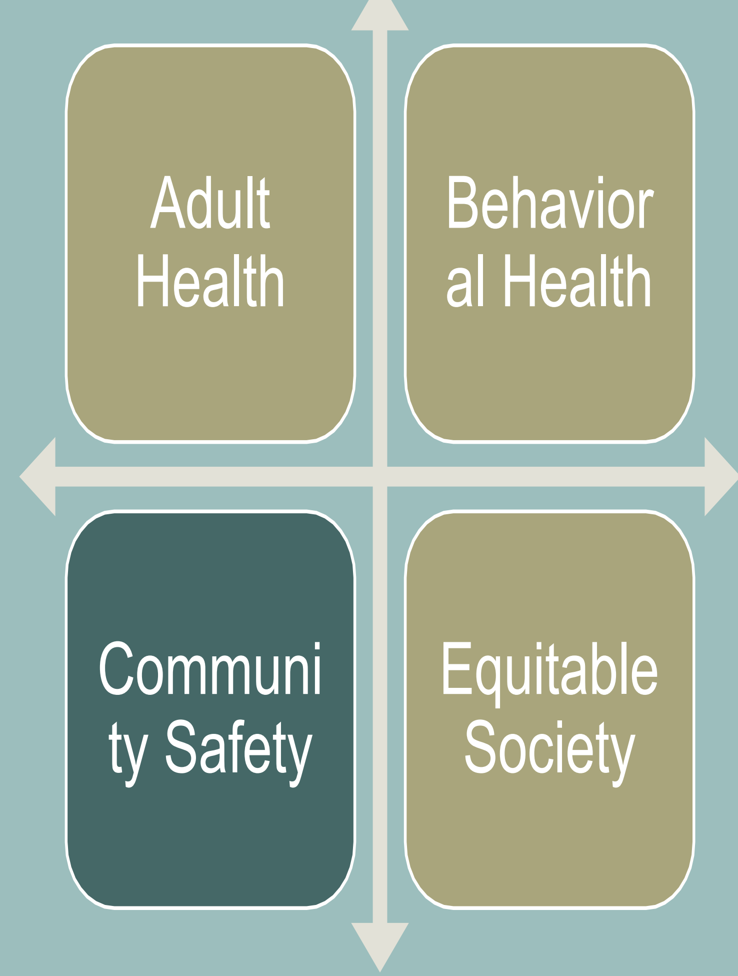
**Gerard's House +**

**Father's New Mexico**

SFCF Fiscal

| *SFCF (Gerard's House + Fathers)* | **Parents** | **Peer Navigators** | |
|---|---|---|---|
| *Parent Peer Navigation Project* | **FY22** (July 2021-June 2022) | **FY22** (July 2021-June 2022) | |
| # Served (Navigation) | 72 | 3 | Includes both in and out of UU |
| # of referrals and mentorship | 63 Referrals | 193.5 Mentorship / Training Hours | |
| # connected with education / career opportunities | 5 | 7 | |
| # / % **with** Frequent Mental Distress at follow-up | 8 | 0 | |
| # / % **without** Frequent Mental Distress at follow-up | 4 | 3 | 2 had FMD at intake |

*"When you provide a resource for a parent, they get hope, they tend to share it with others – there has been a lot of distrust with the courts and the government so when we can show them that we care and will step up, that is what we want to show them, that we care about them." ~Hector*




# COMMUNITY SAFETY

Homelessness

Domestic Violence

Fall-related Death

# COMMUNITY SAFETY – GRANTEE PERFORMANCE MEASURES

## Coming Home Connection

Falls among seniors

Navigation and safety net services for senior home care, respite for caretakers, fall prevention, equipment rental

| *Coming Home Connection* | FY20 (July 2019-June 2020) | FY21 (July 2020-June 2021) | FY22 (July 2021-June 2022) |
|---|---|---|---|
| Numbers Served (Safetynet) | 45 | 123 | 40 |
| Numbers Served (Navigation) | n/a | 41 | 80 |
| Number of equipment exchanges | 305 loans<br>498 items | 460 loans<br>682 items | 311 loans<br>555 items |
| % of home care clients reporting a decrease in falls over or after 4 months of receiving services | 72% | 92% | 70.8%<br>(17 out of 25) |
| % navigation clients reporting a decrease in falls over or after 4 months of receiving services | n/a | 93% | 100%<br>(10 of 10) |
| % of clients reporting an improvement in circumstances from working with navigator | 66% | 95% | 81.1%<br>(30 out of 37) |

# COMMUNITY SAFETY – GRANTEE PERFORMANCE MEASURES

## Interfaith Shelters

Homelessness rates
% of adults with untreated mental health
Hypothermia Deaths
% of food insecure households

Homeless Services and Case Management + Navigation

| *Interfaith* | FY20 (July 2019-June 2020) | FY21 (July 2020-June 2021) | FY22 (July 2021-June 2022) |
|---|---|---|---|
| Numbers Served (Safety net) | 1,515 | 1,985 | 1,353 |
| Numbers Served (Navigation) | 15 | 42 | 13 |
| % of guests with reduced incarceration | 52% | 8.3%* | Unable to track reduction. 8 guests were incarcerated |
| % of guests with reduced ER visits | 30.5% | 1.3%* | Unable to track reduction. 17 guests had ER visits |
| # of guests receiving case management services | 152 | 214 | 195 |
| % of case managed guests who were placed or obtained other housing | | 38.8% (83 out of 214) | 82.1% (160 out of 195) |
| # of guests in case management who were placed (St E's, Detox, VA housing) | 120 | 80* | 32 |
| # of guests in case management who have other housing (permanent, supportive, return home) | 83 | 3* | 128 |
| # hypothermia deaths | 0 | 1* | 0 |

* *The end of year FY21 report had inconsistent data reporting. These data may not fully represent outcomes.*

# COMMUNITY SAFETY – GRANTEE PERFORMANCE MEASURES

## St. Elizabeth Shelter

Homelessness

Homelessness support + Navigation

| St. Elizabeth's | FY20 (July 2019-June 2020) | FY21 (July 2020-June 2021) | FY22 (July 2021-June 2022) |
|---|---|---|---|
| Numbers Served (safety net) | 696 | 394 | 359 |
| Numbers Served (navigation) | 486 | 394 | 349 |
| % of men moved to temporary housing | 22% | 11% | 28.5% n=9 |
| % of men moved to permanent housing | 26% | 16.5% | 23.5% n=28 |
| % of women moved to temporary housing | 21% | 17% | 35% n=24 |
| % of women moved to permanent housing | 36% | 19% | 28.5% n=22 |

# COMMUNITY SAFETY – GRANTEE PERFORMANCE MEASURES

## Esperanza Shelter

Domestic Violence

Shelter + Navigation services for survivors of domestic violence

| *Esperanza* | FY20 (July 2019-June 2020) | FY21 (July 2020-June 2021) | FY22 (July 2021-June 2022) |
|---|---|---|---|
| Numbers Served (Safety net) | 59 | 107 | 168 |
| Numbers Served (Navigation) | 40 | 18 | 134 |
| % of clients served by the Navigator reporting an improvement in circumstances or positive change in SDOH | 100% | 100% | 100% (n=46) |

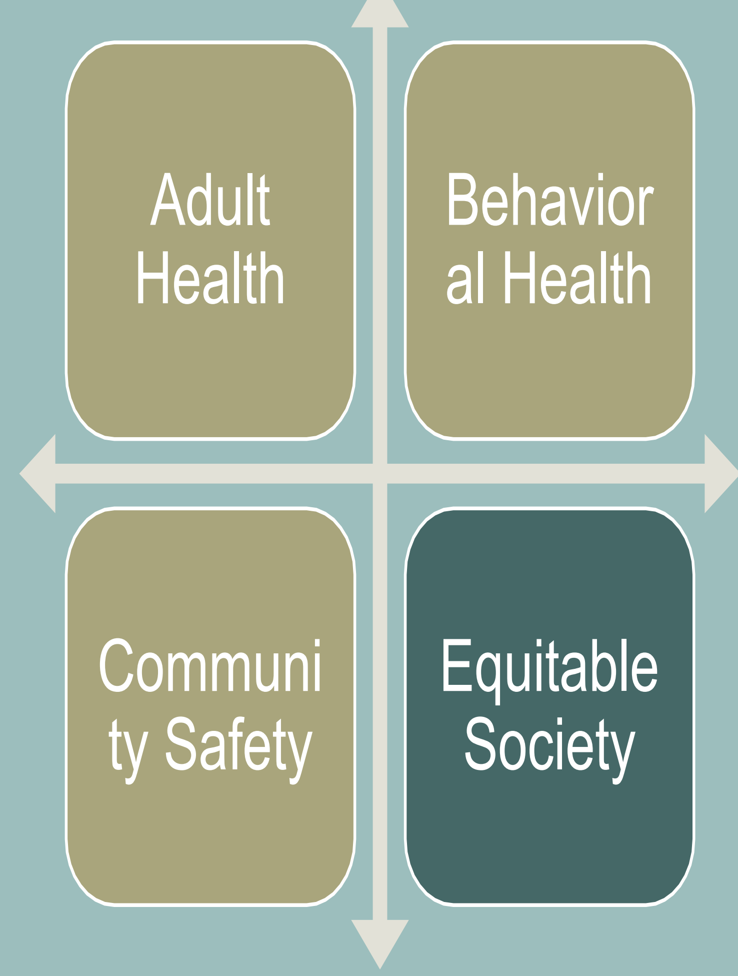
# COMMUNITY SAFETY – GRANTEE PERFORMANCE MEASURES

## New Mexico Immigrant Law Center

Domestic Violence and Unemployment

Legal support to victims of crime

| *NMILC* | FY20 (July 2019-June 2020) | FY21 (July 2020-June 2021) | FY22 (July 2021-June 2022) |
|---|---|---|---|
| Numbers Served (safety net) | 61 | 62 | 61 |
| % of clients who have experienced DV, human trafficking, assault or other crimes | 94% | 92% | 87% |
| % of affirmative applications | 63% (20 out of 32) | 33% (13 out of 39) | 45% (17 out of 38) |
| % of defensive applications | 6% (2 out of 32) | 15% (6 out of 39) | 8% (3 out of 38) |




# EQUITABLE SOCIETY

- Unemployment
- Food Insecurity
- Post-Secondary Education
- Computer & Internet Access

# EQUITABLE SOCIETY – GRANTEE PERFORMANCE MEASURES

## Kitchen Angels

Food Insecurity

Delivering prepared meals to homebound + Navigation

| *Kitchen Angels* | FY20 (July 2019-June 2020) | FY21 (July 2020-June 2021) | FY22 (July 2021-June 2022) |
| --- | --- | --- | --- |
| Numbers Served (Safety net) | 318 | 325 | 325 |
| Numbers Served (Navigation) | 95 | 201 | 156 |
| % improved diet | 93% | 97% | 91% |
| % improved ability to live independently | 85% | 73% | 63% |
| % improved quality of life | 92% | 79% | 84% |
| % of meal consumed (all) | 62% | 50% | 44% |
| % of meal consumed (1/2 to 3/4) | 38.5% | 47% | 51% |

# EQUITABLE SOCIETY – GRANTEE PERFORMANCE MEASURES

## The Food Depot

Food Insecurity

Food distribution + Navigation

| *The Food Depot* | FY20 (July 2019-June 2020) | FY21 (July 2020-June 2021) | FY22 (July 2021-June 2022) |
|---|---|---|---|
| Pounds of Food Distributed | 6,852,864 | 12,611,600 | 6,931,316 |
| Numbers Served (navigation) | 52 | 197 | 259 |
| % seniors served | 17.1% | 22.2% | 17% |
| % fruits/vegetables distributed | 49.5% | 46% | 45.5% |
| % of people served who are low income | 100% | 100% | not collected |

# EQUITABLE SOCIETY – GRANTEE PERFORMANCE MEASURES

## Literacy Volunteers

Employment

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

| *Literacy Volunteers of Santa Fe* | FY20 (July 2019-June 2020) | FY21 (July 2020-June 2021) | FY22 (July 2021-June 2022) |
|---|---|---|---|
| Numbers Served (Safety net) | 302 | 135 | 182 |
| % in LVSF program who obtain/maintain employment | 65.6% | 50.3% | 66.9% |
| # / % of students who completed testing and made a level gain | 51% (39 out of 76) | 60% (15 out of 25) | 73% (41 out of 56) |

# EQUITABLE SOCIETY – GRANTEE PERFORMANCE MEASURES

## YouthWorks!

Employment

Workforce and Education Support + Navigation

| YouthWorks! | FY20 (July 2019-June 2020) | FY21 (July 2020-June 2021) | FY22 (July 2021-June 2022) |
|---|---|---|---|
| Numbers Served (navigation) | 110 | 147 | 220 |
| % of young adults passing at least 1 GED test | 15%* | 19.9% (n=29 out of 147) | 55% (n=13 out of 20) |
| % of young adults employed | 42%* | 52.7% (n=89 out of 189) | 73% (n=52 out of 65) |

*FY20 Q1&2 only - no data from Q3&Q4 due to pandemic shutdowns

# EQUITABLE SOCIETY – GRANTEE PERFORMANCE MEASURES

**Santa Fe Dreamers**

Openness and Acceptance

Employment

Support for immigrants in obtaining DACA, U-Visas, Green Cards, and offering legal clinics

| *Santa Fe Dreamers* | FY20 (July 2019-June 2020) | FY21 (July 2020-June 2021) | FY22 (July 2021-June 2022) |
|---|---|---|---|
| Numbers Served (safety net) | 109 | 466 | 554 |
| % successful DACA applications from all completed | 100% | 100% | 99.5%* n=477 |

** One DACA application was denied because the client received alternative immigration relief*

# PROGRAM CHALLENGES

## COVID-Related issues

- Maintaining in-person and virtual services is tiring
- Managing positive COVID cases among staff and clients and struggling to maintain optimal service delivery
- Staff burn-out
- Due to the COVID pandemic, participant s continue to report increases in stress, anxiety, depression, financial concerns and worrying about the future

## Staff Shortages

- Vacancies cannot be filled, unable to offer competitive salaries
- Turnover is common
- Lack of qualified applicants
- Shortage of volunteers (in-home caregivers, tutors, other volunteers)

## Lack of Resources

- Fewer resources than during the height of the pandemic (flex funds)
- Individuals served are experiencing heightened monetary stresses (housing cost, transportation, inflation)
- Fewer places to meet students (libraries close early)

## Housing Shortage

- Lack of affordable housing. Even new apartments are not going to be affordable to most families being served by HSC grantees.
- Current housing vouchers do not cover rising cost of rent in Santa Fe.
- Reduced funding available for deposits and rental assistance.

# PROGRAM INNOVATIONS

## Processes & Programs

- Telehealth / virtual
- Changes in delivery processes or workflow procedures
- New & expanded programs

## Collaboration

- Pop-up events in response to tragedy (Healing as a Community) after Uvalde
- Navigator networking sessions
- Kitchen Angels collaborating with CHRISTUS

## Staff Wellness

- Workload check-ins for new navigators
- Employee stipends for self-care

## Data Tracking

- In-house processes for tracking referrals and needs created
- Theory of change work

| PRIORITY AREAS | AGENCIES | OUTCOMES | TURNING THE CURVE? | CONSIDERATIONS |
|---|---|---|---|---|
| **ADULT HEALTH** | 1 | • Reduced A1C among diabetes patients | ? | 1. Obesity and Diabetes are below NM and the US but have been increasing in Santa Fe.<br>2. No City-funded programs address other chronic disease.<br>3. Navigation is designed to improve access to health services. |
| **BEHAVIORAL HEALTH** | 2 | • Adults with Mental Illness receive treatment | ✗ | 1. No agencies are currently funded to work with the general population (only people experiencing homelessness).<br>2. Access to BH is an ongoing need in Santa Fe.<br>3. NM and SF's substance-related consequences are severe. |
| **COMMUNITY SAFETY** | 6 | • Reduced risk of falls or reported falls after services<br>• Providing temporary or permanent housing<br>• Reduce domestic violence | ★<br>✗<br>? | 1. Fall-related deaths have been decreasing in SF.<br>2. Affordable housing is an urgent need in SF.<br>3. Domestic Violence was often exacerbated by the pandemic and shelter space is limited although current rates are not yet available. |
| **EQUITABLE** | 8 | • Clients who obtained / maintained employment<br>• Increased access to healthy foods | ? | 1. Being unemployed impacts all aspects of one's life.<br>2. Food security continues to be a concern, especially in certain areas of the City, and COVID repercussions |

# THANK YOU!

Natalie Skogerboe

natalie@aspensolutions.consulting

Ana Coghlan

acoghlan@aspensolutions.consulting

ASPEN SOLUTIONS

STRATEGIC PLANNING | FACILITATION | EVALUATION

# City of Santa Fe
# Human Services Committee
# FY22 End of Year Report Summary

Updated August 11, 2022

## Overview

Human Services Committee (HSC) grantees completed a three-year contract in Junee 2022 that began in July 2019 to provide a safety net of services to meet essential health and human service needs, and navigation services to link people with those services.

**HSC program results include:**

- Reduced A1c among diabetes patients.
- Increased engagement with behavioral health treatment.
- Reduced frequent mental distress.
- Reduced risk of falls and reduced falls among seniors.
- Increased employment opportunities.
- Easy access to nutritious foods for vulnerable populations.

| Numbers Served | | | |
|---|---|---|---|
| | FY20 | FY21 | **FY22** |
| **Safety Net** | 4,185 | 4,799 | **3,497** |
| **Navigation** | 922 | 1,150 | **1,272** |
| | 5,107 | 5,949 | **4,769** |

**Safety net** services include housing, food assistance, behavioral health treatment, legal aid, respite care, diabetes prevention care and programs, shelter, and employment services.

**Navigation** entails identifying the social determinants of health for individuals and families and linking them with other agencies and services in the community.

### HSC PRIORITY AREAS

**ADULT HEALTH**

Obesity

Diabetes death & hospitalization

Persons without health insurance

**BEHAVIORAL HEALTH**

Frequent mental distress

Suicide death

Alcohol-related death

Drug-related death

**COMMUNITY SAFETY**

Fall-related death & hospitalization

Homelessness

Domestic Violence

**EQUITABLE SOCIETY**

Food Insecure households

Unemployment

Adults with some college

Households with computers and broadband

# Innovations

**Collaborative Events**

Grantees regularly work with partner agencies to provide services and support to individuals they serve.

- Father's New Mexico and Gerard's House worked with Earth Care to hold a community support dialogue after the Uvalde shooting.
- The Food Depot navigator began hosting networking sessions with other navigators to improve collaboration.

**Prioritizing Staff Wellness**

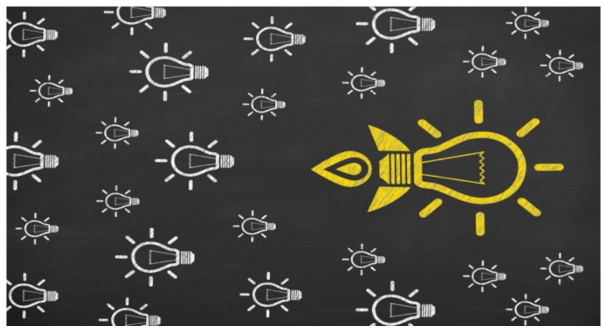
Grantees expressed high levels of stress and fatigue among staff, which led several to incorporate work-balance check-ins, wellness stipends, and other staff celebrations to help reduce stress.

**Program Expansion**

Grantees have expanded physical workspaces or program components that have had success in the past few years.

- YouthWorks opened a new arm of operations via ThriftWorks thrift store, and they are renovating their Cerrillos offices to become a commercial kitchen for their culinary program.
- Kitchen Angels is collaborating with CHRISTUS St. Vincent to offer meals to patients leaving the hospital.

# Program Challenges



**Staffing issues** such as turnover, burnout, and shortage of qualified staff applying to job openings is common.

**COVID-19** continues to impact grantees. Agencies are stretched thin to meet the needs of our community and have minimal resources to do so. Clients have heightened levels of stress and anxiety and financial worry.

**Housing shortages** make housing placements more challenging than before. Grantees cannot place families, find temporary housing for clients, and sometimes staff cannot find affordable housing themselves.

**Lack of resources** for clients was mentioned by many grantees. During the pandemic flex funds and CARES Act dollars assisted families with basic necessities and those are not currently available. Additionally, navigators report having trouble finding places to refer clients for resources such as housing, workforce development, and experience long wait lists for outside services.

City of Santa Fe, New Mexico

# Human Services Committee

## Grantee Report for Fiscal Year 2021-2022

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## Aspen Solutions

Aspen Solutions assists grantees with data collection tools and processes, data analysis, reporting, and the Results-Based Accountability (RBA) framework. Aspen Solutions participates in HSC meetings providing data and evaluation guidance as appropriate.

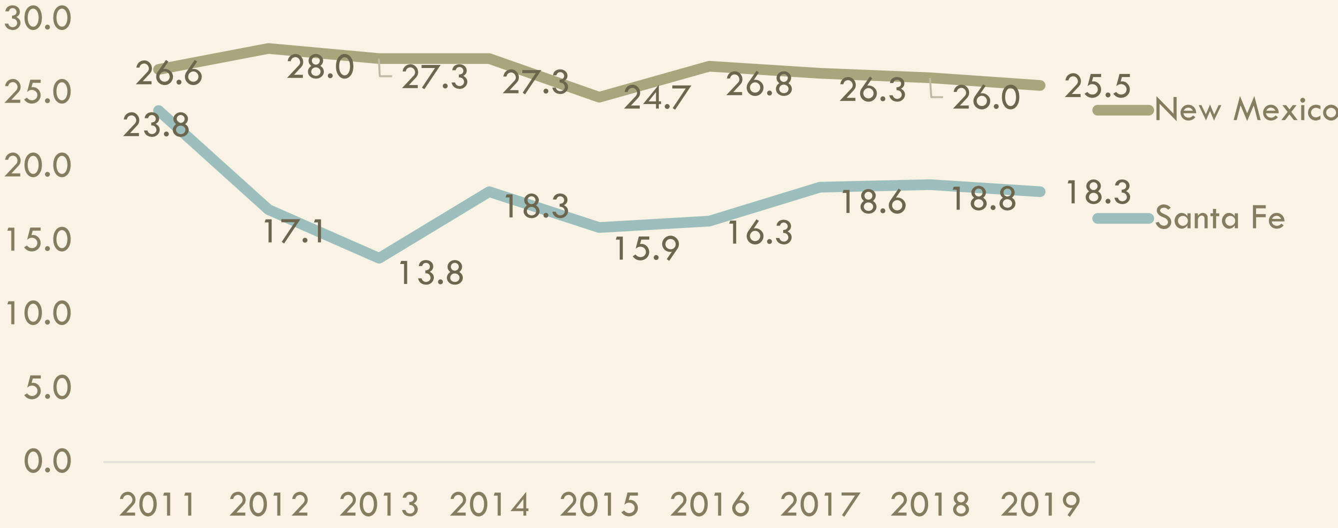
Between July 1, 2021, and June 30, 2022, Aspen Solutions supported HSC grantees with fourteen (14) technical assistance sessions (via zoom) providing guidance to grantees with revising or identifying performance measures and creating evaluation tools.

Aspen Solutions prepared this summary of program outcomes using grantee quarterly reports, informal interviews, and technical assistance sessions.

# Adult Health

| Indicators | Santa Fe | NM | US | How are we doing? |
|---|---|---|---|---|
| **Adult Health** | | | | |
| Heart disease deaths[1]<br>BVRHS 2015-2017, Rate per 100,000 | 110.9 | 147.3 | 165.5 | ★ |
| Diabetes deaths[2]<br>BVRHS 2015-2017, Rate per 100,000 | 16.9 | 26.0 | 21.0 | ★ |
| Obesity among adults[3]<br>BRFSS - Santa Fe County & NM 2019/ US 2017 | 29.0% | 32.2% | 31.3% | ★ |
| Cancer deaths[4]<br>BVRHS 2013-2017/ US 2017, Rate per 100,000 | 119.2 | 140.5 | 158.1 | ✔ |
| % of women receiving prenatal care in first trimester[5]<br>BVRHS - Santa Fe County & NM 2017/ US 2017 | 65.9% | 63.8% | 77.3% | ✔ |
| Recommended Physical Activity[6]<br>BRFSS 2013, 2015, 2017<br>*150 minutes of aerobic physical activity per week | 61.3% | 54.0% | 50.6% | ★ |
| Consuming 5+ Fruits and Veggies Daily (Adults)[7]<br>BRFSS - Santa Fe County & NM 2019/*US 2009 | 14.7% | 12.3% | 23.4%* | ✗ |
| Persons without health insurance (under age 65)<br>American Community Survey 2015-2019 [8] | 13.7% | 12% | 9.5% | ✗ |

Diabetes Deaths per 100,000




## Why turn the curve on Diabetes Death Rate?

Diabetes is a leading cause of death in New Mexico. It is linked to several other health indicators, including increased risk of serious health complications including vision loss, heart disease, stroke, kidney failure, amputation of toes, feet or legs, and premature death (CDC, 2021). Diabetes is a chronic disease resulting from the body's inability to produce or use insulin properly, leading to high blood glucose levels, (CDC, 2017).

## La Familia

### Adult Health – Diabetes Death Rates

La Familia provides a wide range of medical, dental, behavioral health and support services to everyone in our community, regardless of income or ability to pay. The primary goal is to help every patient grow healthy and live long, productive lives. La Familia's mission is to foster community well-being in partnership with their patients by providing excellent, accessible, family-centered medical, dental, and behavioral health care.

- La Familia is contracted to serve 275 patients in diabetes education with $75,000 from the HSC annually.

| *La Familia* | FY20<br>July 2019-June 2020 | FY21<br>July 2020-June 2021 | FY22<br>July 2021-June 2022 |
|---|---|---|---|
| Numbers Served (Diabetes Education) | 273 | 78 | 443 |
| Percentage reduction in number of patients with an A1c over 9 | 16% | 16% | 11% Q1 patients<br>19.6% Q2 patients<br>**Average of 15.3%** |

**FY22 Performance and Results**

- In FY2022, La Familia Medical Center (LFMC) saw 443 patients in its diabetes education program, exceeding the HSC target by over 60%. In addition, La Familia conducted 766 follow-up visits.
- Of the patients who entered the program in Quarter 1, 49% had A1c>9, and later only 38% tested as having A1c>9. Of the patients who entered in Quarter 2, 46% had an A1c>9 and later only 26% had A1c>9.
- 100% of La Familia's gestational diabetes patients received follow-ups, and their overall no-show rate decreased in the spring from 33% to 30%.

**FY22 Other Accomplishments**

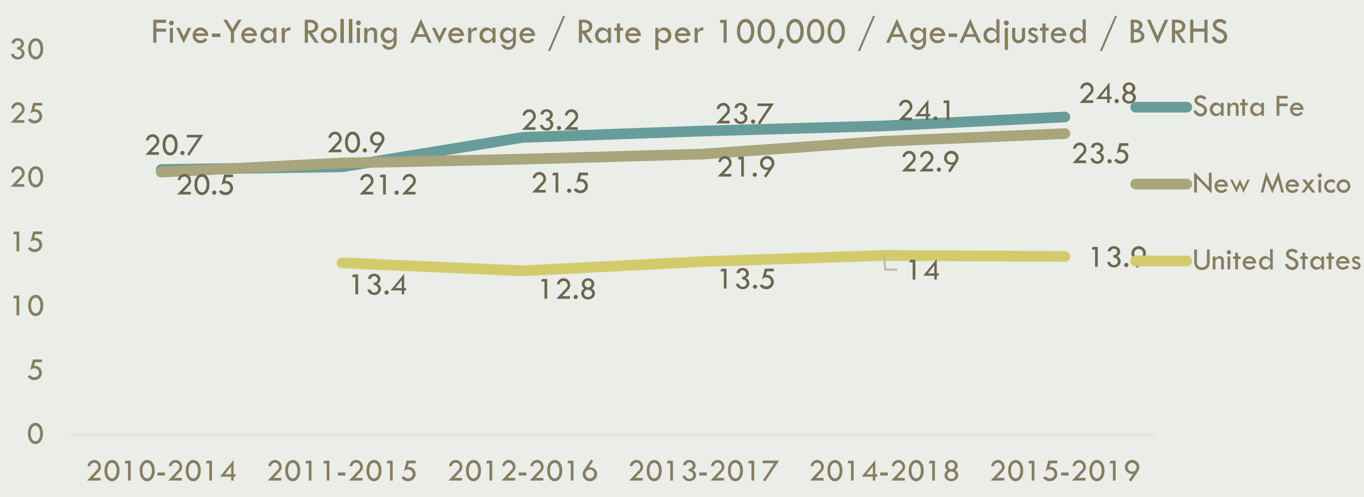
- LFMC reports that using diabetes technological tools, such as continuous glucose monitors, has been helpful not only clinically, but it helps patients gain better control and understanding of their glucose readings throughout the day. As reported, "Some patients have expressed how this tool has given them motivation and empowered them to continue modifying their lifestyle behaviors to help keep their glucose readings under control."
- LFMC reviewed the results of a needs assessment and is working to meet those needs by offering other avenues, such as cooking classes, gardening activities, and increased access to physical activities. In addition, LFMC is working to improve several of its workflows.

**FY22 Challenges**

- No challenges reported.

# Behavioral Health

| Behavioral Health | Santa Fe | NM | US | How are we doing? |
|---|---|---|---|---|
| % Current depression (past 2 weeks)[9] [10]<br>BRFSS & NHANES 2016 | 8.4% | 9.8% | 8.1% | ✔ |
| % Adults with Frequent Mental Distress (their mental health was not good 14+ days in the past month)<br>BRFSS & NHANES 2017-2019 [11] | 12.7% | 14.3% | 13.8% | ✔ |
| Suicide deaths[12]<br>BVRHS - Santa Fe County & NM 2015-2019/ US 2019, Rate per 100,000 | 24.8 | 23.5 | 13.9 | ✗ |
| % Binge drinking (past 30 days)[13]<br>BRFSS 2017-2019 | 11.9% | 14.7% | 16.8% | ✔ |
| Alcohol-Related deaths[14]<br>BVRHS - Santa Fe County & NM 2015-2019/ US 2015, Rate per 100,000 | 57.6 | 67.1 | 35.1 | ✗ |
| Drug-Overdose deaths[15]<br>BVRHS - Santa Fe County & NM 2015-2019/ US 2019, Rate per 100,000 | 33.4 | 26.2 | 21.6 | ✗ |
| Untreated adults with mental illness[16]<br>NSDUH 2016-2018 | - - | 56.6% | 57% | ✔ |




## Why turn the curve on Untreated Mental Health?

Untreated mental health can have severe consequences, including suicide and homicide. New Mexico has the highest suicide death rate in the nation. It is nearly twice the rate of the United States. Suicide is the leading cause of death for youth ages 5-17 and the 9th leading cause of dealth for adults (2019). Male suicide rates are 3-4 times higher than females, largerly due to firearm use. Firearms are the leading mechinism for suicide death (55%).

## Life Link

### Behavioral Health – Untreated Mental Health

The Life Link helps hungry, homeless, and displaced individuals and families achieve self-sufficiency through emergency assistance, housing, employment services, and other supportive programs, including advanced addiction and mental health treatment services

- The HSC provides $70,000 annually to the Life Link to provide navigation to 50 people and treatment and other safety net services to 100 individuals or families.

| *Life Link* | FY20<br>July 2019-June 2020 | FY21<br>July 2020-June 2021 | FY22<br>July 2021-June 2022 |
|---|---|---|---|
| Numbers Served (Safety net) | 136 | 130 | 186 |
| Numbers Served (Navigation - SDOH Screens) | 82 | 110 | 59 |
| % Who engage in treatment | 3.1% | 14.3% | 15.1% |

**FY22 Performance and Results**

- In FY 2022, Life Link served 186 unduplicated participants, as their total caseload, which exceeded the HSC target by 86%. They also served 59 participants with navigation, which again exceeded their HSC target.
- Of Life Link's participants, 15.1% engaged in treatment. This is a sharp increase from 3.1% in FY2020.

**FY22 Other Accomplishments**

- As noted above, Life Link's progress has improved significantly in the areas of completed final assessments and engagement. This is in large part due to Life Link's city navigator. She has been successful in getting final assessments scheduled and filling the service gap, as clients wait to be assigned case managers. As reported, "I believe that her continual engagement with the clients helps them from falling off."
- At the end of the fiscal year, Life Link was heavily involved in planning the upcoming encampment project.

**FY22 Challenges**

- The problem of trying to solve open cases in the Unite Us platform.

## Santa Fe Community Foundation
Gerard's House + Fathers New Mexico

**Behavioral Health – Frequent Mental Distress**

The Santa Fe Community Foundation worked with Gerard's House and Fathers New Mexico to create a partnership to train young parents to be peer navigators for other parents. This was in effort to help build trust among young parents (primarily Spanish-speaking families) and service providers and offer professional development and mentorship to this hard-to-reach population.

- Outcomes will be measures for both the Peer navigators, and the Parents Receiving Mentorship. **Unsure of contract amount or deliverables**

| *SFCF Gerard's House + Fathers* *Parent Peer Navigation Project* | **Parents** **FY22** **July 2021-June 2022** | **Peer Navigators** **FY22** **July 2021-June 2022** | |
|---|---|---|---|
| # Served (Navigation) | 72 | 3 | Includes both in and out of UU |
| # Of referrals and mentorship | 63 Referrals | 193.5 Mentorship / Training Hours | |
| # Connected with education / career opportunities | 5 | 7 | |
| # / % **With** Frequent Mental Distress at follow-up | 8 | 0 | |
| # / % **Without** Frequent Mental Distress at follow-up | 4 | 3 | 2 had FMD at intake |

**FY22 Performance & Results**

- The Parent - Peer Navigator Pilot Program has swiftly gotten up and running, trained peer navigators, reached young parents, and created procedures, data collection tools and processes, and helped 72 people.
- GH and FNM took their collaboration to the next level by launching an in-person support group for fathers. After discussing the need to get more dads involved two navigators decided to host a dads' group and the GH moms' group on the same night and offered childcare as well.

- Six out of thirty young parents who had already been helped once by a peer navigator reached out for additional navigation services regarding new needs for their family.

**FY22 Other Accomplishments**

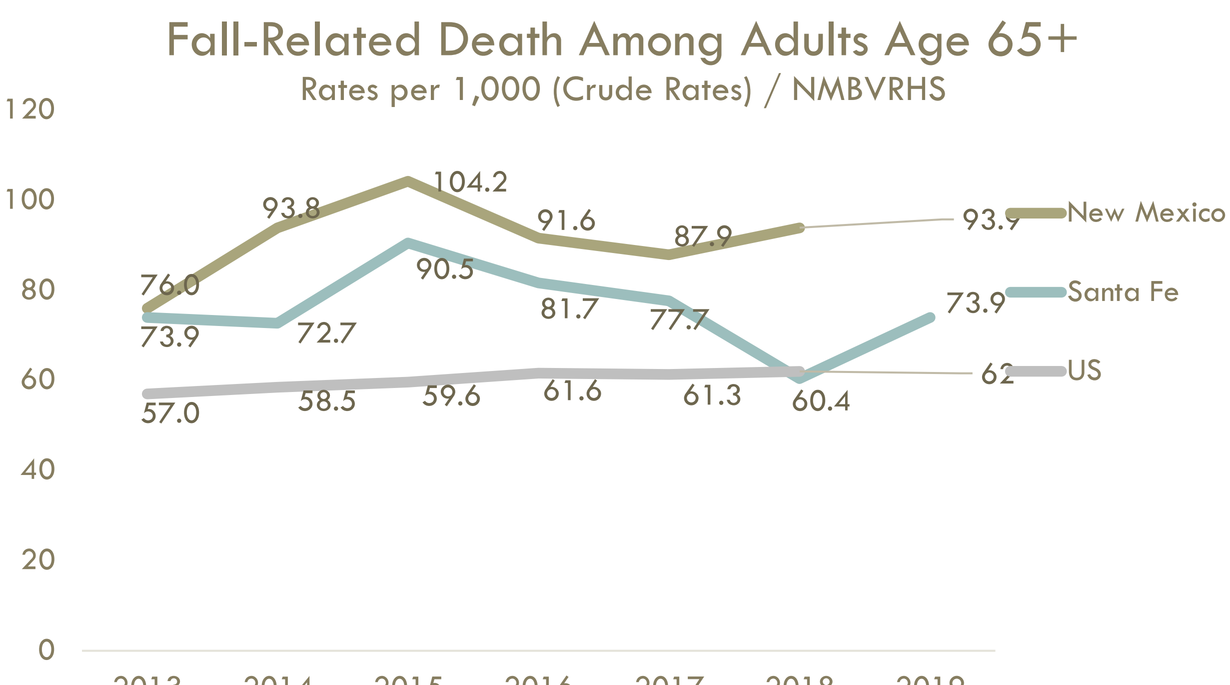
- When asked what was the most helpful about working with a parent peer navigator one person said: "En cada una de las sesiones el ver como estamos, compartir como nos sentimos y el apoyo que se da." Translation: "In each of the sessions to see how we are doing, we can share how we feel and the support that is given."
- "Aprecio mucho su devoción por ayudar a quien lo necesita." Translation: "I really appreciate your devotion to helping those in need."

**FY22 Challenges**

- There are fewer resources available than during the height of the pandemic, especially for families who might be undocumented.

# Community Safety

| Community Safety | Santa Fe | NM | US | How are we doing? |
|---|---|---|---|---|
| Fall-Related Deaths (among adults age 65+)[17] BVRHS - Santa Fe County & NM 2013-2017/ US 2017, Rate per 100,000 | 75.7 | 91.1 | 61.3 | ✔ |
| Homelessness [18] HUD & PIT 2020, Rate per 10,000 | - - | 15.9 | 18 | ✔ |
| Domestic Violence[19] Rate per 1,000 NM Interpersonal Violence Data Central Repository 2018 | 9.1 | 9.4 | - - | ✔ |




## Why turn the curve on Fall Related Deaths?

Falls are the leading cause of unintentional injury death and rates have risen over the past two decades. The majority of fall-related deaths involve hip fractures and traumatice brain injuries. Seniors are at higher risk of fall-related death. Santa Fe County's Fall-related Hospitalization Rate for adults 65+ was the same as NM in 2017 at 160.6 per 100,000.

## Coming Home Connection

### Community Safety – Fall Related Death

Coming Home Connection (CHC) trains, places, and supports volunteer and professional caregivers in homes and other settings where help is needed, to assist clients and their families through sickness, old age, and the end of life.

- CHC is contracted to serve 40 adults/families with homecare, 160 equipment loans, and 18 with navigation for $75,000 annually.

| *Coming Home Connection* | FY20<br>July 2019-June 2020 | FY21<br>July 2020-June 2021 | FY22<br>July 2021-June 2022 |
|---|---|---|---|
| Numbers Served (Safety net) | 45 | 123 | 40 |
| Numbers Served (Navigation) | n/a | 41 | 80 |
| Number of equipment exchanges | 305 loans<br>498 items | 460 loans<br>682 items | 311 loans<br>555 items |
| % Of home care clients reporting a decrease in falls over or after 4 months of receiving services | 72% | 92% | 70.8%<br>(17 out of 25) |
| % Navigation clients reporting a decrease in falls over or after 4 months of receiving services | n/a | 93% | 100%<br>(10 of 10) |
| % Of clients reporting an improvement in circumstances from working with navigator | 66% | 95% | 81.1%<br>(30 out of 37) |

**FY22 Performance and Results**

- In FY2022, CHC provided home care to 40 clients, meeting 100% of its HSC target, provided navigation to 80 clients, which far exceeds its HSC target of 18, and made 311 equipment loans, nearly doubling its HSC target.
- Of the 13 clients at risk of falling, 7 (53%) reported a decrease in falls, all 10 (100%) of the relevant navigation clients reported a decrease in falls, and 30 (81%) of the 37 HSC-supported navigation clients reported an improvement in circumstances by working with a navigator.

**FY22 Other Accomplishments**

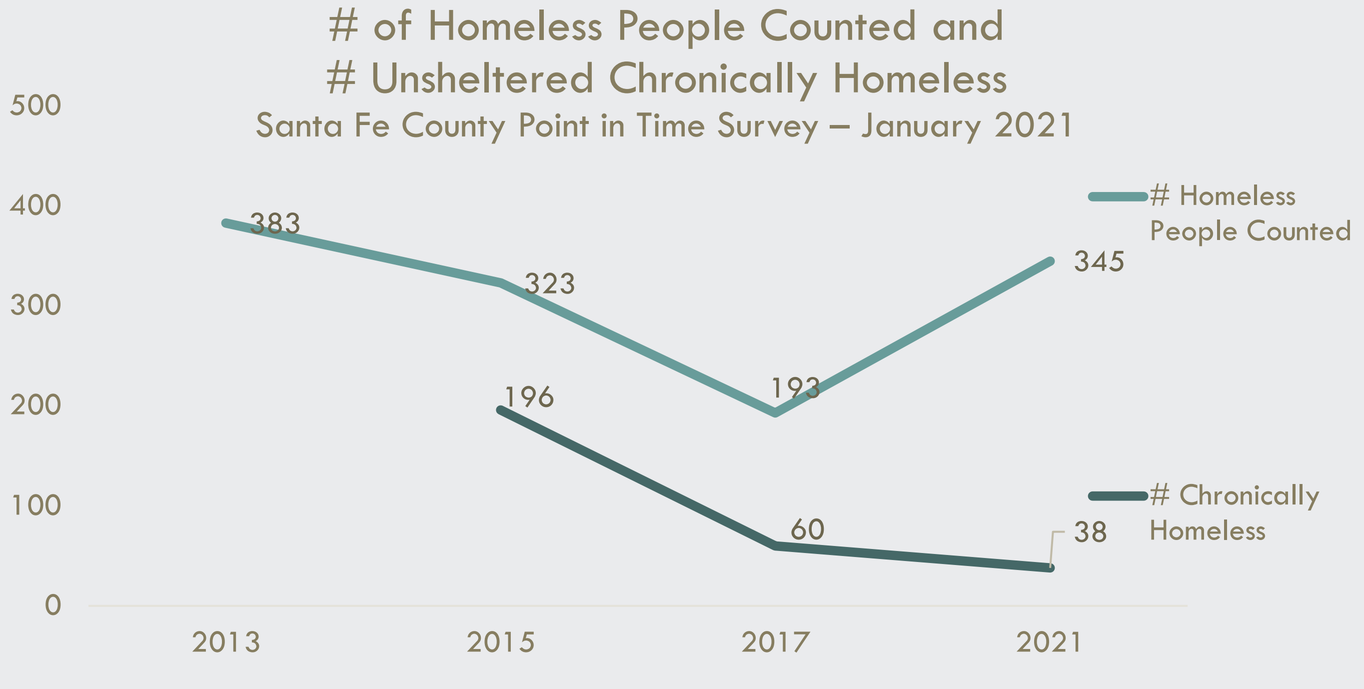
- CHC staff reinstated home visits for taking in new clients and checking in on existing clients. As CHC explains, "The visits provide a more accurate picture of a client's situation and start to establish relationships that help to match caregivers with clients."
- During the wildfires, CHC provided walkers and wheelchairs to evacuees.
- 100% of clients or caregivers rated their quality of care as good or excellent.

- CHC developed new vision and mission statements and a corresponding theory of change, with which staff and other stakeholders will identify indicators and measures.

**FY22 Challenges**

- A shortage of caregivers persisted throughout the year, preventing potential clients from receiving services.
- Several navigation clients requested no-cost caregiving services, often from remote residences and with multiple needs, adding more pressure to limited staff and volunteers.
- Navigation clients continue to face challenges securing housing and receiving Medicaid waivers and VA benefits.

# Community Safety




## Why turn the curve on Homelessness Rate?

Shelter is a basic need and homelessness impacts overall wellbeing. Homelessness is related to higher prevalance of severe mental health and substance abuse than the general population. The instability that comes with homelessness exacerbates mental illness and can cause lack of consistent medication and treatment. Loss of job, divorce, abusive relationships, injuries, low income and lack of affordable housing all contribute to the increased rates of homelessness in Santa Fe. Adverse childhood experiences are relatated to homelessness in adults.

## Interfaith Shelters

### Community Safety – Homelessness

Interfaith Community Shelter provides short-term survival services and long-term services in collaboration with local service provider partners. Interfaith is a seasonal shelter offering services for those experiencing homelessness or those in need, as well as meals, medical care, showers and more.

- Interfaith is contracted to serve 10 people with navigation, and 900 individuals with safety net services such as overnight beds, showers, meals, and other basic needs. The HSC provides Interfaith $150,000 annually.

| *Interfaith* | FY20<br>July 2019-June 2020 | FY21<br>July 2020-June 2021 | FY22<br>July 2021-June 2022 |
|---|---|---|---|
| Numbers Served (Safety net) | 1,515 | 1,985 | 1,353 |
| Numbers Served (Navigation) | 15 | 42 | 13 |
| % Of guests with reduced incarceration | 52% | 8.3%* | 8 guests were incarcerated. Unable to track reduction. |
| % Of guests with reduced ER visits | 30.5% | 1.3%* | 17 guests had ER visits Unable to track reduction. |
| # Of guests receiving case management services | 152 | 214 | 195 |
| % Of case managed guests who were placed or obtained other housing | | 38.8%<br>(83 out of 214) | 82.1%<br>(160 out of 195) |
| # Of guests in case management who were placed (St E's, Detox, VA housing) | 120 | 80* | 32 |
| # Of guests in case management who have other housing (permanent, supportive, return home) | 83 | 3* | 128 |
| # Hypothermia deaths | 0 | 1* | 0 |

** The end of year FY21 report had inconsistent data reporting. These data may not fully represent outcomes.*

**FY22 Performance and Results**

- In FY 2022, the Interfaith Community Shelter (ICS) served 1,352 clients, including overnight and day service guests, of which the Navigator helped 13 guests. These numbers exceed the HSC targets by 50% and 30%, respectively. In addition, ICS provided over 31,000 meals and 8,300 bed nights, and nearly 4,000 showers.

**FY22 Other Accomplishments**

- In the 4th quarter, ICS moved back to serving lunches indoors to reduce trash outside the shelter and on the street. Having lunch indoors was an appreciated return amongst guests and staff, as well as aiding in the enforcement of the agency's zero tolerance policy, which has increased the safety around the shelter.
- ICS filled numerous staff positions, including a case manager and a part-time documentation specialist. The shelter's navigator and a case manager both completed HMIS and VI-SPDAT training to ensure regular shelter guests are added to the Coordinated Entry List.
- The shelter partnered with the CHART project and the S3 Housing Initiative to conduct listening sessions, surveys, and art projects with shelter guests. Other activities included a choir group and donation presentation from Salazar Elementary and Rotary Club Del Sur.
- Through the Joe Jordan-Berenis grant, ICS was able to place two chronically homeless individuals at Santa Fe Suites for transitional housing.

**FY22 Challenges**

No challenges reported.

## St. Elizabeth Shelter

### Community Safety – Homelessness

St. Elizabeth Shelter is dedicated to assisting homeless individuals and families by providing emergency shelter, food, case management, counseling, supportive housing and referrals to partnering human-service agencies. St. Elizabeth Shelter's ultimate goal is to end the cycle of homelessness.

- St. Elizabeth is contracted to serve 250 with navigation and 600 with housing and other safety net services for $100,000 per year.

| *St. Elizabeth* | FY20<br>July 2019-June 2020 | FY21<br>July 2020-June 2021 | FY22<br>July 2021-June 2022 |
|---|---|---|---|
| Numbers Served (safety net) | 696 | 394 | 359 |
| Numbers Served (navigation) | 486 | 394 | 349 |
| % Of men moved to temporary housing | 22% | 11% | 28.5% n=9 |
| % Of men moved to permanent housing | 26% | 16.5% | 23.5% n=28 |
| % Of women moved to temporary housing | 21% | 17% | 35% n=24 |
| % Of women moved to permanent housing | 36% | 19% | 28.5% n=22 |

**FY22 Performance and Results**

- St Elizabeth served over 350 people with safety net and navigation services this year and helped 83 people find housing (33 temporary and 50 permanent). Their client satisfaction rates were very high, at 4.55 (out of 5) meaning people rated their experience as superior or excellent, and 97% of the individuals they served met all or most of their goals.
- Staff have been able to participate in trainings to improve their service delivery (Motivational Interviewing and Trauma Informed Care).

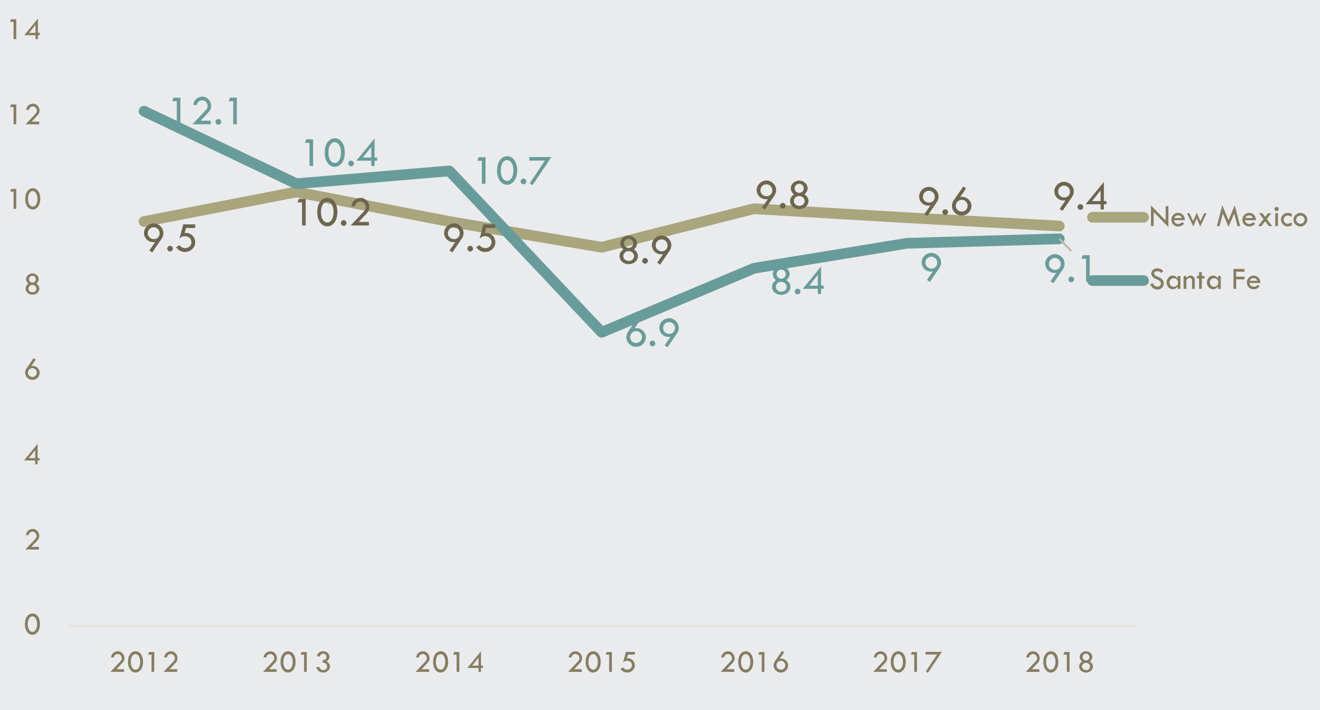
**FY22 Other Accomplishments**

- St. Elizabeth helped one gentleman who is chronically ill to connect him with healthcare, therapy, and housing. The individual said he received more help in one month from St. Elizabeth's than anyone else over the past year.
- Collaboration is strong with Healthcare for the Homeless, Santa Fe Recovery Center, Santa Fe Suites, and many other partners.

**FY22 Challenges**

- The lack of affordable housing is lowering the percentage of individuals who were moved to permanent housing. It is a crisis in Santa Fe, not only for the homeless, but for those on fixed incomes and the working class.

# Community Safety




## Why turn the curve on Domestic Violence?

New Mexico's rates of domestic violence (DV) are similar to the US. Women are more likely to experience DV and LGBTQ people are at risk for DV. Poverty is a common factor among women seeking DV services in New Mexico (making under $18,000) and DV is a leading cause of homelessness among women and children. DV is associated with cardiovascular, gastrointestinal, endocrine, and immune system conditions largely due to the chronic stress resulting from violence in the home. NM has the highest number of murdered and missing indigenous women and girls in the nation.

## Esperanza Shelter

### Community Safety – Domestic Violence

Esperanza's mission is to shelter those threatened by domestic abuse and to support healthy relationships. They offer shelter for families and individuals, as well as group support and therapy.

- The HSC provides $86,000 for navigation services to 138 individuals or families.

| *Esperanza* | FY20 July 2019-June 2020 | FY21 July 2020-June 2021 | FY22 July 2021-June 2022 |
|---|---|---|---|
| Numbers Served (Safety net) | 59 | 107 | 168 |
| Numbers Served (Navigation) | 40 | 18 | 134 |
| % Of clients served by the navigator reporting an improvement in circumstances or positive change in SDOH | 100% | 100% | 100% (n=46) |

**FY22 Performance and Results**

- In FY2022, Esperanza served 168 clients and 134 clients were helped by Esperanza's navigator, by which it reached 97% of its HSC target.
- Of the clients who completed the follow-up SDOH screens (n=46), 100% reported an improvement in their circumstances or positive change.

**Other Accomplishments**

- Esperanza staff continued to provide most of its services remotely but when there was a decrease in the state's COVID restrictions, they offered some services in person. As Esperanza reports, meeting people in person is a vastly better format, especially with children and teens.
- To find more affordable housing, Esperanza expanded their housing search radius to include options that are outside of Santa Fe.

**FY22 Challenges**

Both Esperanza as an organization and Esperanza's clients face a number of serious challenges, including:

- Gaps in community resources that support individuals with severe mental health and who need a higher level of care than Esperanza can provide.
- Long waiting lists to receive outside services.
- Barriers to housing programs for individuals with limited, fixed incomes
- Barriers to employment for undocumented immigrants, which prevents them from obtaining housing and meeting basic needs.
- Staffing shortages and problems finding qualified candidates.

- Due to the COVID pandemic, participants continue to report increases in stress, anxiety, depression, financial concerns and worrying about the future.
- Most of Esperanza's residents have difficulty securing affordable housing due to limited openings at apartment complexes and rental homes at reasonable rates. Another challenge is dealing with reduced funding for apartment deposits and back rent assistance. With the rapid rise in rents, current housing vouchers no longer cover the amount needed to sustain housing for clients.

## New Mexico Immigrant Law Center (NMILC)

### Community Safety – Domestic Violence

NMILC's mission is to advance justice and equity by empowering low-income immigrant communities through collaborative legal services, advocacy, and education.

- The HSC provides $50,000 annually to the NMILC to serve 61 individuals with legal services and support.

| *NMILC* | FY20<br>July 2019-June 2020 | FY21<br>July 2020-June 2021 | FY22<br>July 2021-June 2022 |
|---|---|---|---|
| Numbers Served (safety net) | 61 | 62 | 61 |
| % of clients who have experienced DV, human trafficking, assault or other crimes | 94% | 92% | 87% |
| % of affirmative applications | 63%<br>(20 out of 32) | 33%<br>(13 out of 39) | 45%<br>(17 out of 38) |
| % of defensive applications | 6%<br>(2 out of 32) | 15%<br>(6 out of 39) | 8%<br>(3 out of 38) |

**FY22 Performance and Results**

- NMILC met their grant goals for the HSC, helping 23 people with consultations, and 38 with direct representation, 87% of whom have survived crimes and other personal trauma. NMILC's affirmative and defensive applications both experienced reductions, but clients could be receiving legal assistance for other matters. **Affirmative** means people are proactively applying for asylum or other applications and are not in removal proceedings. **Defensive** means people in removal proceedings are being represented.
- NMILC implemented a new workflow structure last year that helped facilitate smoother transitions and improved ability to process cases.
- NMILC has a partnership with Solace Crisis Treatment Center and has been able to meet clients in-person, which makes services more accessible to those with

limited access to or comfort with technology and is easier to develop rapport and trust with clients who have experienced trauma.

**FY22 Challenges**

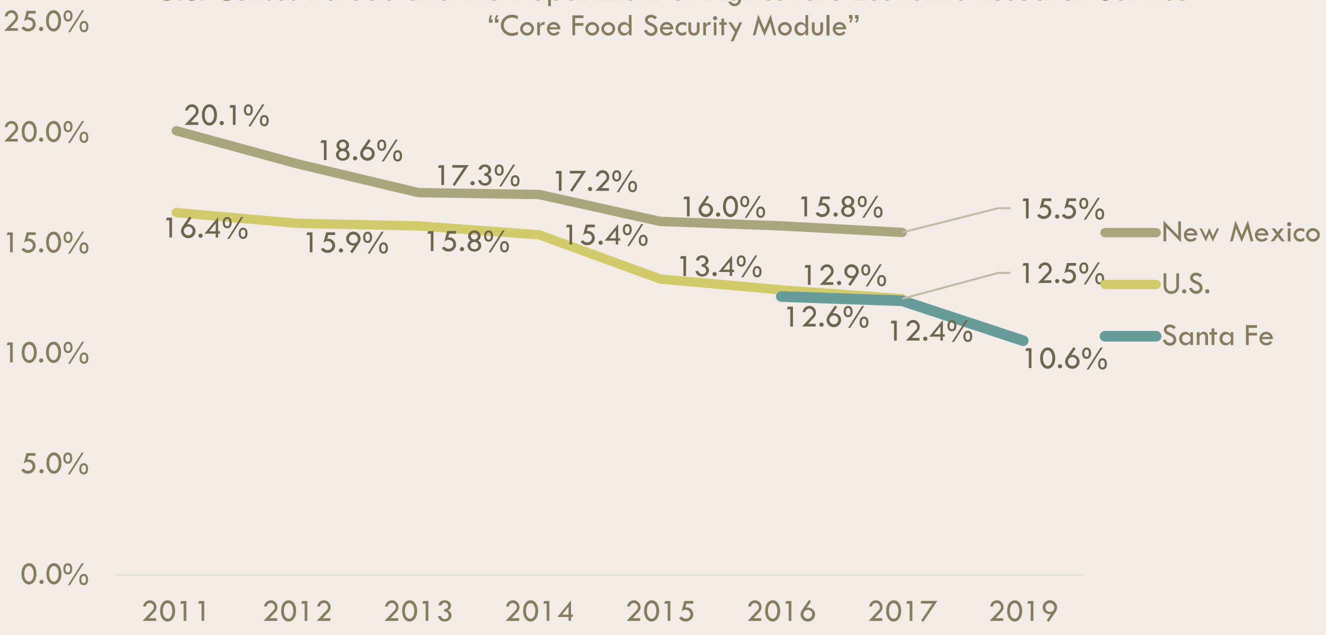
- Ongoing legal changes from the Trump Administration to the Biden Administration has required NMILC to remain flexible and agile as opportunities change for their clients on a frequent basis.

**FY22 Success Story**

- *"This quarter, deportation proceedings were terminated for our client [Sara], who came to the U.S. seeking asylum due to experiencing domestic violence in her home country. Although she is still undocumented, she is no longer at risk of deportation and being separated from her children, and she no longer has to travel to El Paso for Immigration Court hearings or travel to Albuquerque for ICE check-ins. She now also has the confidence to apply for SNAP benefits for her U.S.-born son, and she is discussing marriage with her new partner."*

# Equitable Society

| Equitable Society | Santa Fe | NM | US | Rating |
|---|---|---|---|---|
| % Unemployed[20]<br>New Mexico Department of Workforce Solutions – July 2021 | 5.9% | 7.6% | 5.4% | ✔ |
| % Food insecure households[21]<br>Feeding America Meal Gap Report 2019 | 10.6% | 14.2% | 10.9% | ✔ |
| % Of Adults Age 25+ with Post-Secondary Education[22]<br>U.S. Census ACS 2016-2019 | 67.0% | 59.2% | 61.1% | ★ |
| Openness and acceptance of community toward people of diverse backgrounds[23]<br>The National Citizen Survey Santa Fe 2017 | 59% | -- | -- | ✔ |
| Households with broadband subscriptions<br>American Community Survey 2015-2019 [24] | 80.6% | 74.6% | 82.7% | ✔ |
| Households with a computer<br>American Community Survey 2015-2019 [25] | 88.0% | 85.9% | 90.3% | ✔ |




## Why turn the curve on Food Insecure Households?

Food is a basic need, critical for wellness. Food insecurity impacts the health of individuals and families. It can cause increased stress, decrease mental health, poor nutrition, and exastrabate chronic health conditions.

## Kitchen Angels

### Equitable Society – Food Insecure Households

Kitchen Angels prepares and delivers free, nutritious meals to Northern New Mexicans who are homebound and facing life challenging illnesses and conditions. Kitchen Angels believes no one in our community who is homebound because of a chronic, surgery-related, or terminal medical condition should ever go without appropriate nutrition. Making sure those in need have enough to eat is simply the right thing to do.

- Kitchen Angels is contracted to serve 215 with navigation and 18 individuals with meal services with $50,000 from the HSC annually.

| *Kitchen Angels* | FY20 (July 2019-June 2020 | FY21 July 2020-June 2021 | FY22 July 2021-June 2022 |
|---|---|---|---|
| Numbers Served (Safety net) | 318 | 325 | 325 |
| Numbers Served (Navigation) | 95 | 201 | 156 |
| % Improved diet | 93% | 97% | 91% |
| % Improved ability to live independently | 85% | 73% | 63% |
| % Improved quality of life | 92% | 79% | 84% |
| % Of meal consumed (all) | 62% | 50% | 44% |
| % Of meal consumed (1/2 to 3/4) | 38.5% | 47% | 54% |

**FY22 Performance and Results**

- In FY 2022, Kitchen Angels served nearly 135,000 meals to 325 unduplicated customers and navigation services to 156 customers.
- Kitchen Angels reports that from its client satisfaction survey, on average 91% of customers surveyed improved their diet, 63% improved their ability to live independently, and 84% had improved quality of life.

**FY22 Other Accomplishments**

- Despite the disruptions and increased demand for food assistance during the pandemic, Kitchen Angels not only continued without interruption but increased its number of clients and meals delivered significantly.
- Kitchen Angels reorganized its delivery system, and began delivering meals one hour earlier, so now it is more efficient, effective, faster, and safer.
- City funds help make sure that clients who are facing unique health and economic challenges continue to receive life-sustaining nutrition and stay in their homes. As a client wrote, "Thank you for sparing my life, granting me more time with my son, who would have been left alone far too young, had it not been for you angels."

## The Food Depot

### Equitable Society – Food Insecure Households

The Food Depot's vision is healthy, hunger-free communities in Northern New Mexico. They work toward that vision by engaging a network of partners to develop solutions to create a hunger-free New Mexico.

- The Food Depot is contracted to serve 75 individuals with navigation and 225 individuals with food provision and other safety net services for $57,000 annually.

| *The Food Depot* | FY20 July 2019-June 2020 | FY21 July 2020-June 2021 | FY22 July 2021-June 2022 |
|---|---|---|---|
| Pounds of Food Distributed | 6,852,864 | 12,611,600 | 6,931,316 |
| Numbers Served (navigation) | 52 | 197 | 259 |
| % Seniors served | 17.1% | 22.2% | 17% |
| % fruits/vegetables distributed | 49.5% | 46% | 45.5% |
| % Of people served who are low income | 100% | 100% | not collected |

**FY22 Performance and Results**

- The Food Depot exceeded contract numbers for navigation, despite having staff turnover this year, and consistently distributed over a million pounds of food per quarter. The Diaper Depot continues to be a sought-after service in the community and has been a good addition to The Food Depot's services.
- They set up trainings and zoom meetings with other navigators so they could learn from each other and keep abreast of resources and funding opportunities.

**FY22 Challenges**

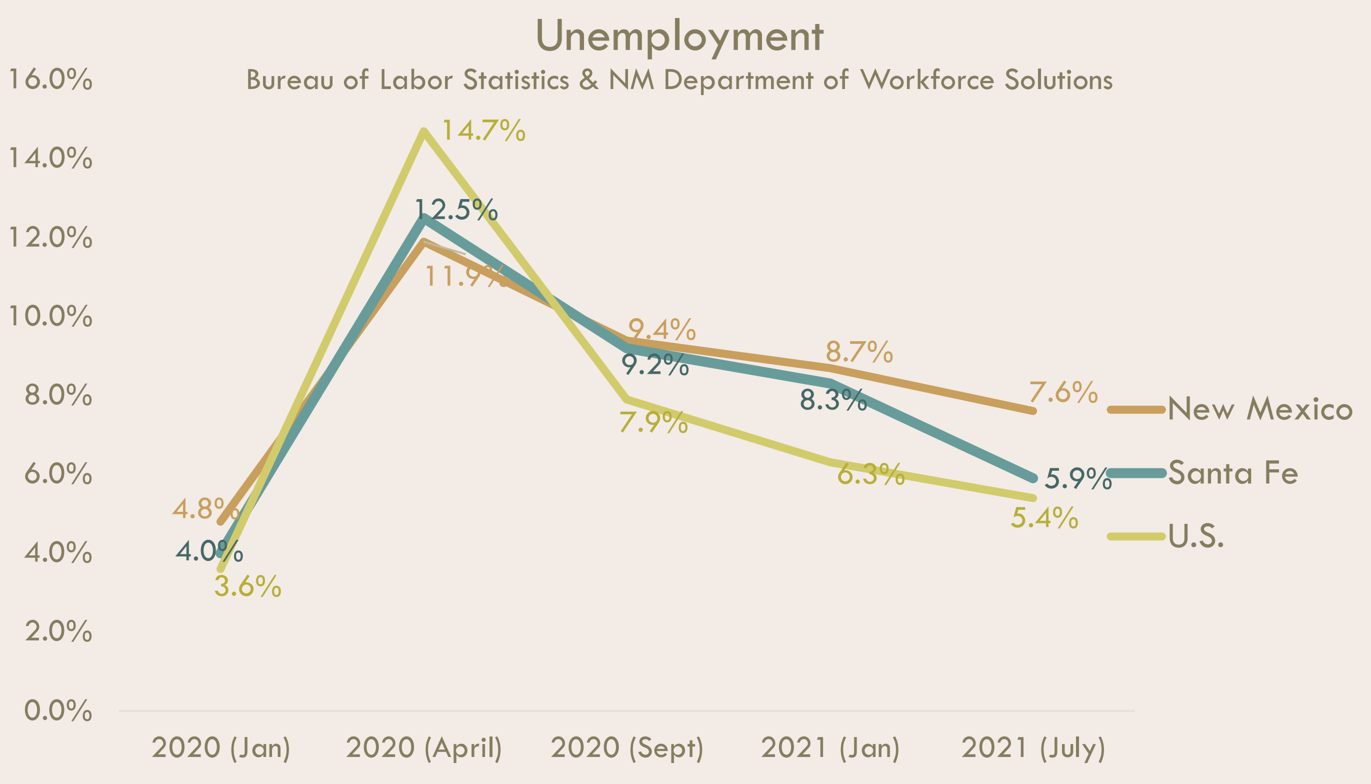
- Staff turnover and COVID infections resulted in backlogged work, and some gaps in data for the final report. The Food Depot lost their founding navigator, but were able to quickly hire an experienced, bilingual navigator to take his place. The new navigator had many incredible success stories for people they had connected to resources.

**FY22 Success Story**

- *The navigation program assisted a female immigrant a few months ago. The client came to Santa Fe with two minors escaping an abusive relationship of 15 years. A bilingual navigator connected her to the local shelter and supported her during the intake call which was very difficult for the individual. The Shelter informed the participant they could not accept her case. However, The Food Depot Navigator advocated for this client and convinced the manager to accept the client into their program and temporarily*

*provide emergency shelter. This shelter's services include legal aid, case management, food, and counseling services for both the client and her two minors. The client was also connected to the Dreamer's Project for additional legal advice. Children were referred to the "Nuestra Jornada Program" at Gerard's House.*

# Equitable Society




## Why turn the curve on Employment?

Being unemployed is linked with increased distress and depression. US and Santa Fe had unemployment rates around 4% 2018-2019 and NM was around 5% from 2018-2020. Employment can increase life statisfacation.

## Literacy Volunteers of Santa Fe

### Equitable Society – Unemployment

Literacy Volunteers of Santa Fe's mission is to provide free tutoring to adults in reading, writing, and speaking English to strengthen our community, families, and the workforce.

- The HSC provides Literacy Volunteers $60,000 for literacy instruction, employment programming, and post-secondary enrollment for 191 people.

| *Literacy Volunteers of Santa Fe* | FY20 July 2019-June 2020 | FY21 July 2020-June 2021 | FY22 July 2021-June 2022 |
|---|---|---|---|
| Numbers Served (Safety net) | 302 | 135 | 182 |
| % In LVSF program who obtain/maintain employment | 65.6% | 50.3% | 66.9% |
| # / % of students who completed testing and made a level gain | 51% (39 out of 76) | 60% (15 out of 25) | 73% (41 out of 56) |

**FY22 Performance and Results**

- Literacy Volunteers assisted 50 people with basic literacy, 39 in the workplace program, and 86 in the ESL literacy program, serving 182 total students. They provided nearly 3,000 instructional tutor hours, and nearly 2,000 non-instructional tutor hours.
- The percentage of students making level gains in their literacy testing has increased from 51% in 2020, to 60% in 2021, and to 73% in 2022.
- LVSF coordinators supported students and tutors with the ongoing demands of the COVID pandemic. Some tutors and students continue to want to meet online, and at times either the student or tutor need a lot of coaching on how to meet online. In addition, some tutors and students want to meet in person, but the limitations of available locations or fluctuating work schedules remind everyone that it is important to be flexible.

**FY22 Other Accomplishments**

- Literacy Volunteers helped eleven (11) students in their ESL course to become citizens!
- Enrollment in Basic Literacy remained consistent compared to last year, and the Workplace program is experiencing an increase in enrollment.

**FY22 Challenges**

- One challenge is that the Basic Literacy Coordinator and Administrative Assistant positions remained vacant during this quarter. Also, the Adult Education Data Analyst retired at the end of May. LVSF depends on data support from this position.

- The limited availability of locations for tutors and students to meet continues to be a challenge.  For example, the Higher Education Center and Santa Fe Public Libraries have reduced hours of operation and close at 5 pm.
- It is a challenge to retain students in the Basic Literacy program as well as get the necessary pre and post-tests for the ongoing basic literacy students due to time constraints and lack of personnel to help with TABE testing.
- It is a challenge to find a qualified ESL Tutor Trainer who will provide training in person.

## YouthWorks!

### Equitable Society – Unemployment

YouthWorks is a cutting-edge, innovative organization offering a continuum of services designed to reconnect "at-risk" and disadvantaged youth with our community through education, employment training, and job placement.

- YouthWorks is contracted to serve 115 individuals with navigation services for $50,000 annually.

| *YouthWorks!* | FY20<br>July 2019-June 2020 | FY21<br>July 2020-June 2021 | FY22<br>July 2021-June 2022 |
|---|---|---|---|
| Numbers Served (navigation) | 110 | 147 | 220 |
| % of young adults passing at least 1 GED test | 15%* | 19.9%<br>(n=29 out of 147) | 55%<br>(n=13 out of 20) |
| % of young adults employed | 42%* | 52.7%<br>(n=89 out of 189) | 73%<br>(n=52 out of 65) |

**FY20 Q1&2 only - no data from Q3&Q4 due to pandemic shutdowns*

**FY22 Performance & Results**

- YouthWorks exceeded their contracted numbers and did a great job providing navigation to 220 clients in FY22, exceeding their target by 91%. Seventy-three percent (73%) of YouthWorks participants achieved employment, which is a significant increase compared to previous years.
- YouthWorks provided GED support to 20 young adults and had a higher percentage who passed at least one GED test compared to previous years.
- They adapted creatively to the changes related to the pandemic, including the fluctuating number of clients reaching out, improved systems, and safety protocols. They distributed a large amount of CARES Act, ARPA, and Flex Funds to assist with housing, food, transportation, and utility assistance.
- Eighty-five percent (85%) of YouthWorks' referrals were successful.

**FY22 Other Accomplishments**

- YouthWorks purchased a new administrative office near St. Michael's and Llano and began renovating their current space to become their full-time commercial kitchen!
- Congratulations to YouthWorks for the opening of ThriftWorks and for being awarded a four-year grant from the City Economic Development contract for the signature Workforce Innovation Program (WIP).

**FY22 Challenges**

- YouthWorks lost a board member due to the potential conflict of interest and are trying to recruit someone for the Vice-Chair position (Q3 report).

# Equitable Society

**Openness and acceptance of community toward people of diverse backgrounds**

59%

of Santa Feans expressed an Openness and acceptance of community toward people of diverse backgrounds in 2017

## Why turn the curve on openness and acceptance of community toward people of diverse backgrounds?

Belongining and acceptance are critiacal to thriving in life. As a community how we treat one another impacts the safety and wellbeing of all community members. Openness and acceptace of diversity promotes inclusion. Diversity and inclusion contribute to better outcomes including improved creativity, innovation, and economic opportunities.

## Santa Fe Dreamers

### Equitable Society – Openness and acceptance of community toward people of diverse backgrounds

Santa Fe Dreamers Project provides free legal services to immigrants to promote economic empowerment, community development, family unity, and liberation from detention. Their work is centered around the belief that supporting immigrants makes the whole community stronger. They are committed to representing every qualified immigrant who walks through their doors, to using service strategies that expand vulnerable peoples' access to legal counsel and helping to elevate the voices and narratives of immigrants in the community to support positive reform.

- The HSC provides $40,000 annually to Santa Fe Dreamers to provide legal services (DACA and Green Card Applications) to 109 individuals.

| *Santa Fe Dreamers* | FY20 July 2019-June 2020 | FY21 July 2020-June 2021 | FY22 July 2021-June 2022 |
|---|---|---|---|
| Numbers Served (safety net) | 109 | 466 | 554 |
| % Successful DACA applications from all completed | 100% | 100% | 99.5%* n=477 |

** One DACA application was denied because the client received alternative immigration relief*

**FY22 Performance and Results**

- Santa Fe Dreamers reached a record number this year, and had 477 successful DACA applications, 75 Green Cards, 35 Citizenships, and 24 U Visas. They plan to increase public awareness to support the DACA program, since it is still vulnerable at the federal level.

**FY22 Challenges**

- The interim executive director stepped down and the Legal Director for Community Programs stepped up to the acting director role. A supervising attorney also left in March. Their staff has been reduced from 25 to 10 in the past two years.

**FY22 Success Story**

- *"This quarter we have seen increasing demand for services for DACA recipients for Advance Parole applications. We have been fortunate to assist several of our DACA clients in requesting special permission to leave the US for humanitarian, educational or professional reasons. Our clients have been approved for stays up to 4 months to visit loved ones in their home countries with the security of knowing that they will be allowed to return to the US."*

# Human Services Committee Strategic Action Plan 2022 - 2025

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

Prepared by Valeria Alarcón, CEO of VIA Consulting LLC.

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# EXECUTIVE SUMMARY

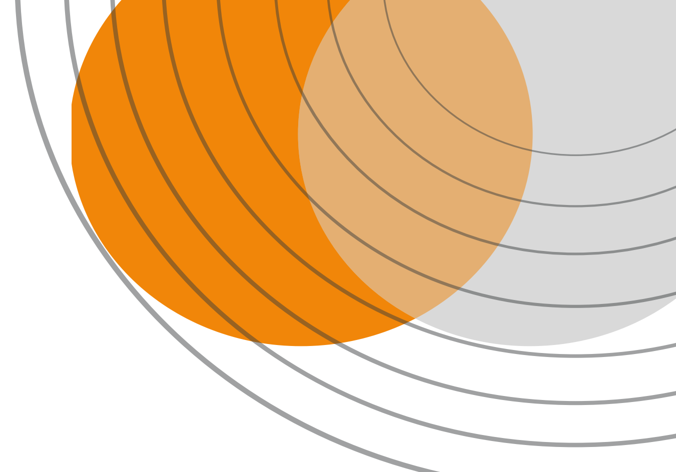
The Human Services Committee (HSC) was formed by Resolution in 1987 and is charged by the City of Santa Fe Ordinance (2016) with **advising and recommending health and human service policies, assessing and advocating for human service needs, coordinating resources to maximize cost-effectiveness, evaluating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

The Committee receives 2% of the gross receipts tax 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.

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,** Community Health Program Manager, Presbyterian Healthcare Services

**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.

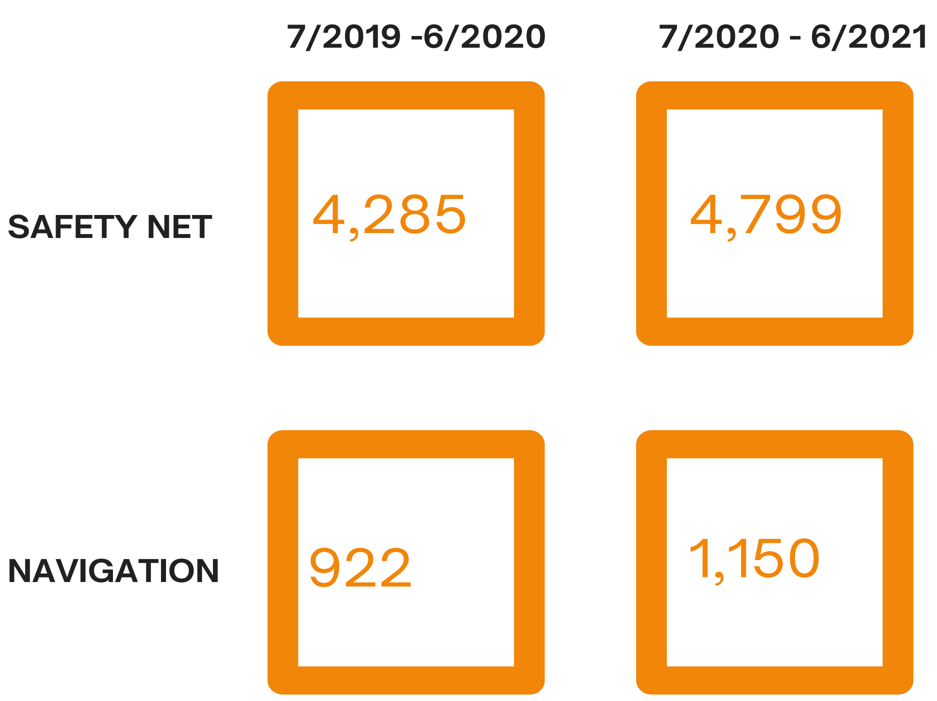
**FOOD:**

- 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**

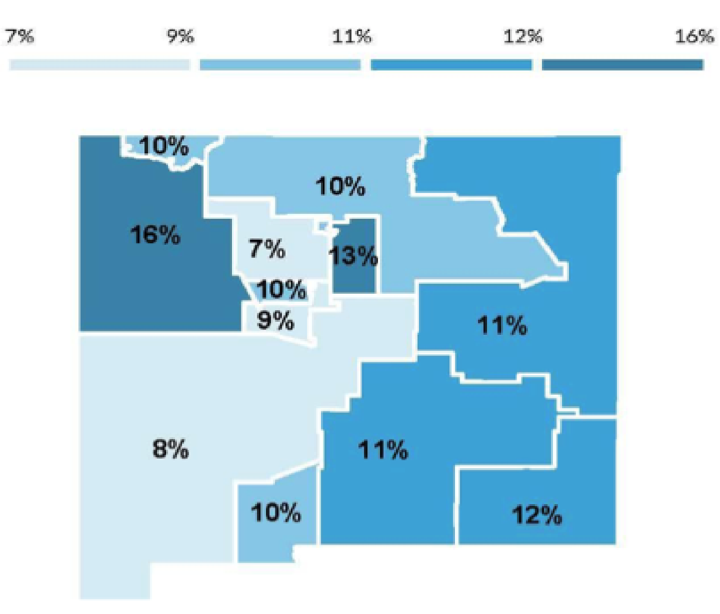
- 795 households in the Agua Fria Southside communities do not have internet connection, this makes up 32.8% of total households.
- 80 households in the Eastside communities do not have internet connection, this makes up 6.6% of total households.

# 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 |
|---|---|---|---|---|---|
| % Diabetes deaths BVRHS, Rate per 100,000 | 0 | 16.7 *2014-2016* | 16.9 *2015-2017* | X | Low Income, |
| % Diabetes Diagnosis BRFSS, Self-Reported | 6.4% *2015* | 8.9% *2017* | 6.9% *2019* | ✓ | Low Income, |
| % Obesity - adults BRFSS | 20.9% *2015* | 21.4% *2017* | 29.0% *2019* | X | Low Income, |
| Persons without health insurance (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 |
|---|---|---|---|---|---|
| % Adults with Frequent Mental Distress (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. |
| Suicide deaths 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 |
| Alcohol-Related deaths 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) |
| Drug-Overdose deaths 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 |
|---|---|---|---|---|---|
| Fall-Related Deaths (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 |
| Fall-Related Hospitalizations (among adults age 65+) HIDD, Rate per 10,000 | N/A | N/A | 160.6 *2017* | | Data development and considered indicator |
| Homelessness for New Mexico, *NOT Santa Fe HUD & PIT*, 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 |
| Domestic Violence 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 |
|---|---|---|---|---|---|
| % Unemployment New Mexico Department of Workforce Solutions | 5.4% *2015* | 5.1% *2017* | 5.9% *July 2021* | X | |
| % Food Insecure households Feeding America Meal Gap Report | 12.6% *2016* | 12.4% *2017* | 10.6% *2019* | ✓ | Low Income, Southside of SF |
| % of Adults Age 25+ with Some College, Post-Secondary Education U.S. Census ACS | 67.2% *2015* | 66.3% *2016* | 67.0% *2019* | ✓ | |
| Households with broadband subscriptions American Community Survey 2015-2019 | 76.2% *2013-2017* | 78.7% *2014-2018* | 80.6% *2015-2019* | ✓ | Agua Fria Corridor and Southside, Low Income |
| Households with a computer 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**

## 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)

## 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.

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

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

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

## 05 EQUITABLE SOCIETY

**Unemployment Indicator:**

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

### 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**

## 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 CHANCE 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

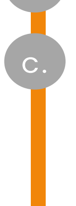
For review and consideration by the Governing Body.

### 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 CHANCE 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 CHANCE 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 CHANCE RECOMMENDATIONS

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

## 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 CHANCE RECOMMENDATIONS

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

## 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 Cruses 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 CHANCE RECOMMENDATIONS

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

## 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.

## 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.
- 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.)

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.<br><br>*** Increasing insurance enrollment will increase health screenings for preventive measures against chronic illness and high-risk diagnosis (e.g., cancer).<br>*** 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.<br><br>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.<br><br>Other areas of need:<br>• Homemaker program<br>• Elderly transportation<br>• Handicap services<br>• Homebound senior care, hire family members who are already providing this support, provide training for the caregiver.<br><br>*** A Senior Navigator has been hired.<br>*** Connect Emergency Funds and the City's Flexible Funds are available to provide support with this indicator.<br>*** 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.<br><br>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:<br>• Population level and the grantees level<br>• 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 | 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.<br><br>*** Increasing insurance enrollment will increase health screenings for preventive measures against chronic illness and high-risk diagnosis (e.g., cancer).<br>*** 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.<br><br>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.<br><br>Other areas of need:<br>• Homemaker program<br>• Elderly transportation<br>• Handicap services<br>• Homebound senior care, hire family members who are already providing this support, provide training for the caregiver.<br><br>*** A Senior Navigator has been hired.<br>*** Connect Emergency Funds and the City's Flexible Funds are available to provide support with this indicator.<br>*** 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. |

# 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=ACSST1Y2019.S1501
Data Source: 1) U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates. http://factfinder.census.gov. American Community Survey population estimates are the calculated number of people living in an area as of a specified point in time, usually July 1st. The estimated population is calculated using a component of change model that incorporates information on natural increase (births, deaths) and net migration (net domestic migration, net international migration) that has occurred in an area since the latest decennial census.

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

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

# Implications of the Public Health Emergency's Eventual Expiration



The Secretary of Health and Human Services (HHS) can declare a public health emergency (PHE) "when a severe disease or disorder has become, or threatens to become, a significant threat to citizens."[1] The PHE remains in effect for 90 days.[2] The first PHE declared by former Secretary Alex M. Azar II began on January 31, 2020.[3] It has been renewed 10 times, with the latest extension beginning July 15, 2022.[4] HHS Acting Secretary Norris Cochran promised a 60-day advance notification period for PHE expiration to providers and states, that has subsequently been adopted by current Secretary Xavier Becerra; notice has not yet been given regarding expiration.[5]

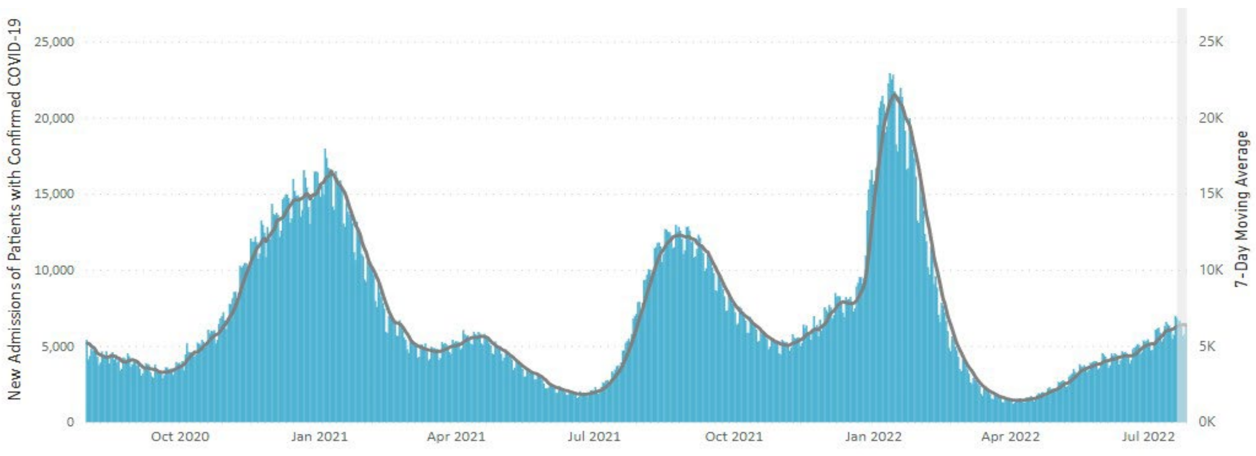
The PHE provided access to emergency funding for supplies, vaccines and providers; issued waivers of rules that otherwise would apply under Medicare and Medicaid, e.g., telehealth; and generated a Medicaid Federal Medical Assistance Percentage (FMAP) increase of 6.2% with the caveat that states had to suspend monthly eligibility redeterminations.[6]

In this article, the implications of PHE expiration are explored.

**COVID down but not out**

Secretary Becerra repeatedly extended the PHE "as a result of the continued consequences of the Coronavirus Disease 2019 (COVID-19) pandemic."[7] due to the surge in hospitalizations caused by the Delta and Omicron variants. For July 6 to July 12, 2022, COVID-19 hospitalizations have reached a seven-day daily average of 5,851 cases. [8] This equates to 2.13 million hospital admissions per annum, a figure exceeding all other causes for admission except septicemia and delivery.[9] Ten to fifteen percent of patients are admitted to the ICU, a figure substantially lower than the 32% initially reported.[10,11] Provider consequences remain, such as higher costs and for some, reduced revenue.

**Daily Trends in Number of New COVID-19 Hospital Admissions**




**Source: COVID Data Tracker Weekly Review, CDC https://www.cdc.gov/coronavirus/2019-ncov/covid-data/covidview/index.html**

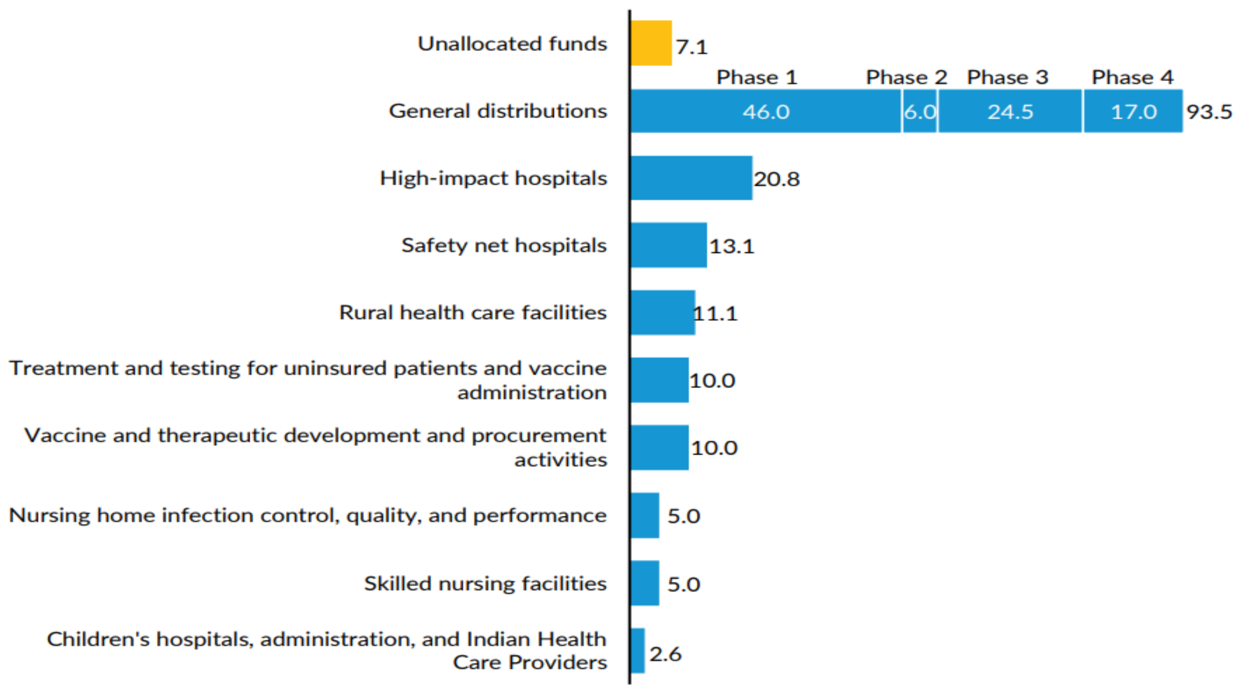
**Provider Relief Funds disappearing**

A major concern for providers is the loss of relief funds as a potential revenue source. Congress allocated $178 billion to the COVID-19 Provider Relief Fund in 2021 via the Coronavirus Aid, Relief, and Economic Security Act (CARES) Act ($100 billion), Paycheck Protection Program and Health Care Enhancement Act ($75 billion) and the Consolidated Appropriations Act ($3 billion).[12] Funds were meant to help providers "prevent,

prepare for, and respond to coronavirus" and to "reimburse…eligible health care providers for health care related expenses or lost revenues that are attributable to coronavirus."[13] Monies were released via general and targeted distributions, the latter to safety net and rural hospitals, as well as nursing homes.[14]

General distribution payments were initially made based on a simple formula, i.e., the hospital's share of fee-for-service Medicare payments out of total Medicare payments in 2019.[15] Eligible providers received 2% of patient revenue payments.[16] A revised allocation formula based on total revenues, i.e., Medicare, Medicaid and private insurance, was subsequently utilized.[17] Add-on payments reflected the change in revenue and operating expenses, including those directly attributable to COVID-19.[18] Lost revenue reflects fewer outpatient visits and elective procedures, whereas higher expenses reflect labor shortages, particularly nursing, supply chain and personal protection equipment (PPE) costs. The allocation of funds to large and financially profitable hospitals and health systems has sparked controversy.[19,20]

**Allocation of Provider Relief Fund Grants, October 2021**




**Source: The Urban Institute; U.S. Government Accountability Office; Department of Health & Human Services**

Provider relief funds do not have to be repaid unless the COVID-related payments received, including provider relief funds and other assistance, exceed expenses attributable to COVID-19 and lost revenue (which was primarily a consequence of fewer elective procedure).[21]

The median Kaufman Hall Operating Margin Index was 2.5% in 2021 versus –0.9% for 2020, not including federal CARES funding. With the aid, it was 4.0% in 2021 compared to 2.8% in 2020.[22] The CARES funding added 150 and 370 basis points to operating performance in 2021 and 2020, respectively.

**Telemedicine waivers require legislative action**

Another concern for both providers and patients is the expiration of telemedicine waivers. Medicare telemedicine waivers had a profound impact on the use of virtual visits during the COVID-19 pandemic. Among Medicare beneficiaries, telehealth visits increased from 840,000 visits in 2019 to 52.7 million visits in 2020, a nearly 63-fold increase.[23] Telehealth visits "comprised a third of total visits to behavioral health specialists, compared to 8 percent of visits to primary care providers and 3 percent of visits to other specialists."[24]

**Medicare Telehealth Waiver**

| Critical Reimbursement Question | Permanent Policy | Waiver |
|---|---|---|
| Who provides the service? | Eight distinct provider groups including MD's and Nurse Practitioners | Expanded to include all Medicare eligible healthcare providers |
| What type of service? | Limited to 100 different services each with a different CPT code | Expanded to include 240 CPT codes including ED, home, in-patient hospital and nursing facility visits; PT and OT |
| Where can the service be provided? | Patient required to be in a rural area and in a specific type of medical facility, not allowed to be in their homes (with exception) | Services can be delivered in their homes and any geographic area |
| How was the service delivered? | Services must be delivered via live video telehealth. Asynchronous store-and-forward in AK, HI | Live video and telephone |

**Source: The Center for Connected Health Policy https://www.youtube.com/watch?v=J_Fr-eMtv20**

A Telehealth Impact Study (n=1,594) found high levels of physician and patient satisfaction, with the delivery of quality outcomes on a timely basis.[25] Telehealth is convenient and improves access. Applications include COVID-19 related care, acute care, chronic disease management, hospital/emergency department follow-up, care coordination, preventative care and mental/behavioral health.[26]

In April 2022, telehealth utilization represented 4.9% of all medical claims (based on commercial and Medicare Advantage data).[27] Mental health conditions accounted for 64% of telehealth claim lines driven by social workers, psychiatrists and psychologists, whereas primary care physicians accounted for 15.0%.[28] Telehealth has emerged as a workable alternative to in-person care, particularly for behavioral health; however, access is not equitable across all population subgroups.[29]

Permanent changes to Medicare telehealth policy have been limited; administrative and/or legislative changes are required. Options for expanding fee-for-service Medicare's coverage of telehealth services after the PHE have been proposed by the Medicare Advisory Payment Commission (MedPAC).[30] The 2022 omnibus appropriations bill extends the waivers by approximately five months after the PHE ends.[31] Inadequate reimbursement, should it occur post-COVID, will be the major barrier to telehealth utilization.

In terms of Medicaid and the Children's Health Insurance Program (CHIP), several states will have waivers expire when the PHE ends but have already started the process to continue the use of telehealth services through state policies. Medicaid has explicitly stated that states will not need to submit changes to State Plan Amendments for telehealth and that states have broad flexibility in determining the allowable scope of

services, provider types and coding used to identify telehealth services.[32] However, the United States Government Accountability Office (GAO) issued a report on May 19, 2021, calling for careful monitoring and oversight of telehealth to prevent fraud, waste and abuse. The report also noted the lack of complete information such as modality, the location of patient or provider for the telehealth visit, and the quality of care provided.[33] While telehealth did increase access to providers during the pandemic, 26% of Medicare beneficiaries lacked the digital capabilities to access care in this manner in 2018.[34]

**Medicaid disenrollment to occur**

The Families First Coronavirus Response Act (FFCRA), effective retroactively to January 1, 2020, authorized a 6.2 percentage point increase in the Federal Medical Assistance Percentage (FMAP) for states that meet certain conditions, including eligibility standards, methodologies, and procedures that are no more restrictive than those in effect on January 1, 2020; the coverage (without cost-sharing) of coronavirus testing and treatment; and continuous enrollment for individuals covered on or after March 18, 2020 through the end of the month the public health emergency ends.[35] The FMAP is based on per capita income and ranges from 50% to 78%.[36] The expiration of enhanced FMAP is the end of the quarter in which the public health emergency ends. Therefore, if the public health emergency ends in October 2022, the 6.2% enhanced FMAP to states will continue through the end of the calendar year.

During the pandemic, from February 2020 to March 2022, the number of Medicaid/CHIP beneficiaries increased from 71.2 million to 87.9 million, an increase of 25.4%.[37] As projected by state Medicaid directors, Medicaid enrollment is forecast to decline by 5.0% in fiscal year 2023; other estimates reach as high as 14 million.[38,39] The Centers for Medicare & Medicaid Services (CMS) acknowledged that the end of Medicaid's continuous enrollment requirements during the PHE "presents the single largest health coverage transition event since the first Marketplace Open Enrollment following enactment of the Affordable Care Act."[40]

CMS' guidance to states on resuming normal Medicaid eligibility-related operations is voluminous and has evolved through engagement with the broad stakeholder community.[41] State Medicaid agencies will be required to initiate renewals, post-enrollment verifications, and redeterminations for all individuals enrolled when the continuous enrollment requirement expires, which is the end of the month in which the PHE ends, within a 12-month unwinding period. Furthermore, all such eligibility-related actions must be completed within a 14-month unwinding period. CMS recommends that states initiate eligibility-related actions for no more than one-ninth of the total Medicaid enrollment each month as a quality control measure.[42]

Absent congressional action, the enhanced premium subsidies for coverage on the Exchange authorized under the American Rescue Plan Act (APRA), retroactive to January 2021, will expire at the end of the year.[43] These enhanced subsidies resulted in zero-dollar premiums in silver QHPs for individuals with incomes between 100% and 150% of the Federal Poverty Level (FPL) and significantly reduced premium obligations for individuals with incomes up to 400% of the FPL.[44] The 2022 FPL for a household of one is $13,590 and for a family of four $27,750.[45]

While CMS is working to ensure continuation of coverage for most individuals changing between Medicaid coverage and Marketplace coverage, there is likely to be an additional administrative burden to providers due to changes in coverage as Medicaid membership is redetermined after the PHE. The gaps in coverage may result in lost revenue, changes in negotiated rates and increases in patient responsibility for payment.[46,47]

**Bottom Line**

While Provider Relief Funds sustained hospitals and health systems through the waves of COVID-19, providers continue to grapple with myriad financial pressures, from labor shortages to supply chain disruptions and rising inflation. Expiration of the PHE will impact providers most dependent on Provider Relief Funds to support their operating margins. Furthermore, continuity of health insurance coverage is critical to ensure[48] that patients adhere to established care regimens and seek medical treatment when necessary.

Telemedicine has been accepted by consumers and physicians as an alternative mode of therapy, particularly in behavioral health. Medicare waivers are essential for continued acceptance and reimbursement.

The number of Medicaid beneficiaries has increased 25%, a figure excluding the growth of health exchange membership. Disenrollment will increase the number of uninsured and, potentially, increase provider bad debt expense.

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***Nicole Kaufman and Jonathan Myers will be speaking on this topic for their upcoming presentation "Holding the Fort Through the End of the Public Health Emergency" at the HSFO Conference on August 10th, 2022.***

*Scott Banken, Managing Director in the Health Solutions practice at FTI Consulting, brings 29 years of experience as a certified public accountant with 20 years focused on health insurance, Medicaid and value-based reimbursement. His experience allows him to understand different strategies for financial management Medicare and Medicaid programs to maximize efficiency and minimize costs.*

*Nicole Kaufman, Managing Director in the Health Solutions practice at FTI Consulting, provides strategic consulting and thought leadership on public health programs and the private insurance market. She has over a decade of experience with Medicaid policy, operations, and regulations at the federal and state level.*

*Lisa O'Connor, Senior Managing director at FTI Consulting, has been successful in partnering with clients in driving clinical quality, mitigating risk and improving performance in very challenging environments, including during the Covid-19 pandemic. Prior to joining FTI Consulting, Ms. O'Connor was the Senior Vice President of Clinical Operations and Chief Nursing Officer at Boston Medical Center.*

*The views expressed herein are those of the author(s) and not necessarily the views of FTI Consulting, Inc., its management, its subsidiaries, its affiliates, or its other professionals.*

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[1]James C. Capretta. "The status of Public Health Emergency declarations." State of Reform (March 16, 2022). https://stateofreform.com/commentary/2022/03/the-status-of-public-health-emergency-declarations/

[2]"Public Health Emergency Declaration." Office of the Assistant Secretary for Preparedness and Response, U.S. Department of Health & Human Services (last visited July 5, 2022). https://www.phe.gov/Preparedness/legal/Pages/phedeclaration.aspx

[3]"Renewal of Determination That a Public Health Emergency Exists." Office of the Assistant Secretary for Preparedness and Response, U.S. Department of Health & Human Services (April 22, 2022). https://aspr.hhs.gov/legal/PHE/Pages/COVID19-12Apr2022.aspx

[4]"Renewal Of Determination That a Public Health Emergency Exists." Office of the Assistant Secretary for Preparedness and Response, U.S. Department of Health and Human Services. (July 15, 2022). https://aspr.hhs.gov/legal/PHE/Pages/covid19-15jul2022.aspx

[5]"Letter to Governors on the COVID-19 Response." Office of the Assistant Secretary for Preparedness and Response, U.S. Department of Health & Human Services. (January 21, 2022). https://aspr.hhs.gov/legal/PHE/Pages/Letter-to-Governors-on-the-COVID-19-Response.aspx

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[7]"Renewal of Determination That a Public Health Emergency Exists." Office of the Assistant Secretary of Preparedness and Response, U.S. Department of Health & Human Services (July 15, 2022). https://aspr.hhs.gov/legal/PHE/Pages/covid19-15jul2022.aspx

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https://www.cdc.gov/coronavirus/2019-ncov/covid-data/covidview/index.htm

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## 2021-2022

| | Organization | Total Award | Total amount paid out to date | Balance Remaining | Percentage Remaining | PO # |
|---|---|---|---|---|---|---|
| 1 | Coming Home Connection | $ 75,000.00 | $ 74,987.60 | $ 12.40 | 0% | 22202112 |
| 2 | Esperanza Shelter | $ 43,000.00 | $ 43,000.00 | $ - | 0% | 22202113 |
| ~~3~~ | ~~Feeding Santa Fe~~ | ~~$ 30,000.00~~ | | ~~$ 30,000.00~~ | | |
| 4 | The Food Depot | $ 57,000.00 | $ 57,000.00 | $ - | 0% | 22202447 |
| 5 | Interfaith Community Shelter | $ 150,000.00 | $ 150,000.00 | $ - | 0% | 22201976 |
| 6 | Kitchen Angels | $ 50,000.00 | $ 48,398.76 | $ 1,601.24 | 3% | 22202114 |
| 7 | La Familia Medical Center | $ 75,000.00 | $ 75,000.00 | $ - | 0% | 22202137 |
| 8 | Literacy Volunteers | $ 60,000.00 | $ 59,999.80 | $ 0.20 | 0% | 22202138 |
| 9 | NM Immigration Law Center | $ 50,000.00 | $ 50,000.00 | $ - | 0% | 22202136 |
| 10 | Santa Fe Dreamers Project | $ 40,000.00 | $ 39,711.44 | $ 288.56 | 1% | 22202115 |
| 11 | St. Elizabeth Shelter | $ 100,000.00 | $ 89,500.00 | $ 10,500.00 | 11% | 22201982 |
| 12 | Youthworks | $ 50,000.00 | $ 50,000.00 | $ - | 0% | 22202139 |
| 13 | Life Link | $ 70,000.00 | $ 70,000.00 | $ - | 0% | 22201977 |
| | Aspen Solutions | $41,000.00 | $ 41,000.00 | $ - | 0% | 22201994 |
| | | | | | 14% | |