MEMORANDUM

To: Santa Fe County Board of County Commissioners

Through: Katherine Miller, County Manager
Rachel O'Connor, Director, Community Services Department

From: Patricia Boies, Health Services Division Director

Date: October 13, 2017

Re: Presentation of Gap Analysis Report by Hyde & Associates (Community Services/Patricia Boies)

Issue: Presentation of Gap Analysis Report conducted by Hyde & Associates.

Background: As part of implementing an Accountable Health Community, the Santa Fe County Community Services Department commissioned a Gap Analysis, to study the demographics of Santa Fe County and the needs across the County for health and social services. Hyde & Associates conducted the gap analysis and presented their findings to the Health Policy and Planning Commission on October 6, 2017.

Themes emerging from the Gap Analysis include housing, behavioral health, senior issues, and the needs for navigation and coordination of services.

Recommendation: No recommendation; this presentation is for informational purposes only.

LEADERSHIP AND ALIGNMENT

SANTA FE COUNTY
COMMUNITY SERVICES DEPARTMENT

HEALTH SERVICES
GAP ANALYSIS

Presented by *Hyde & Associates – Policy and Practice Consulting, LLC*
Santa Fe County Board of County Commissioners
October 31, 2017

APPROACH

- Quantitative & Descriptive Data of Demographics, Health Issues & Behaviors (Compilation/Analysis/Mapping)
  - National Data: Census Bureau (primarily through 2015); SAMHSA, HRSA, National Foundations
  - Statewide Data: DOH IBIS, UNM, Statewide Foundations
  - Local Data: Provider Agencies, Local Foundations, Media Articles
- Qualitative Input
  - Key Informant Interviews (22 total) – leaders in business, providers, faith, elected officials
  - Provider Groups (5 total) –Behavioral Health, Education, First Responders, Food/Housing, Physical Health
  - Provider Survey (53 respondents)
  - Town Halls (8 total) –Chimayo, , Edgewood, Eldorado, Pojoaque and Santa Fe (one in Spanish; one with homeless individuals)

DEMOGRAPHICS OF CONCERN

- Numbers of people living in poverty
- Numbers of individuals who are uninsured
- Well-being of immigrant community
- Collective impact of Social Determinants of Health (SDOH)

POVERTY

- Santa Fe County: lower than state, higher than nation (2011-2015)
  - National poverty rate = 14.7%
  - Statewide poverty rate = 21.0%
  - Santa Fe County poverty rate = 15.6%
    - 29.1% lived at 200% FPL or less
    - 6.6% lived under 50% FPL
- "Tale of Two Cities"
  - Overall household poverty rate = 13.5%
  - Some neighborhoods are as high as 29.5%
  - Other neighborhoods have 0% of household at or below poverty
- Areas with highest % living in poverty also have high proportion of individuals who are Hispanic, immigrant, or Native American

UNINSURED

- Medicaid expansion key to increasing #s insured
  - Uninsured: 2010 - 26.8%; 2012 - 25%; 2014 - 20%
  - Uninsured: 2011 – 2015 – 17.8%
  - Highest uninsured rate in Agua Fria Village & Airport Rd
- Reasons for being uninsured:
  - Not eligible
  - Not enrolled
  - Cannot afford premium
  - Fear
  - Cultural beliefs/understandings about insurance or healthcare
- 28% Have No Primary Medical Provider

IMMIGRANTS

- 4% naturalized citizens [NM = 3%]
- 9% non-citizens (does not necessarily mean undocumented or "illegally" here) [NM = 6%]
- 87% citizens from birth [NM = 90%; US = 86-87%]
- Often higher % of working individuals in areas w/ higher poverty, lower citizenship, & higher uninsured rates
- Higher % of persons paying $\geq$ 50% of income for rent/housing
- Spanish is primary language spoken by 33% of immigrant households

COLLECTIVE IMPACT AREAS

Social Determinants of Health

- Highest Risk Areas
  - Agua Fria Neighborhood & Downtown
- Medium Risk Areas
  - North County/Pueblos Plus
  - Airport Road
  - Agua Fria Village
- Moderate Risk Areas
  - Bellamah/Stamm
  - South County
- Lowest Risk Areas
  - Opera Vicinity & North City
  - East Foothills & Eldorado

SYSTEMIC CONCERNS

Health Professional Shortage Area (HPSA)

- New Mexico has only 33.36% of dentists needed and 71.5% of behavioral health workforce needed
- New Mexico and Santa Fe County workforce aging significantly faster than nation
- Santa Fe County is better than most NM counties for primary care providers, surgeons, psychiatrists, but is only holding steady while others gaining
- Pay scales, pressure of changing requirements, housing needs, and lack of educational opportunities affect workforce recruitment efforts

SYSTEMIC CONCERNS

- Changing/Uncertain Access to Funding
  - Dependency on Medicaid and Medicare funding, especially for behavioral health and senior services
- Changing/Uncertain Funding Requirements
  - Extensive administrative responsibilities, including IT and data reporting
- Multiplicity of Service Providers
  - Need for greater coordination and service alignment
- Cultural Diversity and Need for Responsive Care
  - High population of Native American individuals/families
  - High population of individuals/families born outside the country

HIGH PRIORITY THEMES

- Seniors & Older Adults
- Housing
- Behavioral Health
- Alignment of Existing Services

SENIORS & OLDER ADULTS

- "Silver Tsunami" or "Age Wave"
  - State moving from 39th to 4th in 2030 in % > 65 yrs (62% ↑)
  - Santa Fe County's shift is about 10 years ahead of state's trend
  - More seniors; fewer younger people to do caretaking
  - Existing Services are Insufficient; Need for Additional Services Based on Current Demand and Projected Growth
  - In-Home Care
  - Long Term Care Facilities
  - Senior Centers
  - Transportation
- *Senior Services Strategic Plan (SSSP) 2016 – 2020*
  - Presently on track, though additional resources and support required

HOUSING

- Cost of housing within the county (and especially within the city) is more than almost all other New Mexico counties & more than many other parts of country
- In 12 of the 15 census tracts within the county with the highest percentage of low-income residents:
  - Over ¼ pay 25 to 49.9% of income for rent/housing
  - Over ¼ pay 50% of income or more for rent/housing
  - Majority pay over 30% of income (recommended limit)
  - 112% of SSI income (for person with a disability) would be required to rent one-bedroom apartment in the City of Santa Fe
- Housing resources are clustered within city limits, though highest concentration of people below 199% FPL are in the southern part of the city and beyond, as well as in the northern part of the county

BEHAVIORAL HEALTH

- Compared to the nation, New Mexico has higher death rates due to alcohol and drug related problems and lower rates of treatment
- In Santa Fe County, adult suicide rates are lower than state average, though youth suicide rates are higher than state average
- Santa Fe County has huge shortage in access to behavioral health services
  - Under half of individuals with mental illness receive necessary treatment
  - Under 11% of individuals with addictions receive treatment
- Service Needs
  - Crisis intervention services for both addictions and mental illness
  - Intermediate care for both addictions and mental illness
  - Prevention supports for both addictions and mental illness

ALIGNMENT OF EXISTING SERVICES

- Need for enhanced communication and information sharing regarding existing services
- Need for enhanced collaboration and planning for use of existing resources, specifically between the city and the county
- Concern regarding resources required to adequately gather data and report outcomes for multiple funding sources

RECOMMENDATIONS

- Support for Seniors
  - Implement *Senior Services Strategic Plan*
  - Open new Senior Center (in process)
  - Create (w/ SFCC), fund, & collaborate/advocate for increased In-Home Caregiver & memory care capacity
  - Enhance transportation & access to mobile services
  - Create safe, affordable exercise options
  - Utilize and enhance volunteer capacity

RECOMMENDATIONS

- Housing
  - Create affordable housing and support for housing costs
  - Support year-round, enhanced shelter services
- Behavioral Health
  - Enhance Behavioral Health Leadership
  - Develop Behavioral Health Services Strategic Plan
  - Create Crisis Center
  - Consolidate/Coordinate High Utilizer Programs
  - Support Enhanced Training for First Responders
  - Increase Access to Prevention Services
  - Create Behavioral Health Step Down Unit

RECOMMENDATIONS

- Alignment of Existing Services and Supports
  - Implement a comprehensive, coordinated, real-time information system for caregivers & public; shared caregiver data
  - Support coordinated navigation services; fund free-agent navigators
  - Expand use of community health workers, promotoras, peers
  - Increase enrollment in health coverage
  - Locate services where populations with greatest need reside
  - Increase multi-cultural capacity of providers
  - Assist providers with workforce issues