

City of Santa Fe
Human Services Committee
Strategic Plan 2018-2019

December 20, 2018



CITY OF
Santa Fe

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I. EXECUTIVE SUMMARY

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

The Committee receives two percent of the gross receipts tax and administers funding through the Human Services Fund to local nonprofits on a two-year funding cycle at approximately \$900,000+ 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 and support health and human service efforts in the Santa Fe community, and present a plan to the governing body for approval.

The Human Services Committee is pleased to present their annual Strategic Plan for 2018-2019 which reflects key decisions made in the annual strategic planning session held in the fall of 2018, as well as builds upon the planning efforts of the 2017 Human Services Committee. In 2015-2016, the Human Services Committee used the Results-based Accountability methodology to develop a strategic framework that identifies funding priorities. The Human Services Committee gathered information on critical community needs and issues identified through data, needs assessments and information gathering. The result of the Committee's work in 2016 was the development of the Human Services Committee Ends Framework, which was revised in 2018. The Ends Framework outlines the desired results or outcomes proposed in the following four priority areas:

1. Adult Health
2. Behavioral Health
3. Community Safety
4. Equitable Society

The 2018 Human Services Committee Plan seeks to expand on the strategic framework through the addition of a rationale for the distribution of funds and for funding decision-making. Additionally, the HSC identified eight high-priority goals for the Committee to pursue during the next fiscal year.

A. Acknowledgments

The City of Santa Fe wishes to thank the members of the Human Services Committee who helped to create this plan and who serve as volunteers to implement the plan throughout the year.

Human Service Committee Members

Marizza Montoya-Gansel, Chair	Patricia Boies
Jeremy Perea	Anthony Romero
Brian Serna	Jesse Cirolia

B. Youth and Family Services Division Staff and Consultants

Kyra Ochoa, Community Services Department Director
Julie Sanchez, Program Manager
Michele Lis, ML Consulting, Strategic Planning Consultant

II. STRATEGIC FRAMEWORK

A. Overarching Issues

The Human Services Committee adopted the Ends Framework to provide a structure for establishing funding priorities and making funding decisions. The rationale for using this framework is that it would address some of the overarching issues that have limited the degree of our impact in the past.

The overarching issues that the framework will help to address include the following:

- Improved structure on the rationale for establishing funding priorities;
- A framework to assist us in setting community-wide targets for continuous improvement on shared goals with community partners and other funders;
- Ability to focus efforts on continuous improvement and increased impact;
- Structure and a framework to provide a mechanism for sustaining efforts over time irrespective of changes in leadership or staffing;
- A common language around population and performance accountability; and
- Commitment to support data collection and analysis capacity within the City and with grantees to measure and report on success over time.

B. Ends Framework

The health and human services fund will provide and maintain a safety net of services to help meet the essential health and human service needs of the residents of Santa Fe to include improving access to: (1) primary health care; (2) basic material goods, services, food and shelter; and (3) behavioral health services to include mental health, substance abuse, and recovery support services. (City of Santa Fe, Ordinance 2016-35)

In 2016 the Human Services Committee identified four priority areas based on the direction outlined in the Ordinance 2016-35 and an analysis of critical community needs. In 2018, the Human Service Committee adopted a revised Ends Framework to ensure that outcomes reflect the most critical community needs and indicators selected provide a way to measure the scope of the community challenge and whether there is improvement over time.

See Appendix A for a table that outlines county level priority indicators selected by the Committee in 2016 and 2018 and a comparison of Santa Fe County to the State of New Mexico and the US, where available. The Data Development Agenda for 2019 is to disaggregate the data to determine if there are disparities based on income, race or ethnicity in order to increase understanding about sub-populations who are most affected. Knowing about sub-populations most affected will help the City and it's partners to develop targeted strategies to address disparities and to ensure that those most in need are receiving City supported/funded services.

Human Service Committee Ends Framework (Revised 2018)

Priority Area	Indicators/Desired Outcome
Adult Health	<ol style="list-style-type: none"> 1. Chronic disease rates (Heart disease, diabetes, obesity, and cancer) 2. Rate of adults consuming 5+ fruits and veggies daily 3. Rate of adults meeting recommended physical activity levels (150 minutes of aerobic physical activity per week) 4. % Women receiving prenatal care in first trimester <p>Outcome: People in Santa Fe are healthier.</p>
Behavioral Health	<ol style="list-style-type: none"> 1. % Current depression (past 2 weeks) 2. Suicide death rate 3. % Binge drinking (past 30 days) 4. Alcohol-related deaths 5. Drug-overdose deaths 6. Untreated adults with mental illness <p>Outcome: People in Santa Fe are healthier.</p>
Community Safety	<ol style="list-style-type: none"> 1. Fall-related deaths among adults age 65+ 2. Homelessness rate 3. Domestic violence rate <p>Outcome: Santa Fe is a safer community.</p>
Equitable Society	<ol style="list-style-type: none"> 1. % Unemployment 2. % Food insecure households 3. % Adults Age 25+ with post-secondary education 4. Openness and acceptance of community toward people of diverse backgrounds <p>Outcome: Santa Fe has a fair, just and equitable society; People in Santa Fe achieve their full potential.</p>

** See Appendix A for detailed data on each of the indicators in the chart above.*

C. Human Services Committee Role/Community Value Proposition

At the strategic planning retreat, Committee members were asked “What does/should it look like when we are doing our best work?” The following is a compilation of ideas shared that help to define the committee’s role and their potential value to the community.

OUR CAUSE	OUR ACTIONS	OUR IMPACT
<ul style="list-style-type: none"> • Santa Feans most at need (i.e., due to poverty, homelessness, and those with substance abuse and mental health issues) • Adults and families • Young adults (18-24 years of including those who are transitioning back to the community from incarceration or who are at-risk of entering the system) 	<ul style="list-style-type: none"> • Fund organizations to address the most critical community needs • Work with organizations to improve outcomes • Work with stakeholders, funders and community partners to foster coordination and alignment as it relates to the Mission of the Committee • Set direction and provide technical assistance in collaboration with providers • Encourage organizations to work together and collaborate to improve targeted areas • Work with the governing body to receive direction and guidance as brought forth by the Committee through the strategic plan • Assist grassroots organizations to expand and seek/leverage funding from other resources • Provide rigorous, thoughtful grant making, quality contract management and communication to help Committee make good decisions 	<ul style="list-style-type: none"> • Leveraged resources and more effective and impactful services • Clearer focus and increased contribution to turn the curve on specific community issues • A broader and deeper impact through improved collaboration • Enhanced capacity of organizations to get funding from other resources • Quality contract management and oversight • Better outcomes for Santa Feans through collective impact where possible • Improved outcomes (both short and long-term outcomes for the populations served) • Enhanced capacity of organizations to demonstrate their contributions and continuous improvement in performance to help Santa Feans • Governing body is informed and prepared to discuss impact of funding allocated

D. Vision and Mission Statement

Vision: Desired Outcomes from Ends Framework

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

Mission Statement:

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.

We Do This By:

- Implementing rigorous, thoughtful grant-making focused on our identified priority areas
- Providing technical assistance to help organizations expand their capacity to have a greater impact and to demonstrate their impact and contribution to improving outcomes
- Partnering with other funders to leverage and maximize resources and to have a greater impact together
- Keeping current on the health and human service needs of our community
- Promoting policies that benefit the health, safety and wellness of residents throughout the City, especially those most at-need or who lack access to opportunities and resources

III. RATIONALE FOR THE DISTRIBUTION OF FUNDS

The following section outlines the recommendations from the Human Services Committee related to the rationale for distributing HSC Funds. The Committee adopted the following to start in the 2019-2021 funding cycle:

- More equal distribution of the GRT allocation among the four priority funding categories.
- Alignment of funds to the current HSC outcomes and indicators as outlined in the Ends Framework.
- Creation of an Innovation and Small Grant Fund to support special projects at a lower funding level, with streamlined application and reporting requirements.
- Priority given to programs or projects that address equity by serving those who are underrepresented and/or have historically struggled to access services and opportunities or address a service gap, and to programs or projects that collaborate with other non-profit organizations.

A. Equal Distribution Among Priority Areas

Committee members adopted the recommendation for the GRT allocation to be distributed more equally among the four priority areas with an addition of a smaller fund category for innovation and small grant funding for priority projects that arise throughout the two-year funding cycle. Committee members also decided that there should be flexibility to shift funds to another category if there are not adequate high-scoring applications in one of the other priority areas.

B. Innovation and Small Grant Fund

Committee members will implement a new Innovation and Small Grant Fund to start in 2019 to support special projects that promote the health and wellbeing of Santa Feans but may not meet all requirements for HSC funding in priority funding categories. Organizations can apply for smaller grants of either \$2,500 or \$5,000 to support innovation through a separate and streamlined RFP with fewer application and reporting requirements, allowing them to maximize the use of funds toward program innovation. The Innovation and Small Grant Fund has a priority deadline but also remains open throughout the two-year cycle to allow HSC to respond to emerging opportunities throughout the year.

C. 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, 2017). However, there is evidence that some sub-groups and neighborhoods continue to have a high number of uninsured individuals and families. Organizations that seek to address inequitable access to opportunities and services would be prioritized for funding in order to direct resources to areas of greatest need.

D. Alignment of funds to HSC Outcomes and Indicators as outlined in the Ends Framework

Objective: Align distribution of funds to critical priorities identified by HSC in addition to a smaller fund category for innovation and small grant funds for priority projects that arise throughout the two-year funding cycle.

The chart below shows the current funding distribution for the 2016-2018 cycle.

Current Priority – Funding Category	Current Funding Distribution (2016-2018)		Proposed Funding Distribution (2019-2021)		Notes
Adult Health	\$ 275,000	% 32	\$ 200,000	% 23.75	Reduced funding amount
Behavioral Health	\$ 180,000	% 20	\$ 200,000	% 23.75	Increased funding amount
Community Safety	\$ 261,000	% 30	\$ 200,000	% 23.75	Reduced funding amount
Community Opportunities – Equitable Society	\$ 159,000	% 18	\$ 200,000	% 23.75	Increased funding amount
Innovation and Small Grant Funding for Special Projects			\$ 45,000	% 5	Small grants of either \$2,500 or \$5,000; separate and streamlined RFP with priority and open deadline; fewer reporting requirements
Special Project Consultants	\$ 30,000		\$ 30,000		HSC Data Project
HSC Admin	\$ 10,000		\$ 10,000		
TOTAL FUNDS	\$ 885,000				

** Estimated \$ 900,000 available for HSC grant funding contingent upon GRT.*

** If funding is not spent from the respective priority area, the funding will then be applied to other priority areas as needed.*

E. Rationale for Funding Decisions

Funding Decisions 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 includes the following:

- Alignment with the City of Santa Fe Human Services Committee priority outcomes and indicators as outlined in the Ends Framework and RFP
- Demonstration of a plan to address disparities, 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

A revised RFP and scoring rubric will be used to score applicants on the criteria above and funding amounts will be awarded according to the formula below. The chart below is based on 100-point total score on criteria and is flexible per funding needs:

$$(\text{Funding ask}) \times 0.015 \times (\text{points from 100}) = \text{total} - (\text{Funding ask}) = \text{potential } \$ \text{ funding amount}$$

Evaluation Score Range	Evaluation Score Range Level	Project/ Program Funding Ceiling
90-100	High	~ \$ 127,500 - \$ 150,000
80-89	Medium-High	~ \$ 105,000 - \$ 125,250
70-79	Medium	~ \$ 82,500 - \$ 102,750
61-69	Medium-Low	~ \$ 62,250 - \$ 82,050
<60 or below	Low	No funding recommendation

- *Exception: Innovation and Small Grant Fund awards would not be determined by above formula but determination could be two set amounts, either \$2,500 or \$5,000 awards*
- *Criteria includes assessment of project budget (does budget make sense)*
- *Assumption – City is supporting a higher level of funding for projects that align to priorities and support agencies with high potential to make an impact/contribute toward turning the curve.*

B. Analysis of Pros and Cons/Benefits and Concerns for Funding Rationale

The following are potential benefits and concerns related to the new recommendations related to funding rationale.

Potential Benefits

- Structure and clearer guidance for distributing funds allows for increased consistency in funding decisions and amounts.
- Improved transparency through pre-set funding amounts.
- Innovation and small grant funds help to decrease administrative burden on both City staff, HSC and nonprofit organizations who receive smaller grants.
- Innovation and small grant fund creates a pipeline for future funding relationships.
- Allows us to fund higher amounts to organizations that score higher on RFP (those who demonstrate progress on performance and outcomes, who serve underrepresented individuals.
- Shift may result in some organizations who have been funded in the past to receive increased funding for projects that align with priorities and demonstrate results (RFP high scorers).

Potential Concerns and Ideas to Address Concerns

- Shift may result in some organizations who have been funded in the past to receive less or not receive funding in next cycle who do not align with new priorities or demonstrate results.

- Organizations may adapt future funding requests to areas where their services better align with HSC priorities.
- Some organizations may elect to apply for Innovation and Small Grant Funds.
- Need to be aware of impact on areas that will experience a decrease in total amount of funding available in that area.
 - Organizations may adapt future funding requests to areas where their services better align with HSC priorities.
 - Some organizations may elect to apply for Innovation and Small Grant Funds.
 - HSC will work with other funders to explore strategies to address gaps.

IV. HUMAN SERVICES COMMITTEE 2018-2019 GOALS

A. 2018-2019 Goals

1. Increase Committee's understanding of community needs and status of progress on priority indicators and our data development agenda.
2. Partner with funders to discuss and align funding priorities around shared goals.
3. Partner with non-profit organizations and partners/community members to expand the network to improve coordination of the system of care and encourage collaboration.
4. Align the City's committees, commissions, and task force work where possible and increase communication and coordination on shared goals.
5. Develop and engage sub-committees for the Human Services Committee as needed.
6. Plan and implement professional development to prepare Committee Members for policy and funding advisory roles and responsibilities.
7. 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.
8. Present proposed HSC strategic framework, priorities, and rationale and framework for funding decisions to the governing body for input and refinement.

B. Addressing Community-wide Challenges

Turning 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 outcomes, especially for the most vulnerable populations.

APPENDIX A - HUMAN SERVICES COMMITTEE PRIORITY INDICATORS – ENDS FRAMEWORK

This table outlines county level priority indicators selected by the Commission in 2016 and a comparison of Santa Fe County to the State of New Mexico and the US, where available. Some indicators do not have reliable or available data sources.

Indicators	Santa Fe	NM	US	Disparities?
Adult Health				
Heart disease deaths ⁱ BVRHS 2014-2016, Rate per 100,000	113.2	143.8	168.5	
Diabetes deaths ⁱⁱ BVRHS 2014-2016, Rate per 100,000	16.7	26.2	21.3	
Obesity among adults ⁱⁱⁱ BRFSS - Santa Fe County & NM 2017/ US 2016	21.4%	29.2%	29.9%	
Cancer deaths ^{iv} BVRHS 2012-2016/ US 2016, Rate per 100,000	120.4	141.8	155.8	
% of women receiving prenatal care in first trimester ^v BVRHS - Santa Fe County & NM 2017/ US 2016	65.9%	63.8%	77.2%	
Recommended Physical Activity ^{vi} BRFSS 2011, 2013, 2015, *150 minutes of aerobic physical activity per week	60.4%	56.0%	50.1%	
Consuming 5+ Fruits and Veggies Daily (Adults) ^{vii} BRFSS - Santa Fe County & NM 2017/*US 2009	19.4%	16.4%	23.4%*	
Behavioral Health	Santa Fe	NM	US	Disparities?
% Current depression (past 2 weeks) ^{viii ix} BRFSS & NHANES 2016	8.4%	9.8%	8.1%	
Suicide deaths ^x BVRHS - Santa Fe County & NM 2017/ US 2016, Rate per 100,000	26.9	23.2	13.5	
% Binge drinking (past 30 days) ^{xi} BRFSS 2014-2016	12.3%	13.9%	16.9%	
Alcohol-Related deaths ^{xii} BVRHS - Santa Fe County & NM 2017/ US 2015, Rate per 100,000	57.8	66.8	32.2	
Drug-Overdose deaths ^{xiii} BVRHS - Santa Fe County & NM 2017/ US 2016, Rate per 100,000	27.2	24.6	19.8	
Untreated adults with mental illness ^{xiv} NSDUH 2017	--	56.7%	56.5%	
Community Safety	Santa Fe	NM	US	Disparities?
Fall-Related Deaths (among adults age 65+) ^{xv} BVRHS - Santa Fe County & NM 2017/ US 2016	77.7 Per 100,000	87.9 Per 100,000	61.6 Per 100,000	
Homelessness ^{xvi} HUD & PIT 2017	--	12 Per 10,000	17 Per 10,000	
Domestic Violence ^{xvii} New Mexico Interpersonal Violence Data Central Repository 2017	9.0 Per 1,000	9.6 Per 1,000	--	
Equitable Society	Santa Fe	NM	US	Disparities?
% Unemployment ^{xviii} New Mexico Department of Workforce Solutions - 2016	5.4%	6.7%	4.9%	
% Food insecure households ^{xix} Feeding America Meal Gap Report 2016	12.6%	15.8%	12.9%	
% of Adults Age 25+ with Post-Secondary Education ^{xx} U.S. Census ACS 2016	66.3%	58.2%	59.4%	
Openness and acceptance of community toward people of diverse backgrounds ^{xxi} The National Citizen Survey Santa Fe 2017	59%	--	--	

ⁱ Heart Disease Deaths per 100,000 Population by County, New Mexico, 2014-2016 – Retrieved from https://ibis.health.state.nm.us/indicator/complete_profile/CardioVasDiseaseHeartDeath.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) U.S. Data Source: Centers for Disease Control and Prevention, National Center for Health Statistics. <http://www.cdc.gov/nchs/>

ⁱⁱ Diabetes Death Rates by County, New Mexico, 2014-2016 – 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/>

ⁱⁱⁱ Obesity Among Adults by County, New Mexico, 2014-2016 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 2017 Data Obtained from Special Data Request to Public Health Division - K. Gwendolyn Gallagher, Ph.D. Community Health Epidemiologist

^{iv} Average Annual Cancer Deaths per 100,000 Population by County, New Mexico, 2012-2016 - Retrieved from: https://ibis.health.state.nm.us/indicator/complete_profile/CancerDeath.html Data Source: 1) New Mexico Death Data: Bureau of Vital Records and Health Statistics (BVRHS), New Mexico Department of Health. 2) Centers for Disease Control and Prevention, National Center for Health Statistics, CDC WONDER Online Database (<http://wonder.cdc.gov>).

^v Prenatal Care in the First Trimester by County, New Mexico and U.S., 2016 – Retrieved from https://ibis.health.state.nm.us/indicator/complete_profile/PrenCare.html Data Sources: 1) Birth Certificate Data, Bureau of Vital Records and Health Statistics (BVRHS), New Mexico Department of Health 2) 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

^{vi} Recommended Physical Activity Among Adults by County, New Mexico, U.S. Retrieved from <https://ibis.health.state.nm.us/indicator/view/PhysicalActAdult.Cnty.html> Date Source: Behavioral Risk Factor Surveillance System Data. “150 minutes or more of aerobic physical activity per week.”

^{vii} Percentage of Adults Who Reported Consuming 5+ Fruits and Vegetables Each Day by County, New Mexico, 2011, 2013, 2015 – Retrieved from: <https://ibis.health.state.nm.us/indicator/view/NurtiAdultFruitVeg.Cnty.html> Data Source: 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) Single Year Data and Updated 2017 Data Obtained from Special Data Request to Public Health Division - K. Gwendolyn Gallagher, Ph.D. Community Health Epidemiologist

^{viii} Current Depression, Adults Aged 18+ by County, New Mexico, 2016 – Retrieved from https://ibis.health.state.nm.us/indicator/complete_profile/MentHlthAdultDepression.html Data Source: 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.

^{ix} U.S. Data: Prevalence of Depression Among Adults Aged 20 and Over: United States, 2013–2016 – Retrieved from: <https://www.cdc.gov/nchs/data/databriefs/db303.pdf> Data Source: Data from the NHANES 2007–2016 were used for these analyses. Data from two combined cycles (2013–2016) were used to test differences between subgroups. Trends in depression prevalence reflect a 10-year period of five 2-year NHANES survey cycles, 2007–2016.

^x Suicide Deaths by County, New Mexico, 2012-2016 – Retrieved from <https://ibis.health.state.nm.us/indicator/view/SuicDeath.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) 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

^{xi} Binge Drinking (past 30 days), Adults Aged 18+ by County, New Mexico, 2014-2016 – Retrieved from <https://ibis.health.state.nm.us/indicator/view/AlcoholBingeDrinkAdult.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) U.S. Centers for Disease Control and Prevention (CDC), BRFSS Prevalence and Trends Data, <https://www.cdc.gov/brfss/brfssprevalence>. – U.S. Retrieved from <https://ibis.health.state.nm.us/indicator/view/AlcoholBingeDrinkAdult.State.html> Data Source: U.S. Centers for Disease Control and Prevention (CDC), BRFSS Prevalence and Trends Data, <https://www.cdc.gov/brfss/brfssprevalence>.

^{xii} Alcohol-related Deaths by County, New Mexico, 2012-201 - Retrieved from <https://ibis.health.state.nm.us/indicator/view/AlcoholRelatedDth.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) 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

^{xiii} Deaths due to Drug Overdose by County, New Mexico, 2012-2016 – Retrieved from https://ibis.health.state.nm.us/indicator/complete_profile/DrugOverdoseDth.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) 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

^{xiv} Adults with Any Mental Illness who Did Not Receive Treatment - Retrieved from: <http://www.mentalhealthamerica.net/issues/2017-state-mental-health-america-adult-data> Data Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health.

^{xv} 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

^{xvi} Rates of People Experiencing Homelessness 2017 – Retrieved from The 2017 Annual Homeless Assessment Report (AHAR) to Congress (<https://www.hudexchange.info/resources/documents/2017-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.

^{xvii} Domestic Violence Rates per 1000 in Santa Fe County Compared to Domestic Violence Rate in New Mexico, 2013-2017 Retrieved from: Incidence and Nature of Domestic Violence In New Mexico XVII: An Analysis of 2017 Data From The New Mexico Interpersonal Violence Data Central Repository https://nmcsap.org/wp-content/uploads/DV_Report_2017_Betty_Caponera_jul18web.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.

^{xviii} Percentage Unemployed by County, New Mexico, 2016 – 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

^{xix} Food Insecurity Rate by County, All Persons, New Mexico 2016 – 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. Downloaded from <http://www.feedingamerica.org/hunger-in-america>

^{xx} 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://factfinder.census.gov/faces/nav/jsf/pages/community_facts.xhtml Data Source: 1) U.S. Census Bureau, 2012-2016 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.

^{xxi} The NCS: Technical Appendices 2017 Openness and acceptance of the community toward people of diverse backgrounds Retrieved from https://www.santafenm.gov/media/archive_center/The_NCS_Technical_Appendices-Santa_Fe_FINAL_2017.pdf & Data Reference for Results-Based Accountability with An Equity Lens July 20 & 25, 2018 Data Source: National Citizen Survey Santa Fe, NM 2017