

# CHRISTUS ST. VINCENT 2020-2022 COMMUNITY HEALTH IMPLEMENTATION PLAN

OUR JOURNEY TO HEALTH



# THE CHRISTUS ST. VINCENT STRATEGIES FOR RESPONDING TO HEALTH PRIORITY NEEDS IN OUR COMMUNITY 2020-2022

#### MISSION

To improve the health and well-being of the communities we serve.

#### VISION

Exceptional medicine, Extraordinary Care, Every Person, Every Day

#### **CORE VALUES**

Integrity  $\cdot$  Dignity  $\cdot$  Compassion  $\cdot$  Excellence  $\cdot$  Stewardship



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## Introduction

#### What kind of legacy of well-being will we leave?

CHRISTUS St. Vincent (CSV) embraces its role in contributing to the health and well-being of our community beyond the walls of the hospital, urgent care, or clinics. This is the Community Health Implementation Plan (CHIP) for 2020-2022 which reflects the strategies employed by the health system to address the most pressing health related needs in our community.

The most pressing health challenges our community currently faces are identified in the CHRISTUS St. Vincent 2020-2022 Community Health Needs Assessment (CHNA). The CHNA outlines the health data, and indicators of greatest concern, disparities, and priorities in each area of the lifespan. The CHIP describes a range of strategies directed toward addressing the highest priority health needs of each age group, and the continued efforts of CSV to strengthen our community and internal systems of care.

The CHIP outlines CSV **Hospital** and **Outpatient Strategies**, **Community Benefit** funding to support the System of Care and collaboration taking place through **Community Partnerships**. As the largest health care system in the community we provide medical care in the hospital, emergency department, clinics and outpatient settings. In addition to caring for the general population, CSV places special focus on addressing the needs of identified priority populations and health disparities. This is accomplished through the CHNA, program development, service line changes and quality initiatives.

At CHRISTUS St. Vincent, We envision a Santa Fe where:

- ♦ All **babies** are born healthy
- ♦ All **children** are safe, healthy and nurtured
- All adults are physically, mentally and emotionally healthy
- ♦ All **women** are safe and healthy
- ♦ All **seniors** are safe, healthy and engaged

In this CHIP, we outline the CSV strategies to do our share in helping to make this a reality.

# The Community, Framework, and Principles



#### **The Community**

In the CHNA and CHIP, the "Community" is defined as Santa Fe County, which is the primary service area for CHRISTUS St. Vincent, and the third most populous county in New Mexico. CSV is the only Level 3 Trauma Center in North Central New Mexico north of Albuquerque, and serves seven counties including Santa Fe, Rio Arriba, Los Alamos, Taos, Colfax, San Miguel and Mora. CHRISTUS St. Vincent continues to work to improve access and the range of services needed to address health needs, and work with partners to make the highest quality health care available as close to home as possible.



#### **Framework**

In 2008, St. Vincent Hospital partnered with CHRISTUS Health to form CHRISTUS St. Vincent. It is a 50/50 partnership and the previous St. Vincent Hospital formed Anchorum St. Vincent. In addition to its 50% sponsorship of CSV, Anchorum St. Vincent manages a financial portfolio for the purpose of supporting CSV and investing in the health and wellbeing of the community.

#### **Key Partners**

The key partners in providing financial support to the local system of care are: CHRISTUS St. Vincent, Anchorum, Santa Fe County, the City of Santa Fe, the Santa Fe Community Foundation, and the State of New Mexico. By working together, we fund core services and leverage our financial assets and social capital to improve the health and well-being of our community.

Anchorum St. Vincent has dedicated \$2.1 million over 2020-2022 in competitive grants; and another \$7 million in direct grants in alignment with the findings of the CHNA to support the work of non-profits across our community. The distribution of these funds will be aligned with the Community Health Needs Assessment and focus on the shared priorities of Behavioral Health, Senior Care, and the Social Determinants of Health as well as education and services directed at reducing hospital readmissions.

In addition, CSV works with the New Mexico Hospital Association and the Human Services Department to expand funding streams and address policies and regulations that support healing for our communities. For example, the 2019 Legislature passed legislation to levy Gross Receipts Tax (GRT) on non-profit health care organizations in order to allow New Mexico to draw down additional federal funds through Medicaid, which requires state dollars to be matched. Because New Mexico is a high poverty state, the match rate is 3:1, which means that for every \$1 in State spending, New Mexico draws down \$3 additional Federal dollars. Though we are a not-for profit, this will lead to a payment of \$9 million in taxes that the State will be able to use to draw down those additional federal funds, providing vital care and services for our most vulnerable community members.



#### **System of Care Principle**

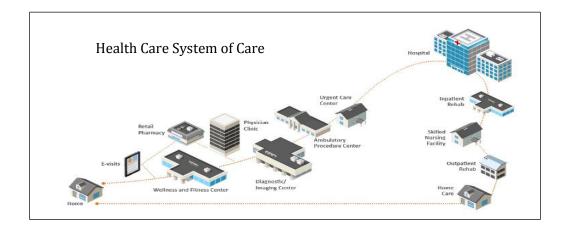
The CHRISTUS St. Vincent System of Care is one part of the service array supporting the health and wellbeing of our community members across Santa Fe and Northern New Mexico. The System of Care is the array of government, service providers, non-profits, philanthropy and other key entities organized around the key domains of life: physical health, mental health, housing, food, transportation, and meaningful engagement that give life its wholeness.

The Life Domains in the Community System of Care



The health and social needs of our population are complex, and cannot be addressed by one organization alone. The disparities faced in our community require collaboration and partnerships by those with a role to play in developing comprehensive and coordinated approaches to solving our local problems. For vulnerable populations, the System of Care often needs to extend beyond traditional medical or behavioral health providers and address the social determinants of health by engaging the other domains of life.

In the CHRISTUS St. Vincent strategic plan the Health Care System of Care refers to an organized array of health services needed to address a health condition, disease or chronic illness as shown in following diagram:



#### The Lifespan

The CSV Community Health Needs Assessment (CHNA) and Community Health Implementation Plan (CHIP) use the lifespan to organize data, information and strategies. All too often in planning to address community needs, it is difficult to prioritize the vast array of needs that exist. For this reason, we focus on three leading health indicators for six age groups across the lifespan. We understand that health needs change at each stage of human development, and in specific areas of health care, and we work to provide support, services and key interventions to meet those needs.



#### **Evaluation of the 2017-2019 CHIP**

In an effort to address the needs identified by the CHNA, under the direction of the Board of Directors, and in alignment with Santa Fe County, and the City of Santa Fe, CSV has provided grant funding to non-profit organizations, programs, and services that focus on addressing the social determinants of health, gaps in the system of care, and issues of health equity using Community Benefit funds. The Board Community Health and Wellness Committee reviews the biannual performance evaluations of these programs, and the implementation strategy used by CSV Community Health for effectiveness, oversight, and accountability.

Changes have been made to the Community Benefit strategy to better align the CHNA and CHIP timelines with the fiscal year, funding cycles, and the organizational strategic plan. The Results-Based Accountability Framework is used to evaluate the performance of the organizations and programs funded by Community Benefit, in unison with the City of Santa Fe, Santa Fe County, and the Santa Fe Community Foundation to inform strategies to guide improvements.

This Community Health CHIP aligns with the CSV strategic plan to support patients and families in the ongoing development of the internal and community based approaches to health care for everyone we serve.

## Priorities for 2020-2022

The Community Health Needs Assessment identifies a broad range of needs, not all of which can be prioritized with equal urgency in a community with limited resources. The Community Health Implementation Plan works to prioritize and address the most urgent needs with the most impact on the health of our community. The mission of CHRISTUS St. Vincent to *Improving the health and well-being of the communities we serve,* guides us in employing strategies across the system of care, community, and lifespan. These strategies will help to ensure that important changes are made, and improvements are maintained. To focus on issues that impact a wide range of population

groups and have a profound impact on community well-being, CSV has selected three "Super" priorities that will receive greater emphasis and focused attention:

#### **Super Priorities for 2020-2022**

- ♦ Behavioral Health
- ♦ Senior Care
- ♦ Social Determinants of Health¹

These Super Priorities were selected using the following criteria:

- Providing care to those who are most in need, the most impacted by disparities or have experienced the most dis-investment
- Addressing and reducing disparities or barriers to care
- Areas where CSV has expertise or provides access to a particular service
- Significantly impact population health, human suffering or strengthens the system of care
- Quantifiable through data.
- Social Determinants of Health are a priority for patients who experience extended or
  multiple hospitalizations due to issues that extend beyond health care. For example, an
  individual who is homeless and has a chronic illness is more inclined to have repeated
  hospitalizations.

Addressing key indicators across the lifespan remains important to CSV, efforts to maintain improvements already underway will continue to assure that gains made are not lost. As resources are allocated, extended funding will take into consideration the needs of established programs and newly arising priorities in the community.

#### Needs that are not being addressed in the 2020-2022 CHIP

There are needs in our community that were identified in the CHNA that CSV will not be directly addressing. This is because the needs of vulnerable populations in the community exceed what CSV alone can address. Some of those needs are being addressed by provider partners in our community that are better suited to address them based on their mission and programs or role in the community. Needs including food insecurity, transportation, family support for special populations, and housing directly impact health outcomes for our patients and community members. Although CSV cannot directly address these needs, we will continue to actively participate in collaborative initiatives and work with community partners that are working to directly address these issues. In the section that follows, the various collaborative partnerships are identified. Each of these groups is focused on addressing a critical gap or need in the community.

# **CHRISTUS St. Vincent Community Health Department Strategies**

The strategies outlined in the following sections are carried out under the leadership of the Community Health Department of CHRISTUS St. Vincent. Community Health is core and central to the Mission of CHRISTUS St. Vincent (CSV) to improve the health and well-being of the communities we serve. The CSV Community Health Department is responsible for:

- High Utilizer Group Services (HUGS)
- Violence Response and Resiliency Programs
- Community Benefit funding administration and reporting
- Community Collaboration

#### **High Utilizer Group Services (HUGS)**

High Utilizer Group services delivered through CSV since 2011 has a demonstrated track record of reducing hospital and emergency department utilization by providing individualized, intensive case management services. The HUGS approach draws upon the best practices of social work, counseling and patient centered care to engage the most complex patients in our community. People who are high utilizers of 911, jails, and the hospital overburden public services and the health care system and have fallen through the cracks of existing services due to the service access paradox. This paradox means that the people who are the most in need are the least likely to receive it because of the high complexity of their illnesses and the criteria for accessing services. These members of our community are unable, or have lost access to services they are qualified to receive. This leads to increased chronic illnesses and worsening health conditions, physical and emotional trauma including further victimization of violence, homelessness, substance use and declines in mental health, all of which increase the likelihood that these individuals will be unable to engage in the services they require.

HUGS Navigators (Master's level counselors or social workers) work with HUGS patients during hospital stays and in the community following the individual through the system of care to support, advocate, and assist the individual in accessing needed services. The approach requires close and ongoing collaboration with all human service community providers. CSV has a demonstrated track record of reducing hospital utilization (including the emergency department) by between 30 – 60%.

#### **Violence Response and Resiliency Programs**

A full time Violence Response and Resiliency Specialist responds to all identified patients within the hospital and clinics who have disclosed domestic violence or abuse. Patients are screened for interpersonal safety, and the Response Specialist conducts risk assessments, provides immediate safety planning, and provides individualized guidance and support to victims of violence.

Resiliency Programs include Trauma Informed Care training for all new associates of the CSV team, unit specific trainings on identification of domestic violence, child abuse, elder abuse, or human trafficking and how to access specialized resources for these patient populations, and secondary trauma prevention. A curriculum of trainings has been developed and provided to hospital team including: Emergency Department, Patient Registration, OB/Pediatric Units, Behavioral Health, Spiritual Care, Security, Service Excellence, and Case Management.

#### **Community Benefit Funding**

Through community benefit funding CSV dedicates over \$1 million to funding the non-profit service providers to support community-based treatment, address gaps in care and support the social determinants of health. These organizations often represent safety net services and address the social determinants of health. CSV works in collaboration with funding and non-profit community partners to support the development of programs, coordinate care, and to address policy issues, services needs and gaps. These funds are strategically awarded to leverage funds community-wide, and achieve efficiencies in administering grants.

Beginning in FY 20, CSV, Anchorum St. Vincent and the Santa Fe Community Foundation Health Fund will align funding to non-profit organizations to strengthen service delivery and minimize administrative burden on small non-profits by coordinating funding and reporting processes. In addition, CSV provides a range of programs and services as a benefit to the community including free flu shot clinics, community health screening events, etc.

#### **Community Collaboration**

Alignment across services to integrate the system of care requires coordination and collaboration. A number of collaborative initiatives focused on addressing particular population health issues exist. These initiatives are working to address public policy, funding alignment, program coordination, outreach, service provider training, or new program strategies. CSV participates in the initiatives to contribute expertise and to assure that CSV services are aligned with strategies and needs. Each of these groups is made up of key leaders in the community working together the advance the health and well-being of our community with a focus on the specific topic of concern.

Initiative	Led By:		
Municipal Drug Strategy Task Force	City of Santa Fe		
Human Services Committee	City of Santa Fe		
Built for Zero Initiative-Homelessness and Housing	City of Santa Fe		
Health Tracks	Santa Fe County, Community Services Dept		
Santa Fe Behavioral Health Alliance Leadership Council	Santa Fe County, Community Services Dept		
Santa Fe County Connect (Accountable Health Community)	Santa Fe County, Community Services Dept		
Health Policy and Planning Commission	Santa Fe County, Community Services Dept		
Santa Fe Alliance Opiate Safe	Santa Fe Prevention Alliance		
Early Childhood Steering Committee	United Way of Santa Fe County-OSF		
Trauma Informed Work Group	Community in the Schools		
Criminal Justice Consortium	Judge Mary Summers-Marlowe		
Santa Fe Prevention Alliance Leadership Council	The Santa Fe Prevention Alliance		
NAMI Santa Fe Committee	National Alliance for the Mentally Ill		
Santa Fe SAFE	Sheila Lewis		
Santa Fe Housing Action Coalition	The Santa Fe Housing Action Coalition		
Opportunity Santa Fe (OSF)	Santa Fe Community Foundation		

## **LIFESPAN PRIORITIES**

The implementation strategies outlined in this section of the Community Health Implementation Plan are presented following the Lifespan, and highlighting the areas of the **Super Priorities**: Behavioral Health, Senior Health, and Social Determinants. Each section will explain the Strategies of CHRISTUS St. Vincent Regional Medical Center and the Community-Wide Strategies. The following chart outlines the three key indicators identified by experts and community members for each age group along the life span. See the Community Health Needs Assessment at stvin.org for data and a description of each of the indicators. From this list of priorities, the super priorities were selected as a way to focus in special effort on these important areas.

LIFE SPAN AREA	INDICATORS	
	Prenatal Care in the First Trimester	
Maternal Health & Early Childhood	Babies Born with Low Birthweight	
	Neonatal Abstinence Syndrome (NAS)	
	Obesity	
School-Age Children & Adolescents	Depression and Suicide Attempts	
	Resiliency in Adolescence	
	Alcohol-Related Death	
Adult Behavioral Health	Drug Overdose Death	
	Suicide	
	Heart Disease Death	
Adult Physical Health	Cancer Death	
	Food Insecurity and Fruit/Vegetable Consumption	
	Obesity	
Women's Health	Domestic Violence	
	Homelessness	
	Fall-Related Death	
Senior Health	Immunization	
	Suicide	

# **Maternal Health & Early Childhood**

Giving all babies born a healthy start beginning with the help of their mothers during pregnancy remains a priority. We continue to improve upon lactation support and other needed supports for new babies and their families to make a better personalized experience with prenatal classes, onsite lactation consultation and much more.

CSV Strategies	CSV Community Health Strategies	Community Partnerships
Inpatient & Outpatient Services	Collaboration with home visiting service providers to integrate discharge planning for all families with new babies	Anchorum: Competitive Grant funding
Increased ObGyn Providers	Specialized Prenatal Care	Santa Fe Community College: 1 <sup>st</sup> Born Program
Pediatrician Program	Community Benefit Funding: Home visiting	United Way of Santa Fe: Early Childhood Steering Committee
Women & Infant System of Care Initiative		Santa Fe Community Foundation: Opportunity Santa Fe Birth to Career
Clinician Driven Performance Improvement Programs: Neonatal Abstinence Syndrome		

#### **CHRISTUS St. Vincent Direct Care Strategies**

- Our Pediatric offices offer pre-birth visits that allow patients to get to know the office and meet our care team so women are much more prepared.
- Our Delivery Services team work to optimize newborn feeding, improve care taker education and support, and refer to home-based community services for new families.
- ◆ Clinician Driven Performance Improvement has improved the screening for, and treatment of, babies with Neonatal Abstinence Syndrome (babies born with drugs in their systems due to mother's use of drugs during pregnancy) using best practice methods for soothing, feeding, bonding, and reduce use of medications for withdrawal symptoms, length of stay, risk of re-admission and improve family and staff support in providing care for these newborns.
- We provide lactation support to new mothers and referrals to home visiting, lactation and other supports.

#### **CSV Community Benefit Strategies**

- Continued investment in maintenance efforts towards ensuring that every family bringing home a new baby has access to Home Visiting Programs through referrals to local non-profit service providers.
- Support women by providing and funding specialized prenatal services, and continuing to work to increase the number of women who access early prenatal care.
- Ensure through funding and advocacy, that crucial services for infants and their caregivers, including early childhood mental health services, are available for new families in our community.

#### **Community Partnership and Collaboration Strategies**

- Regular participation in the Early Childhood Steering Committee with the purpose of engagement in the coordination and promotion of early childhood education activities and complementary services, to serve as a community voice in the formulation of early childhood goals and objectives, and to identify services and activities necessary for health and wellbeing. The Early Childhood Steering Committee is led by United Way of Santa Fe with support from Opportunity Santa Fe. The group is made up of program experts from government, foundations, non-profit organizations and other key stakeholders that serve pregnant women, babies, families and caregivers.
- Community engagement and training sessions during staff meetings from relevant community providers to enhance referrals and staff education about community resources and partners.
- Opportunity Santa Fe is a collective impact effort made up of committed leaders and stakeholders dedicated to achieving birth to career success for all Santa Fe children, families, and communities by aligning strategies, actions, and resources to improve outcomes across the birth to career continuum in Santa Fe County.

# **School Age Children & Adolescents**

A nationwide crisis of trauma, anxiety and depression is manifesting in our youth. In our community increasing numbers of adolescents (and even young children) are expressing suicidal ideation and even attempt in our community. The numbers of children with obesity is also growing.

CSV Strategies	CSV Community Benefit Strategies	Community Partnerships
Inpatient & Outpatient Care  Value based agreements with insurers focused on quality	Adolescent HUGS Program: Administered by the Santa Fe SKY Center	Anchorum Competitive Grant funding to increase behavioral health support & education programs
Behavioral Health services in the Emergency Department- Observation Unit with 2 Pediatric beds and direct referral to Adolescent HUGS	Community Benefit funding: Youth Shelters, Grief Support, and other forms of resiliency building	City of Santa Fe Children & Youth Commission
Pediatric Intensivist Program		Santa Fe County Teen Court

#### **CHRISTUS St. Vincent Direct Care Strategies**

- ♦ Pediatric services are available through Arroyo Chamiso Pediatric Center and Entrada Pediatric Clinics.
- While a community our size does not normally offer pediatric subspecialty care, CSV has hired pediatric intensivists who specialize in the hospital care of kids in our community.
- Our ongoing partnership with UNM Health Sciences Center allows CSV to offer Maternal Fetal Medicine and Pediatric Cardiology in our Clinics.
- ♦ Adolescent HUGS is an ongoing partnership with The Sky Center that ensures that every child or adolescent patient who presents to the CSV Emergency Department with suicidal ideation or attempt is provided with a referral and immediate warm hand off to an experienced local therapist who can work with families to create safety and treatment plans to support the child and family system.

#### **CSV Community Benefit Strategies**

- Funding the only shelter for youth experiencing homelessness to ensure that every young person in need of shelter has access to safe, caring adults equipped to meet their needs.
- Ongoing funding and support programs that address the behavioral health needs of children and youth by funding services that directly impact the resilience of young people including grief support, and suicide prevention programs.
- Provide funding for Adolescent HUGS.

#### **Community Partnerships and Collaboration Strategies**

♦ Collaboration with Anchorum St. Vincent which is committing up to 25% of FY2019 Competitive Grant funding to improving educational attainment for children in Santa Fe and Northern new Mexico.



# Behavioral Health: Super Priority

Behavioral Health issues profoundly impact many of the people in our community and across the lifespan. Behavioral Health includes mental illness and substance use. In this section we outline the overall strategies for addressing the service gaps organizationally and across the community.

#### **CHRISTUS St. Vincent Direct Care Strategies**

- Continue to provide high quality acute Emergency Department and inpatient behavioral health care
- Improve assessment, treatment, and referrals for all community members with psychiatric conditions, substance abuse disorder, chemical dependency, or problematic substance abuse.
- Advocate for reasonable payment to Behavioral Health providers throughout the state including the rural areas we serve.

#### **CSV Community Benefit Strategies**

Continue to fund and advocate for behavioral health services across our community through strategic grant making

#### **Community Partnerships and Collaboration Strategies**

Key to the behavioral health strategies is collaboration with local partners. Shown in the table that follows are the local partners and the role they play in behavioral health advocacy and funding. Together these partners are working to provide leadership, strengthen the system of care, and align funding and planning efforts.

CHRISTUS St. Vincent	Santa Fe County Community Services	City of Santa Fe	Anchorum St. Vincent	Santa Fe Community Foundation	Santa Fe District Court	State of New Mexico
	Dept					
-Trauma	-SF County	-Municipal	-Competitive	- Competitive	-Criminal	-Medicaid
Informed	Behavioral	Drug	Funding and	Grants	Justice	funding
Hospital	Health Crisis	Strategies Task	Direct Grants	-Non-profit	Consortium	-BHSD State
Initiative	Center	Force	to Behavioral	leadership		behavioral
-Community	-Behavioral	-Veteran's	Health	development		health funding
Benefit Grants	Health Core	Advisory	Providers	training		
-Behavioral	Leadership	Board		-Opportunity		
Health Task	Team	-Adult, Youth		Santa Fe		
Force	-SF County	and Veteran				
	Connect	Services				
	-Provider	Grants				
	Grants	-MIHO				
	-FQHC	-Santa Fe				
	Contracts	Connect				

#### **Super Priority Strategies to address the indicators:**

#### Strategies to: Decrease Suicide Rates in Our Community

- ➤ Hardwire cross-community collaboration and communication between service agencies to identify and provide interventions for any member of our community that presents to an organization or provider with suicidal ideation, attempt or risk factors.
- ➤ Improve screening for warning signs of suicide and provide immediate referrals for care.
- Expand community education on overdose prevention and response.
- ➤ Increase the number of prescription "Take Back" sites across the community for the collection of unused and expired medications.

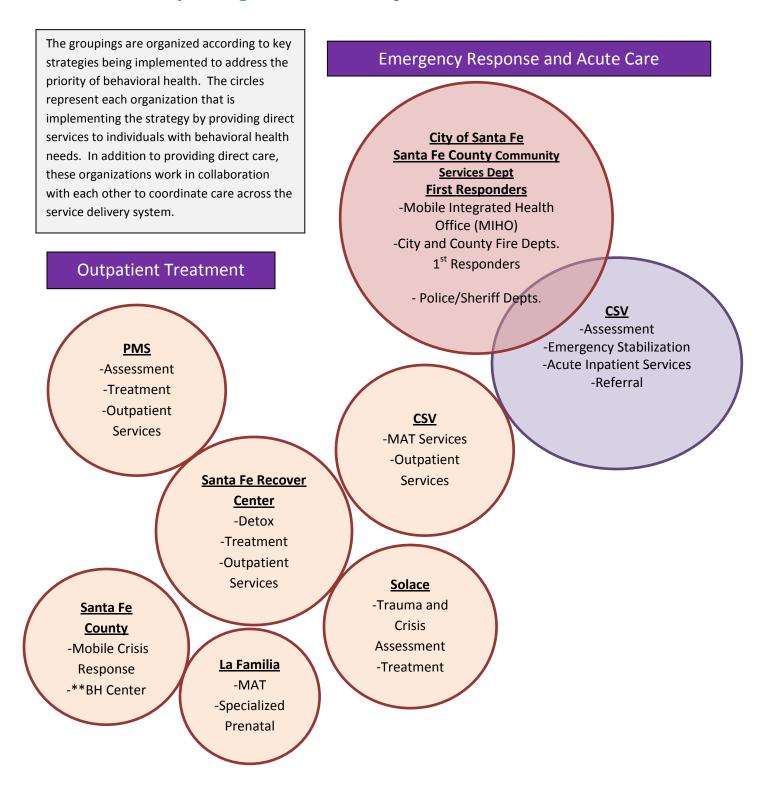
#### Strategies to: Decrease Substance Abuse Related Illness

- Continue the work of the Municipal Drug Strategies Taskforce to increase and improve collaboration and communication between service agencies to identify and provide interventions for any member of our community that presents to an organization or provider with substance abuse disorder, chemical dependency, or problematic substance abuse.
- Collaborate with the Overdose Death Review Board.

#### **Strategies to: Increase Resilience**

- ➤ Improve collaboration and communication between service agencies to identify and provide interventions for any member of our community that presents to an organization or provider at risk for social isolation.
- Continue to support organizations that work to address social isolation and provide community-based social opportunities for individuals lacking natural support systems.
- ➤ Increase the numbers of community members engaging in treatment and recovery services.

#### **Community Strategies and Partnerships to Address Behavioral Health**



## **Adult Physical Health**

The following accomplishments demonstrate the ongoing commitment of CHRISTUS St. Vincent to provide the highest quality of care to our patients:

#### Mayo Clinic Care Network Designation

In 2019, CHRISTUS St. Vincent became one of 40 Mayo Clinic Care Network members internationally. The designation allows our doctors and providers to quickly access Mayo's latest research, diagnostic and treatment resources when they feel it will benefit our patients. We are able to access E-Consults, inpatient telephone consults, make patient referrals for complex care needs not available locally, participate in multi-disciplinary education, "Ask Mayo Expert", and health information content for consumers. Becoming a Mayo Clinic Network member supports us in achieving our goal to improve the delivery of health care.

#### Leap Frog "A" Grade for Patient Safety

The Leapfrog Safety Grade is based upon national performance measures from the Centers for Medicare and Medicaid, the Leapfrog Hospital Survey and other supplemental data sources that are analyzed to arrive at the Safety Grade Score. The Safety Grade is based upon analysis of hospital errors, injuries, accidents and infections. The Leapfrog Grade demonstrates that the CHRISTUS St. Vincent "Zero Harm" goal and initiatives implemented to get there are having a positive impact.

#### **CMS Four Star Designation**

The Center for Medicare/Medicaid Services (CMS) calculates star ratings based upon a group of measures including clinical outcomes, quality, patient satisfaction, and customer services. Five stars are the highest rating.

#### Healthgrades 2019

Excellence Awards in Cranial Neurosurgery and Coronary intervention (Top 10% in the Nation). Healthgrades is an online database of doctors, dentists and hospitals with over 1 million users on over 3 million U.S. healthcare providers.



CSV Strategies	CSV Community Health Strategies	Community Partnerships
Inpatient & Outpatient	Community benefit funding for medical respite programs	City of Santa Fe Human Services Committee
Care Coordination Services	Free Flu Shot Clinics	
Population Health Mgt- ACO, Patient Centered Med Homes	Meal delivery services for adults who are homebound meal and do not qualify for government	Santa Fe County Health Policy & Planning Commission
Advanced diagnostic & treatment technologies in cardiovascular, cancer, etc.	meals-on-wheels programs	***Connect Santa Fe (Accountable Health Community Initiative led by Santa Fe County in Partnership with
Care management programs for: Chronic Disease, Cancer, Diabetes, Cardiac care		the City of Santa Fe)

#### **CHRISTUS St. Vincent Direct Care Strategies**

- ◆ Care Coordination services provide follow-up care resources from nurses to all patients that have a hospital stay or Emergency Department visit to ensure patients understand instructions, medications, and follow-up care and appointments
- Chronic Care Management program provides support for patients with chronic disease
- Specialized and Chronic Care Management teams provided by specially-trained nurses (Cancer, Heart, Orthopedics, Palliative Care and others)
- Participation in "population health" programming including Accountable Care Organization, Patient-Centered Medical Homes, and other Quality programs.
- ♦ Advanced diagnostic and treatment technology in all areas impacting the health of our community including cardiovascular care, cancer center and others.

#### **CSV Community Benefit Strategies**

- Fund medical respite beds for community members experiencing homelessness to provide beds, meals, and monitoring for any medically compromised patients to support recovery from an illness or surgery, and ensure opportunities for safety and healing in Emergency Shelter settings.
- Fund meal delivery services for any member of our community who is homebound, including those that do not qualify for government funded meals on wheels programs.

#### **Community Partnerships and Collaboration Strategies**

- Representation on the City of Santa Fe Human Services Committee
- Regular attendance and presentations to the Santa Fe County Health Policy and Planning Commission to inform and be informed about health related programs, initiatives, and needs across our service area
- Participation in Santa Fe Connect (Accountable Health Community initiative)

### Women's Health

Women have special needs that must be addressed through health care and other services tailored to women's health. We remain committed to continued expansion and improvement of women's health services.

CSV Strategies	CSV Community Health Strategies	Community Partnerships
Inpatient & Outpatient Care	Community benefit funding to support the work of Esperanza, the only provider of domestic violence shelter in Santa Fe	New Mexico Coalition Against Domestic Violence (host and participate in quarterly meetings)
Expanded ObGyn Practice with 2 additional providers		Provide Trauma Informed Care and Domestic Violence education by providing free trainings to
Full service Breast Surgery and Oncology care-Cancer Center		community agencies partner organizations
Trauma Informed Hospital Initiative- training and 24/7/365 response to victims of domestic violence who come to the hospital seeking help		

#### **CHRISTUS St. Vincent Direct Care Strategies**

- Full service Breast Surgery and Oncology care with specialized patient navigation, case management, and services on-site at the CSV Regional Cancer Center.
- ♦ 24/7/365 Domestic Violence response and specialty case management services to support all survivors of domestic, interpersonal violence, or human trafficking who disclose in the hospital setting including ongoing supportive services and specialized advocacy.
- Trauma Informed Hospital Initiative trainings for all hospital New Associates during orientation, and department specific trainings to improve screening, assessment and referrals of any victims of domestic or interpersonal violence and how to request specialized case management services.
- Provide to patients who disclose abuse, neglect, or violence with referrals for appropriate specialized services including safe house interviews for children who are victims of abuse or neglect, and ongoing supportive services and specialized advocacy.

#### **CSV Community Benefit Strategies**

• Continue to provide funding to support the care of women and children who are survivors of domestic violence in need of shelter services through Esperanza, the only provider of domestic violence shelter services in Santa Fe.

• Continue to collaborate with Solace Crisis Treatment Center to provide Sexual Assault Nurse Examiners for all cases of sexual assault in the hospital.

#### **Community Partnerships and Collaboration Strategies**

- ♦ Participation in The New Mexico Coalition Against Domestic Violence
- Ongoing collaboration with relevant offices of the courts and law enforcement to advocate for victims and ensure collaboration between agencies that have a role to play in addressing violence in our community.
- ◆ Provide Trauma Informed Hospital Initiative trainings for community agencies including the Department of Corrections Cadet Academy, housing services providers, behavioral health service providers, and the DA's office, high school young mother's group through Capitol High School, Santa Fe Fire Department, local Federally Qualified Health Care Centers, and local higher education centers.



## **Seniors**: Super Priority

As Santa Fe residents age, new health issues and social determinants emerge and the community resources available to respond are lacking. The health indicators of greatest concern in the Senior population are falls, immunizations, and suicide. Because of the lack of services and specialized care to respond to our growing senior population, senior health is designated as a super priority.

#### **CHRISTUS St. Vincent Direct Care Strategies**

- In 2019, hired a fellowship trained Gerontologist to join the team of physicians and nurse practitioners dedicated to responding to the health needs of our seniors.
- Utilized the American Hospital Association standards to become a designated Age Friendly Health System. The standards focus on the four Ms: Mentation, Mobility, Medication and What Matters.
- > Develop a plan for senior care services including expanding the range of services to respond to the needs of seniors.
- > Provide full-service Chronic Care Navigation services offering specialized care navigation for seniors with chronic conditions.
- Increase advanced care planning to increase the number of people who complete Advanced Directives documentation, and have them added to medical records.

#### **CSV Community Benefit Strategies**

- Continue to develop community-based services for respite care, home-based supports, volunteer services, memory care, and nutrition for seniors.
- Direct Community Benefit funding to needed services for seniors.

#### **Community Partnerships and Collaboration Strategies**

Key to the senior health strategies is collaboration with local partners. Shown in the table that follows are the local partners and the role they play in behavioral health advocacy and funding. Together these partners are working to provide leadership, strengthen the system of care, and align funding and planning efforts.

CHRISTUS St. Vincent	Santa Fe County Community Services Dept	City of Santa Fe	Anchorum St. Vincent	Santa Fe Community Foundation	State of New Mexico
-Senior Care Center of Excellence -Age Friendly Health System -Navigation and Chronic Care Management Services	-Santa Fe County Connect -Health Tracks case management -Senior Centers -Meal delivery services	- Santa Fe Connect -City of Santa Fe Senior Services -City operated Senior Centers and programming -Senior specific navigation -Adult Services Grants	-Competitive Funding and Direct Grants to Senior Care Providers	- Competitive Grants	-HSD Medicaid funding -BHSD State behavioral health funding - Department of Health funding

#### **Super Priority Strategies to address the indicators:**

#### **Strategies to: Decrease Fall-Related Deaths**

- ➤ Continue the hospital-based fall prevention program implemented with on-going success.
- Screening for balance and other risks in outpatient clinics.
- Referrals for home-based supportive services.

#### Strategies to: Increase Immunizations for Flu

- ➤ Provide immunizations at no cost to seniors during flu season including education on the benefits of immunizations to debunk misinformation about the flu shots (e.g., many believe that the flu shot causes flu symptoms)
- Modify the forms completed at free flu shot clinics to ensure accessibility for all eligible community members

#### **Strategies to: Decrease Suicide Related Deaths**

- ➤ Hardwire cross-community collaboration and communication between service agencies to identify and provide interventions for any member of our community that presents to an organization or provider with isolation risk factors.
- > Support and participate in the Zero Suicide initiative led by Santa Fe County to improve and hardwire screening for warning signs of suicide and provide protocols for immediate safety planning and referrals for care.



#### **Community Strategies and Partnerships to Address Senior Health**

The groupings are organized according to key strategies being implemented to address the priority of senior health. The circles represent each organization that is implementing the strategy by providing direct services to seniors. In addition to providing direct care, these organizations work in collaboration with each other to coordinate care across the service delivery system.

#### Community Services and Acute Care

#### Santa Fe County

#### **Community Services Dept**

- -Senior Navigation -Health Tracks
- -Home delivered meals

# City of Santa Fe Santa Fe County First Responders

- -Mobile Integrated Health Office (MIHO)
- -City and County Fire Depts.

  1<sup>st</sup> Responders

Police/Sheriff Depts.

#### **CSV**

- -Emergency Stabilization
  - -Assessment
- -Inpatient and Outpatient
  - Services
  - -Referrals
- -Senior Focused Navigation Services

#### Senior Focused Services

# Connections

- -Respite Care
- -Home Care Options
- -Caregiver Training

### Community Supportive Services that Serve Seniors

-Meal Delivery Services for ANY homebound person

**Kitchen Angels** 

#### **Interfaith Shelter**

-Emergency Wet Shelter

#### St. Elizabeth's

- -Sober Shelter
- -Sober Housing
- -Case Management
- -SOAR Representation
- for SSI/SSDI Application

#### The Life Link

- -Supportive Housing
- -Case Management

# Social Determinants of Health: Super Priority

Social determinants of health are conditions or factors in the places where people live, learn, work, and play that affect a wide range of health risks. Disparities are reflected in the differences in quality of life, rates and severity of disease, as well as, access to treatment. Differences in health are striking in communities with unstable housing, low income, unsafe neighborhoods or substandard education.

#### **CHRISTUS St. Vincent Direct Care Strategies**

- ➤ Provide full-service Care Navigation services offering specialized care navigation for seniors with chronic conditions.
- Through case management services, identify social determinants of health that impact extended hospitalizations and/or readmissions.

#### **CSV Community Benefit Strategies**

- ➤ Direct Community Benefit funding to services that address social determinants of health.
- ➤ Implement a medical legal partnership to provide access to legal supports needed to address social determinants of health.

#### **Community Partnerships and Collaboration Strategies**

Key to the strategies addressing social determinants of health is collaboration with local partners. Shown in the table that follows are the local partners and the role they play in behavioral health advocacy and funding. Together these partners are working to provide leadership, strengthen the system of care, and align funding and planning efforts

CHRISTUS St. Vincent	Santa Fe County Community Services Dept	City of Santa Fe	Anchorum St. Vincent	Santa Fe Community Foundation	State of New Mexico
-Trauma Informed Hospital Initiative -Community Benefit Grants	-Community Behavioral Health Crisis Center Planning -Behavioral Health Task Force -Santa Fe County Connect -Santa Fe Prevention Alliance - Provider Grants -FQHC Contracts	-Santa Fe Connect -Built for Zero (Homelessness and Housing) -Municipal Drug Strategy Task Force -Veteran's Advisory Board - Adult, Youth, and Veterans Services Grants	-Competitive Funding and Direct Grants	- Competitive Grants	-HSD Medicaid funding -BHSD State behavioral health funding - Department of Health funding

#### **Super Priority Strategies to address the indicators:**

#### Strategies to: Address areas of Health Disparities in the Population

- > Explore strategies for improving neighborhood conditions in the Hopewell and Agua Fria areas of Santa Fe.
- ➤ Identify people experiencing lack of food and/or food insecurity and other social determinants of health and connect them to service providers.

#### Strategies to: Improve Housing Access for Vulnerable Populations

➤ Participation in a pilot project through the American Hospital Association Health Care Collaborative in partnership with Anchorum St. Vincent to house senior women who are experiencing homelessness. The project aims not only to identify pathways to housing for the women engaged, but also to identify gaps or barriers in housing access and work to address them with community partners.

#### **Strategies to: Increase Health Care Access for Those Without Insurance**

- ➤ Provide access to health care through community resources for people who utilize the Emergency Department for primary care purposes.
- Provide navigation services to assist in connecting patients to appropriate services.

#### **Accountable Health Community Model: Santa Fe Connect**

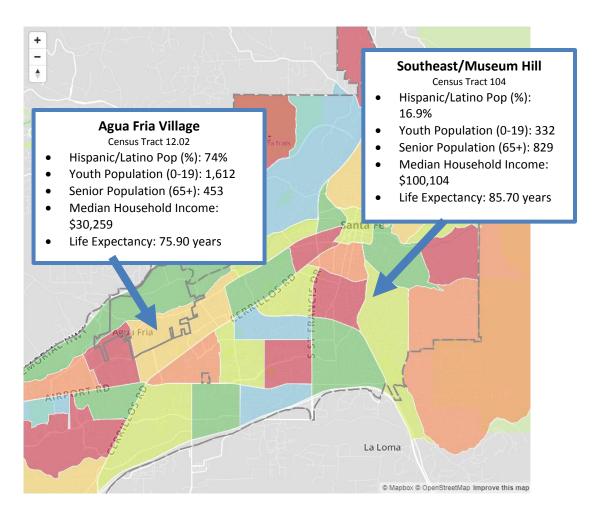
Santa Fe Connect is a network for health and wellbeing that works to connect service agencies across our community to provide universal screening, referrals, and community navigation for all residents in need. By screening all residents who are accessing services for needs community members can access multiple resources through any Santa Fe Connect navigator.

#### The goals of Santa Fe Connect are:

- That 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. Data are collected, monitored and evaluated to improve services and population health while reducing health care costs.

#### Social Determinants by Neighborhood

The following diagram contrasts differences in a lower income and higher income area of the community. Agua Fria Village (census tract 12.02) has a median household income of \$30,259 and a life expectancy of 75.9 years, with 74% of its population identifying as Hispanic or Latino. In contrast (census tract 104) the Museum Hill area, has a median household income of \$100,104, a life expectancy of 85.70 years, and only 17% of its residents identifying as Hispanic or Latino. These neighborhoods (only 4 miles apart and at the ends of the same street) have a life expectancy rate 5 years under (Agua Fria) and 5 years over (Museum Hill), with an almost \$70,000 median household income difference, and 57% variance in Hispanic/Latino population.



# Community Strategies and Partnerships to Address Social Determinants of Health

The groupings are organized according to key strategies being implemented to address the priority of social determinants of health. The circles represent each organization that is implementing the strategy by providing direct services. In addition to providing direct care, these organizations work in collaboration with each other to coordinate care across the service delivery system.

#### Housing

#### **The Life Link**

-Supportive Housing -Case

Management

#### St. Elizabeth's

-Sober shelter -Sober Housing

#### **Interfaith Shelter**

-Emergency Wet Shelter

#### Esperanza Shelters

- -Domestic Violence Shelter
- -Case Management

#### **Youth Shelters**

- -Emergency Shelter
- -Assessment -Referral

#### **HomeWise**

-First Time Home Buyer Program -Financial Literacy

# Coming Home Connections

- -Respite Care -Home Care Options
- -Caregiver Training

# Communities in Schools

-School based support

-Case Management

#### **Resiliency Supports**

#### <u>Las Cumbres</u> <u>Community Services</u>

- -Parent and Caregiver
  Training
  - -FIT Services
  - -Home Visiting

#### **Kitchen Angels**

-Meal Delivery Services for ANY homebound person

# United Way of Santa Fe

-Pre-K

- -Home Visiting
- -Parent Education
- -Financial Literacy

# **Summary & Conclusions**

In summary, the CHRISTUS St. Vincent Community Health Plan is focused at three levels: those efforts internal to the CHRISTUS St. Vincent health system; community benefit funding to strengthen the community System of Care that addresses social determinants of health; and collaborations with partners in government, non-profits, and philanthropy. At CHRISTUS St. Vincent the Community Health Needs Assessment is deeply aligned with overall organization strategic plan. The health needs of our community serve to inform planning for service line changes, and the Community Health Implementation Plan is aligned with the organizational strategic plan to address the needs of the population, and in the use of community benefit investments. In addition, CHRISTUS St. Vincent and Anchorum St. Vincent are aligning funding and strategies to assure that community investments will have significant impact in improving health and well-being.



Improving the health status of our community is a bigger job than anyone entity alone can handle. In the Community Health Implementation Plan we have outlined the efforts underway to work in collaboration and partnership with government, non-profit service organizations, the faith community and philanthropy, to create expanded opportunities for health and wellness in our community. Working together we share a commitment to making our community safe and healthy.

In the beginning of this report we posed the question: *What kind of well-being legacy will we leave?* It is our intent the work outlined in this report will create a sustaining legacy of improved health and well-being of our community. Through investments, collaboration, responsive services, the well-being of Santa Fe and North Central New Mexico will continue to improve and thrive.

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