



BERNALILLO COUNTY

Accountable Health Communities

LINKING OUR COMMUNITIES TO HEALTH & WELLNESS

Gaps Analysis

April 1, 2019

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EXECUTIVE SUMMARY

As part of the five-year project to screen and navigate high risk patients for social determinants of health, the Bernalillo County Accountable Health Communities bridge organizations with input from community partners and the Advisory Council have developed this preliminary Gaps Analysis. This report outlines baseline need, existing services, and service capacity in Bernalillo County in five Social Determinant of Health (SDOH) issue areas: Housing, Utilities, Transportation, Personal Safety, and Food Insecurity. Through the process of completing this analysis, initial opportunities for increased alignment of agency coordination, service provision, and policies have been identified. Please see the Quality Improvement (QI) Plan for more detail on how the Gaps Analysis will inform implementation and alignment activities.

There are distinct gaps in each area

- Bernalillo County's housing safety net is a patchwork of programs designed to address the various causes and consequences of housing instability and homelessness. Although many of these programs are effective, all lack the capacity to meet even a fraction of the need.
- The Low-Income Home Energy Assistance Program (LIHEAP) provides year-round assistance with energy costs to qualifying households, but less than 20 percent (20%) of potentially eligible households in Bernalillo County participate in the program
- The high transportation costs associated with living far away from jobs and services is a burden to families and a barrier to fair housing
- Transportation is typically a household's second largest expenditure. The high transportation costs associated with living far away from jobs and services is a burden to families and a barrier to fair housing. Lack of public transportation access and cost burden are particularly acute on the west side.
- Community-based service providers indicate that interpersonal violence survivors in Bernalillo County must sometimes wait weeks before accessing case management and counseling services
- Gaps in services to address food insecurity include a limited service area, availability and price of healthy foods throughout the county, and long waitlists/low organizational capacity to adequately address the need.

It is clear that all of the SDOH areas are inextricably linked, primarily by poverty. Any attempts to address gaps in one area must recognize how gaps in other areas contribute to these gaps. If a person is experiencing housing instability or homelessness, they are likely to experience greater barriers in addressing other needs as well including transportation issues, barriers to services for interpersonal violence, and many others. Addressing the complexity of housing needs is a necessary, high yield area.

Overall, a few preliminary opportunities for action are:

- Continue to improve the community resource inventory (stewarded by ShareNM) and connectivity of community resources to the directory and to each other.
- Establish a flexible fund that allows Community Health Workers to help address small, diverse, and immediate needs in any of the areas.
- Identify coordinated efforts and coalitions addressing housing and homelessness and create opportunities for more communication and alignment of activities.
- Identify funding to improve availability of affordable housing stock in Bernalillo County.
- Examine existing policies and practices for IPV reporting in healthcare.

It is imperative to address structural barriers to enable successful large-scale screening, navigation, and resolution of social needs ultimately impacting healthcare outcomes and cost.

This Gaps Analysis and the complementary Quality Improvement Plan will be updated annually over the next 4 years (term of the Bernalillo County AHC project). These updates will reflect further identification of gaps and barriers through implementation of screening, referral, and service navigation, and opportunities for alignment.

BERNALILLO COUNTY ACCOUNTABLE HEALTH COMMUNITIES OVERVIEW

Presbyterian Center for Community Health in partnership with the Bernalillo County Community Health Council and the University of New Mexico Office for Community Health (the bridge organizations) have been awarded a 5 year, \$4.5M Cooperative Agreement through the Centers for Medicare/Medicaid to test a model that connects Community Health Workers (CHWs) to high-risk beneficiaries that screen positive for a Social Determinant of Health. The primary goal of this project is to determine whether there is an increase in overall health outcomes and assess any cost savings through connection of patients to social services. A secondary goal is to improve alignment in services and reduce structural barriers individuals and agencies face in resolving SDOH needs. Bernalillo County Accountable Health Communities (BCAHC) uses a consortium structure with a set of three bridge organizations, clinical delivery sites, and community service providers. In addition the bridge organizations convene an Advisory Committee made up of larger community stakeholders including the State of New Mexico Human Services Department, Health Insight, and the New Mexico Department of Health. The bridge organizations formed a “data group” to steward the data collection and reporting process for the project. The Data Group are the authors of the Gaps Analysis and Quality Improvement Plans.

Please direct requests for additional information to The Presbyterian Center for Community Health. CommunityHealthTeam@phs.org

BERNALILLO COUNTY COMMUNITY PROFILE

Bernalillo County is New Mexico's most populous county (676,773 residents, 32% of the state population) and it contains the state's largest city, Albuquerque (population 558,545) and the incorporated municipalities of Los Ranchos de Albuquerque (population 6,087) and Tijeras (553).ⁱ There is a significant amount of Bernalillo that is unincorporated, containing the large swaths of census designated places, including the large peri-urban farmland of the South Valley, Westside desert, and the forested East Mountain communities. The county also includes the Isleta, Laguna, and Sandia Pueblos and part of the To'hajiilee Navajo Reservation. The county is primarily urban with a population density of 581.18 persons per square mile and a 96% urban/4% rural breakdown.ⁱⁱ

The county has slightly higher proportions of young adults (ages 25-44) than the state or national averages. Thirteen percent (13%) of the population of Bernalillo County lives with a disability and 12.56% have no medical insurance. Bernalillo County is ethnically and racially diverse with 50% of the population identifying their race/ethnicity as Hispanic or Latino (Table C-1).¹

Table C-1. Bernalillo County Residents by Race/Ethnicity

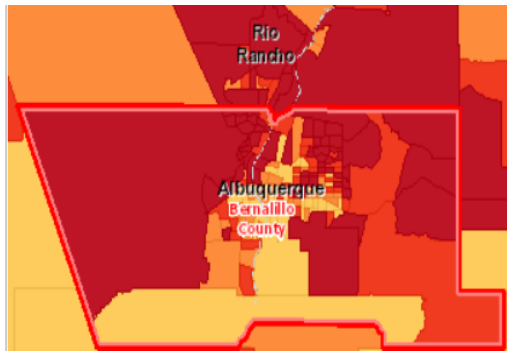
Race/Ethnicity	Number in the Population	Proportion
Hispanic	338,944	50%
White	275,598	40%
American Indian or Alaska Native	28,158	4%
Black or African American	20,270	3%
Asian or Pacific Islander	19,041	3%

Source: Author Calculated, NM-IBIS University of New Mexico, Geospatial and Population Studies (GPS) Program July 1 2016 Population Estimates

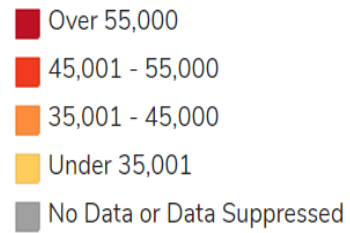
Approximately 4.1% of households are considered limited English speaking households. A "Limited English speaking household" is one in which no member 14 years old and over (1) speaks only English at home or (2) speaks a language other than English at home and speaks English "Very well." This helps identify households and populations that may need English-language assistance.ⁱⁱ

While Bernalillo County fares better compared to the state of New Mexico on economic and social indicators, it often fares worse when compared to national standards. The median household income for a county resident is \$48,994 compared to the US median income of \$55,322 and 19% of the population is living below the federal poverty line. In the last ten years the annual unemployment rate has fluctuated from 3.8 in 2006 to a peak of 7.7 in 2010 then to 5.8 in 2016. As of March 2018 the unemployment rate was 4.5. Approximately 68% of almost 100,000 students in Bernalillo County qualify for free and reduced lunch.ⁱⁱ

¹ NM-IBIS, retrieved 7/16/18. All data based on July 1 2016 estimates by University of New Mexico, Geospatial and Population Studies (GPS) Program. Denominator is 682,011. Adhere to NMDOH state standards for reporting race/ethnicity <https://ibis.health.state.nm.us/resource/RacEth.html>



Median Household Income by Tract, ACS 2012-16



The county has socio- geographic contrasts in extreme poverty and wealth, areas with abundant groceries and food deserts, cutting edge medical facilities and federally designated healthcare shortage areas, neighborhoods with advanced degree professionals and others where having a high school diploma puts one in the minority. *When it comes to health, life expectancy varies by more than 22 years across census tracts within Bernalillo County.*ⁱⁱⁱ

HOUSING

KEY POINTS:

Over 52,600 low-income² households in Albuquerque and the surrounding unincorporated areas report paying 30 percent or more of their income in rent, indicating that, despite on-going efforts to increase housing options for the disadvantaged, the demand for affordable housing still greatly exceeds supply in Bernalillo County.

Bernalillo County's housing safety net is a patchwork of programs designed to address the various causes and consequences of housing instability and homelessness. Although many of these programs are effective, all lack the capacity to meet even a fraction of the need.

The gaps in Bernalillo County's housing safety net include:

- A coordinated access system for shelters in Bernalillo County
- Temporary housing for families fleeing domestic violence
- Year-round shelter beds
- Transitional housing for individuals staying in emergency shelters
- housing options for former inmates of the Bernalillo County Detention Center
- More Housing Choice (Section 8) vouchers
- Affordable rental housing accessible to people with disabilities
- Affordable housing for low income seniors
- Affordable retrofit and housing rehabilitation services for low income homeowners
- Affordable housing for low income housing cost burdened families
- Homeless prevention services and rapid-rehousing programs
- Affordable housing located outside high poverty neighborhoods and in the attendance zones of high performing public schools.

INTRODUCTION

A safe and stable home is the foundation of physical and mental wellbeing, making it possible for community members to access and benefit from other health interventions and supportive services. Residents of Bernalillo County encounter a number of barriers to obtaining safe, stable and affordable housing. Primary obstacles to adequate housing include poverty, inadequate transportation, and personal vulnerability factors such as age, disability, behavioral health problems, domestic violence, incarceration, and poor credit.^{iv}

² Income less than 60 percent of area median income, as defined by HUD

There is a severe shortage in affordable housing stock, especially housing for families with children, supportive housing for homeless populations, emergency housing, housing in neighborhood settings, housing suitable for seniors and people with disabilities, and housing that can accommodate large or multi-generational families. Only 10% of income eligible households live in supportive housing. There is need not only for additional affordable housing stock but for greater housing diversity to meet needs of the demographics listed above. (City of Albuquerque, City of Rio Rancho and Albuquerque Housing Authority Assessment of Fair Housing, 2017)

Note on Data: Both the City of Albuquerque and Bernalillo County have conducted assessments of fair housing. Where possible, data from these reports was combined to develop the county-wide statistics presented in this section. In other instances newer county and zip code level data were obtained from updated U.S. Department of Housing and Urban Development Comprehensive Housing Affordability Strategy (CHAS) data and the 2016 5-Year American Community Survey Public Use Microsample.

INCOME AND HOUSING COST BURDEN

Over 88,000 Bernalillo County households expend more than 30 percent of income on housing. Seventy-eight percent of these “cost burdened” households (68,260 households) are low income.

The U.S. Department of Housing and Urban Development (HUD) uses Area Median Family Income (AMI) to determine housing affordability and establish income limits for certain housing subsidies.³ Table H-1 shows 2018 AMIs for Bernalillo County.

Table H-1 HUD Median Family Incomes Bernalillo County, 2018								
	Household Size							
	1	2	3	4	5	6	7	8
Low income (80% AMI)	\$36,400	\$41,600	\$46,800	\$52,000	\$56,200	\$60,350	\$64,500	\$68,650
Very Low Income (50% AMI)	\$22,750	\$26,000	\$29,250	\$32,500	\$35,100	\$37,700	\$40,300	\$42,900
Extremely Low Income (30% AMI)	\$13,650	\$16,460	\$20,780	\$25,100	\$29,420	\$33,740	\$38,060	\$42,380

Source: U.S. Department of Housing and Urban Development

³ AMI is the median family income calculated by HUD for each jurisdiction to determine Fair Market Rents (FMRs) and income limits for HUD programs. AMI is similar, but not necessarily identical to, other calculations of median income, such as those produced by the US Census, due to a series of HUD-specific adjustments. See: U.S. Department of Housing and Urban Development Office of Policy Development and Research (PD&R), HUD Income Limit Briefing Materials <https://www.huduser.gov/portal/datasets/il.html>

HUD classifies households with income below 80 percent of AMI as “low income.” Low income households are sub-classified as those between 50 percent and 80 percent AMI, 30 percent and 50 percent AMI, and less than 30 percent AMI.⁴ Table H-2 shows Bernalillo County households by AMI classification and tenure. Overall, 39 percent of Bernalillo County households fall at or below HUD’s low income threshold (80% AMI). Sixty percent of Bernalillo County renters have income below 80 percent AMI.

Table H-2 Income Distribution of Bernalillo County Households by Tenure, 2010-2014

	Owners	Renters	Total	Percent
<= 30% AMI	9,700	22,760	32,460	12%
>30% to <=50% AMI	12,865	17,115	29,980	11%
>50% to <=80% AMI	20,745	19,980	40,725	15%
>80% to <=100% AMI	14,270	9,940	24,210	9%
>100% AMI	106,930	29,415	136,345	52%
Total	164,510	99,210	263,720	100%

Source: U.S. Department of Housing and Urban Development CHAS Data 2010-14

Low income households often spend a disproportionate share of income on housing. Households that spend more than 30 percent of income on housing costs (including utilities) are considered “cost burdened,” and those that spend more than 50 percent of income on housing are “severely cost burdened.” Cost burdened households are more likely than other renters to experience housing instability and eviction and to sacrifice necessities like healthy food and healthcare in order to pay the rent. Thirty-four percent of Bernalillo County households and 46 percent of the county’s renter households are cost burdened (Table H-3).

Table H-3. Bernalillo County Housing Cost Burden 2010-14

Housing cost as a percent of income	Owner	Renter	Total	Percent
<=30%	121,040	49,055	170,095	64%
>30% to <=50% (Cost burdened)	24,195	22,055	46,250	18%
>50% (Severely cost burdened)	17,655	24,105	41,760	16%
Data not available	1,625	4,000	5,625	2%
Total	164,510	99,210	263,720	100%

Source: U.S. Department of Housing and Urban Development CHAS Data 2010-14

Seniors living alone or with non-relatives are more likely than other Bernalillo County households to be cost burdened, however, small (2 and 3 member) families make up the single largest share of cost-burdened households (Table H-4).

⁴ For a four-person household, 80 percent AMI corresponds to roughly twice the federal poverty threshold (200% FPL), 50 percent AMI is equivalent to 129% FPL, and extremely low income (below 30 percent AMI), includes households at or below the federal poverty threshold.

Table H-4. Bernalillo County Housing Cost Burdened Households by Type		
Cost burdened Households		
	Number	Percent of total
Senior family	6,605	20.5%
Small family (no seniors)	33,185	29.9%
Large family (no seniors)	6,320	31.9%
Senior Non-Family	14,080	40.8%
Non-Senior Non-Family	27,820	41.9%
Total	88,010	
Source: Author Tabulation of American Community Survey 2014 5-Year Public Use Microsample		

Table H-5 provides data on the Albuquerque area multi-family rental market as of January 2018. At that time, there were almost 41,000 rental units with 2,247 vacancies in and around Albuquerque. One bedroom one bath apartments constitute 41.6 percent of rental units. Apartments with three or more bedrooms make up 8.7 percent of the area's multi-family units. Rent averages \$818/month but ranges from an average of \$559 for studio apartments to an average of \$1,193 for three bedroom three bath units.

Table H-5. Rental Market Detail, Albuquerque Market Area, January 2018						
Unit Type Bedrooms/baths	Total # Units	Percent	Vacant Units	% Vacancy	Weighted Avg. Rent	Rent Per SQFT100
Studio	2,937	7.18%	109	96.29%	\$559	\$1.33
1/1	17,017	41.58%	782	95.40%	\$740	\$1.10
2/1	5,335	13.04%	330	93.81%	\$766	\$0.91
2/1.5	659	1.61%	77	88.32%	\$827	\$0.93
2/1.75	57	0.14%	3	94.74%	\$858	\$0.97
2/2	10,988	26.85%	651	94.08%	\$945	\$0.93
2/2.5	382	0.93%	25	93.46%	\$1,144	\$0.95
3/1	53	0.13%	2	96.23%	\$1,030	\$0.94
3/1.5	294	0.72%	48	83.67%	\$908	\$0.85
3/2	2,914	7.12%	185	93.65%	\$1,064	\$0.90
3/2.5	159	0.39%	29	81.76%	\$1,178	\$0.87
3/3	41	0.10%	2	95.12%	\$1,193	\$0.91
4/1.5	14	0.03%	0	100.00 %	\$854	\$0.68
4/2	76	0.19%	4	94.74%	\$945	\$0.83
TOTALS	40,926	100.00%	2,247	94.51%	\$818	\$1.00
Source: CBRE January 2018 Albuquerque Area Rental Market Analysis						

Evictions and Foreclosures

Cost burdened households are vulnerable to eviction. Evictions can result in homelessness and a record of evictions can make it very difficult to obtain housing in the future. In 2016, there were 4,790 evictions in Bernalillo County. The county's 4.5 percent eviction rate is approximately 5 times the eviction rate in Santa Fe, twice the rate in Rio Rancho, and twice as high as the US average eviction rate.¹

Table H-6 calculates the minimum income as a percent of AMI needed to afford an average priced apartment in the Albuquerque area. A four person household paying Albuquerque's 2018 average rent is expected to have roughly \$960 in monthly housing costs.⁵ Household members would need to make at least \$38,400 annually to keep the costs of the average apartment at or below 30 percent of total income. Thirty eight thousand four hundred dollars in annual income is equivalent to 59 percent AMI for a four person household. This calculation suggests that Bernalillo County households below 60 percent AMI may not be able to afford market rate rents without some form of assistance.

Table H-6. Albuquerque Rental Market Minimum Income as a Percent of AMI, 2018	
HUD 2018 Median Income (4 person household)	\$65,000
Average Rent + Utilities 2018	\$960
Annual Income needed to afford the average rent	\$38,400
Annual income needed to afford avg. rent as a percent of AMI (4 person household)	59%
Source: Author Tabulation of American Community Survey Public Use Microsample and CBRE January 2018 Albuquerque Area Rental Market Analysis	

HOUSING CONDITIONS

Housing that lacks basic amenities or is otherwise physically inadequate can contribute to health problems including injuries, disease, poor birth outcomes, and developmental delays in children. HUD tracks four "severe housing problems": incomplete kitchen facilities; incomplete plumbing facilities; severe over-crowding (more than 1.5 people per room); and severe cost burden (>50% AMI).

Table H-7. Bernalillo County Households with at least 1 of 4 Housing Problems by Household Income and Tenure, 2010-2014

	Owner	Renter
Household Income <= 30% AMI	75%	75%
Household Income >30% to <=50% AMI	66%	87%
Household Income >50% to <=80% AMI	53%	61%
Household Income >80% to <=100% AMI	40%	30%
Household Income >100% AMI	11%	7%
Source: U.S. Department of Housing and Urban Development CHAS Data 2010-14		

⁵ Housing cost = rent + utilities. The estimate assumes utilities average roughly \$142/month.

Low income households have a higher prevalence of severe housing problems (Table H-8). Renters with income between 30 and 50 percent of AMI are more likely than other Bernalillo County residents to experience at least one of four severe housing problems.

Table H-8: Bernalillo County Households, Physical Characteristics Of Housing by Target Neighborhood 2012-2016

	House Built Before 1980		W/o Complete Plumbing		W/o Complete Kitchen	
	Number	Percent	Number	Percent	Number	Percent
Bernalillo County	128,372	49%	1,050	0.4%	1,838	0.7%
Downtown	6,450	72%	81	0.9%	108	1.2%
South Valley	13,312	68%	39	0.2%	78	0.4%
International District	13,174	78%	67	0.4%	135	0.8%
West Mesa	4,818	21%	252	1.1%	138	0.6%

Source: Author calculations and U.S. Census American Community Survey 2016 5 Year Public Use Microsample (PUMS)

Table H-8 provides data on certain physical characteristics of the occupied housing units in Bernalillo County as well as the four neighborhoods targeted by the Accountable Health Community pilot. The US Census Bureau estimates that 1,838 units in Bernalillo County lack a complete kitchen and 1,050 units lack complete plumbing. Lack of basic housing amenities can create health and safety hazards and make it difficult to consume a healthy diet or properly store medications. Households on the West Mesa are more likely than those in other target neighborhoods or the county overall to lack complete plumbing, and downtown households are the most likely to lack a complete kitchen. These units as well as many of the 128,372 units built before 1980 may be candidates for the housing rehabilitation programs administered by Bernalillo County and the New Mexico Mortgage Finance Authority.

Table H-9 Bernalillo County Households Experiencing Overcrowding 2012-16

	Overcrowding		Severe Overcrowding	
	Number	Percent	Number	Percent
Bernalillo County	5144	2.0%	2,661	1%
Downtown	287	3.2%	197	2%
South Valley	545	2.8%	368	2%
International District	732	4.3%	479	3%
West Mesa	1104	4.8%	190	1%

Source: Author calculations and U.S. Census American Community Survey 2012-2016 Public Use Microsample (PUMS)

Overcrowding can also undermine health and safety. Two-percent of Bernalillo County households have at least one person per room and roughly half of these (2,661 households) experience severe over-crowding, with more than 1.5 person per room (Table H-9).

HOUSING REHABILITATION

Rehabilitating existing housing is a cost effective and environmentally friendly way to increase the supply of safe and affordable housing. Programs like the New Mexico Finance Authority's House by House Reservation Rehabilitation program provide assistance to low-income homeowners who lack the resources to make necessary repairs to their homes. The City of Albuquerque's Department of Senior Affairs administers a home retrofit program that provides home chore, minor home repair and home retrofit services to county residents age 60 and older. The program serves close to 1,500 seniors with home retrofit and home repair services annually.^v

The benefits of rehabilitation are not confined to owner occupied homes. Acquisition and rehabilitation of existing market rate multi-family units by affordable housing providers can help increase the supply of affordable housing at relatively low cost and with minimal environmental impact.

PERMANENT AFFORDABLE HOUSING OPTIONS

AFFORDABLE RENTALS

Two general types of permanent affordable rental housing – income-based rental housing and permanent subsidized housing - are available in Bernalillo County.

Income-based rental housing includes housing owned by local public housing authorities, privately owned rental housing that is made available at low cost to people with low incomes using Section 8 funding, and properties built by private developers using federal and state Low Income Housing Tax Credits (LIHTCs) that require them to provide below-market rents for low-income people, persons with disabilities, and/or seniors. In January 2018, rent for an affordable unit in the Albuquerque housing market averaged \$739, 13.13% less than a comparable market rate unit.^{vi} A 2014 survey of vacancies in income based rental properties in Bernalillo County found waiting lists of 6 to 24 months.^{vii} The Albuquerque affordable housing market is expected to add 400 units in 2018.^{viii}

Permanent subsidized housing includes Section 8 Housing Choice Vouchers (HCV) administered by both the City of Albuquerque and Bernalillo County. HCV provides subsidies that enable recipients to rent units in the private market. The program primarily targets extremely low income families. Approximately 5,660 Housing Choice Vouchers are currently in use in Albuquerque.^{ix}

Table H-10. Publicly Supported Housing Units in the City of Albuquerque	
Public Housing	947
Project-based Section 8	1,631
Other Multifamily*	458
Housing Choice Voucher Program	5,660
LIHTC Units	4,607
Total Publicly Supported Housing Units	13,303
*most tenants are seniors and/or disabled	

Source: City of Albuquerque, City of Rio Rancho and Albuquerque Housing Authority Assessment of Fair Housing, 2017

The Bernalillo County Housing Department owns public housing units in unincorporated Bernalillo County, and also runs the county's Section 8 rental assistance program.

Table H-11 Publicly Supported Housing Units in Unincorporated Bernalillo County	
Family and General Population	124
Senior and Special Needs Units	241
Total	365
Source: Hart, T. and Rogers, J. Bernalillo County New Mexico Affordable Housing Plan Community Strategies Institute. Edgewater, CO.	

The 2015 Bernalillo County Affordable Housing Plan found a shortage of 2,104 affordable units for renters with income below 30 percent AMI who reside in unincorporated Bernalillo County.⁶ The Plan's authors estimated that these households would need an average subsidy of \$281 per month to afford an average priced apartment.^x

Prior to 2018, the Albuquerque Housing Authority's Section 8 Housing Choice Voucher program utilized a waiting list in which applicants applied in person and could then wait over 5 years to be contacted for an intake interview to see if they qualified for rental assistance benefits. Under the newly adopted lottery system, pre-applications are accepted on an annual basis and applicants are selected at random to be screened for eligibility.^{xi} In 2018, the AHA received over 5,500 lottery entries. Depending on funding, approximately 250 applications will be selected for a section 8 housing voucher in 2018. That leaves over 5,250 applicants who will have to apply again next year and, in the meantime, find alternative housing.

SENIOR HOUSING

Approximately 10,513 of Bernalillo County's low income senior households are housing cost burdened. There are a number of senior targeted publicly supported rentals in the Albuquerque area but these clearly do not meet the existing need.

Table H-12 shows Bernalillo County senior households with income below 60 percent AMI by housing cost burden and the presence of disabled members. Households with a disabled member are disaggregated from those with no disabled members to avoid double counting seniors already counted in the estimate of unmet need for affordable housing for the disabled. In Bernalillo County there are 5,670 low income cost burdened senior households with no disabled members.

The majority (57%) of low income cost burdened householders own the home in which they reside. Low income, cost burdened senior home owners may be unable to afford routine home maintenance and may benefit from housing rehabilitation assistance. The City of Albuquerque Department of Senior Affairs administers a home retrofit program, but funding is not sufficient to meet the current need.

⁶ Notably, the authors of the Bernalillo County plan found no shortage of affordable housing for households between 30% AMI and 80% AMI

More affordable rental options are needed to meet the needs of cost burdened senior renters. Bernalillo County's senior population is expected to increase markedly over the next decade, increasing the demand for affordable senior housing and the need for low cost housing rehabilitation.

Table H-12 Bernalillo County Senior Households with Income < 60% AMI by Housing Cost Burden and Presence of Disabled member(s)

Housing cost as a percent of income	No disabled members		One or more disabled members	
	Households	Percent	Households	Percent
<30%	5,481	49%	4,295	47%
30% to 50%	2,948	26%	2,159	24%
>50%	2,722	24%	2,684	29%
Total	11,151	100%	9,138	100%
Source: U.S. Census American Community Survey 2012-2016 Public Use Microsample				

HOUSING FOR PEOPLE WITH DISABILITIES

Twelve percent of Bernalillo County residents have one or more disabilities. The likelihood of having a disability increases with age - from 4 percent for county residents under 18, to 10 percent for working age adults, and 37 percent for those 65 and over.^{xii}

People with disabilities face significant barriers to housing. As is the case for other low income county residents, the supply of affordable housing for people with disabilities in Bernalillo County is a fraction of the need. Apartment communities built after the 1990 enactment of the Americans with Disabilities Act must ensure that all their public areas are accessible to disabled people. However, the actual apartments in private residential communities need not be accessible. In addition, most single-family housing remains inaccessible to wheelchairs. Cost is also an issue for the disabled. Accessible units are set aside for people with disabilities in LIHTC financed properties. However, these units, despite their below market rents, are often too expensive for low income disabled tenants unless they also obtain additional assistance through the voucher program.^{xiii} There are over 200 persons with disabilities on the Bernalillo County Housing Department waiting list for public housing or Section 8 vouchers.^{xiv}

In Albuquerque, 2,845 publicly supported units are occupied by disabled people. In addition, 241 publicly supported units in unincorporated Bernalillo County are set aside for elderly and disabled residents. In contrast, over 51,000 Bernalillo County households with income below 60 percent AMI include at least one disabled member. Fifty-four percent of these households (28,160) spend more than 30 percent of income on housing costs and 31 percent (16,137 households) are severely cost burdened (Table H-13).

Table H-13: Bernalillo County Households with One or More Disabled Members and Income < 60% AMI, 2012-16

Housing cost as a percent of income	Households	Percent
<30% income	23,148	45%
30-50% income	12,023	23%
>50% income	16,137	31%
Total	51,308	100%

Table H-14 gives the number of low income Bernalillo County households that include one or more disabled member and experience one or more of the four major housing problems identified by HUD, disaggregated by type of disability. Note that because disabilities are not mutually exclusive and individual household members may have more than one limitation, Table H-14 does **not** represent the total number of low income disabled households in Bernalillo County.

Table H-14: Low Income Bernalillo County Households with One or More Disabled Members and One or More Housing Unit Problems, by Type of Limitation 2010-2014

	Hearing or Vision	Ambulatory	Cognitive	Self-Care
Low Income (50-80% AMI)	2,530	3,385	2,450	2,560
Very Low Income (30-50% AMI)	2,665	3,880	3,000	3,110
Extremely Low Income (<30% AMI)	3,605	5,170	4,595	4,220
ALL	8,800	12,435	10,045	9,890

*The same household may be included in more than one disability category

Source: U.S. Census American Community Survey 2014 5-Year Public Use Microsample

The City of Albuquerque, City of Rio Rancho and Albuquerque Housing Authority 2017 Assessment of Fair Housing^{xv} notes that the Authority provides relatively few accessible units and that there is very little financial assistance for people who need, but cannot afford, to modify in their residences to accommodate a disability.

PERMANENT SUPPORTIVE HOUSING

Supportive housing combines affordable housing with wrap-around supportive services for people with disabilities and/or those who are experiencing homelessness. Permanent housing with on-site services for tenants with complex needs is a critical component of the housing safety net. Providers of supportive housing in Bernalillo County include:

- Albuquerque Heading Home Initiative is a multi-agency collaboration that coordinates the provision of permanent, supportive housing to medically vulnerable people experiencing chronic homelessness.
- The City of Albuquerque provides funding for approximately 200 vouchers that subsidize permanent supportive housing for homeless individuals. The City funds several rental assistance programs with HUD Continuum of Care grants.

- NewLife Homes provides permanent supportive housing at eight sites in Albuquerque for individuals with disabilities and those experiencing other impediments to obtaining and maintaining adequate housing.
- The Supportive Housing Coalition owns and manages 349 supportive housing units for individuals experiencing homelessness and/or behavioral health problems.

TEMPORARY HOUSING

Temporary housing alternatives include rapid re-housing and project-based transitional housing. Rapid rehousing seeks to move people experiencing homelessness into permanent housing as quickly as possible by providing temporary housing subsidies for private-market rentals coupled with limited, housing-related supports. Project-based transitional housing provides temporary housing for people who are experiencing homelessness or at risk of homelessness due to factors such as domestic violence, previous incarceration, and/or behavioral health conditions. Tenants are housed in agency-controlled units and provided with intensive support services.

TRANSITIONAL HOUSING

Returning Citizens

The recently launched Bernalillo County behavioral health initiative includes transitional housing for precariously housed youth and formerly incarcerated individuals. The Bernalillo County Community Connections Re-entry Supportive Housing program provides intensive case management and services linked with scattered-site subsidized housing to help people with behavioral health conditions reintegrate into the community after release from the Bernalillo County Detention Center. The county analysis for the program estimated a need for 70 – 75 units to serve this population. The program is expected to provide a minimum of 55 housing vouchers with case management services throughout Bernalillo County.^{xvi} Thus, even after full implementation of the Community Connections Re-entry Supportive Housing program, some need for post-incarceration supportive housing for individuals with mental illness and/or substance abuse disorder will remain unmet.

Crossroads for Women is an Albuquerque-based nonprofit organization that provides housing and therapeutic services to help formerly incarcerated women reintegrate into the community. In 2017, services were provided to 181 and 67 children women via four programs: Hope House, Maya's Place, The Pavilions, and The Crossroads. Maya's Place in Albuquerque and The Pavilions in Los Lunas are 26 bed transitional housing programs. Clients received wrap-around services and typically stay 3-12 months. Crossroads offers permanent supportive housing to homeless women with co-occurring disorders through Bernalillo County Community Connections Housing Program and HUD Permanent Supportive Housing Program.^{xvii}

It is also important to note that the inability to obtain housing is a pervasive problem for individuals with criminal justice system involvement. In a recent survey, BCDC inmates cited lack of housing as a significant risk factor for recidivism.^{xviii}

At-Risk Youth

The Bernalillo County Youth Transitional Living program will target at-risk youth with behavioral health condition(s) who are precariously housed and are not currently receiving services through another third party-funded program.^{xix}

Disabled Veterans

New Mexico Veterans Integration Centers (VIC) provides transitional housing, emergency housing, rapid rehousing, and supportive services for homeless and at-risk veterans, most of whom have mental and/or physical disabilities. VIC is funded, in part, through the Department of Veterans Affairs' Homeless Providers Grant and Per Diem Program and works through VASH and HUD rental assistance programs as well as the City of Albuquerque's Heading Home initiative. VIC has waiting lists for all its programs.

In 2016, the Albuquerque Housing Authority assisted 221 homeless veteran households with over \$940,000 in rental assistance and housed 16 vulnerable homeless households with 2-year housing subsidies through the Tenant Based Rental Assistance Program.

Domestic Violence

Enlace Comunitario offers transitional housing for families seeking to escape domestic violence. The agency can serve up to 23 families at a time. The agency is able to pay rental assistance for clients through grants from the US Department of Justice and NM Mortgage Finance Authority. Clients are offered comprehensive case management services, counseling, legal services, and immigration services. Each year, the agency serves approximately 600 adult women and children.

HOMELESSNESS

Lack of affordable housing is the proximal cause of homelessness. Although the best way to serve the homeless is to help them avoid becoming homeless in the first place, the scarcity of affordable and accessible housing options for the vulnerable and marginalized means that some will end up on the streets, sleeping in cars, couch surfing, or in emergency shelters. Albuquerque Health Care for the Homeless (AHCH) estimates that at least 16,000 persons – approximately 2.3% of Bernalillo County residents – will experience homelessness during the year.^{xx}

Every January, the New Mexico Coalition to End Homelessness coordinates a "Point-in-Time" (PIT) count of Albuquerque's homeless population. For the purposes of the PIT Count, people are considered to be homeless if they are staying in an emergency shelter, in a transitional housing program, or sleeping outside or in a place not meant for human habitation. The count of individuals staying at homeless shelters is done annually. The area's unsheltered homeless are counted every other year. Point in time counts are a useful barometer of year-over-year change, but under-estimate the magnitude of Albuquerque's homelessness problem because they do not capture the substantial homeless population that is neither in shelters nor on the streets. Table H-16 summarizes the 2017 Albuquerque PIT.

Homeless and housing insecure New Mexicans experience high rates of chronic disease including mental illness, substance use disorders, diabetes, HIV/AIDS, and hypertension and are more likely than the general population to experience multiple chronic conditions.² Poor health is both a cause and a consequence of homelessness. Once homeless, individuals are exposed to a variety of health risks including victimization, violence, hunger, poor nutrition, exposure, infectious disease, sleeplessness, and profound, toxic stress. People without stable housing face many challenges to maintaining good health including difficulty obtaining, storing, and consistently taking medications; maintaining a recommended diet; and accessing social services. They often have limited access to primary care and have difficulty following through on clinician recommendations or attending follow up appointments.³ As a consequence, people experiencing homelessness frequently make excessive or inefficient use of emergency departments and other costly healthcare services.

Each year, over 7,000 individuals receive services from Albuquerque Healthcare for the Homeless.^{xxi} In 2016, Albuquerque Ambulance Services picked up 2,754 unique customers and received 7,114 calls from people who either reported no known address (55%) or were picked up at a homeless shelter or service site. Of those calls, 48 percent were alcohol related, followed by pain 16.5%, mental status 11.8%, and trauma 6.1%.

According to the PIT, most of Albuquerque's homeless are working age adults and 70% are male,^{xxii} however children and families are a significant and growing share of the homeless population. In school year 2016-17 Albuquerque Public Schools Title I Homeless Project enrolled 3,689 children. Seventy-three percent of homeless APS students lived with a parent or legal guardian.^{xxiii} The 2017 Point-in-Time count of Albuquerque's homeless population counted 184 homeless children, 39 of whom were unaccompanied by an adult.

Table H-15 2017 Albuquerque Homeless Population Point in Time Count					
	Sheltered			Unsheltered	Total
	Emergency	Transitional	Safe Haven		
Female	212	93	0	107	412
Male	492	133	0	265	890
Transgender	1	1	0	12	14
Source: New Mexico Coalition to End Homelessness					

EMERGENCY SHELTERS

In 2017, the Albuquerque Continuum of Care emergency shelters had a total of 682 year-round beds and 300 seasonal beds available from mid-November to mid-March. The January 2017 point in time count identified 932 persons in emergency shelters and 384 unsheltered for a total of 1,316 in need of emergency shelter, suggesting a shortfall of about 334 emergency shelter beds during the winter months and 684 beds during the summer.

Joy Junction is the only homeless shelter located in unincorporated Bernalillo County. The shelter has 87 beds. Joy Junction can shelter 300 persons per night, and serves an average of 60 - 80 children per night.

S.A.F.E. House provides shelter and services for victims of domestic violence at an 85-bed facility and in scattered site transitional housing units throughout Albuquerque. The maximum shelter stay is 90 days. Services include supplies, laundry, legal assistance, referrals to other agencies, onsite clinical services, psychological group therapy, case management, and 24 hour staffing for safety. The agency turns away approximately 800 households each year because of a lack of space.^{xxiv} Focus group participants noted a shortage of shelter beds in for victims of domestic violence and battered women.

CLNKids provides shelter and services to families with children. The agency provides transitional housing, transportation support, case management, healthy food, early childhood education, job training, life skills training and self-sufficiency resources.

Albuquerque Heading Home operates a winter shelter from November through March. The shelter can hold over 400 residents and typically sees up to 350 people a night including numerous families with children.^{xxv}

Table H-16 2017 Albuquerque Continuum of Care Homeless Assistance Programs Housing Inventory Count Report

	Subset of Total Bed Inventory									
	Family Units ¹	Family Beds ¹	Adult-Only Beds	Child-Only Beds	Total Yr-Round Beds	Seasonal	Overflow / Voucher	Chronic Beds ²	Veteran Beds ³	Youth Beds ³
Emergency, Safe Haven And Transitional Housing	7	205	4	6	682	3	20	n/a	97	7
Emergency Shelter	4	123	1	5	372	3	20	n/a	20	5
Transitional Housing	3	82	2	1	310	n/a	n/a	n/a	77	2
Permanent Housing	3	990	1	0	2,007	n/a	n/a	715	46	0
Permanent Supportive Housing*	1	522	1	0	1,557	n/a	n/a	715	33	0
Rapid Re-Housing	1	468	4	0	514	n/a	n/a	n/a	129	0
Grand Total	4	1,195	1	6	2,753	30	20	715	56	7

Source: HUD 2017 CoC Housing Inventory Count Report - New Mexico

https://www.hudexchange.info/resource/reportmanagement/published/CoC_HIC_State_NM_2017.pdf

The Albuquerque Continuum of Care (CoC) – Is a regional entity lead by the City of Albuquerque and administered by the NMCEH with representatives from all participating jurisdictions and all the Albuquerque area’s homeless service providers. The CoC was created to satisfy the grant requirements of the U.S. Department of Housing and Urban Development coordinates activities of all regional providers of homeless services. The CoC reports annually to HUD on the supply of temporary and permanent housing for those experiencing homelessness. Table H-7 are the totals provided to HUD in 2017.

Focus group participants stated that a clear process for transitioning from emergency shelter to transitional or permanent housing was needed. They also felt that a coordinated access system for emergency shelters in Bernalillo County would make the system easier to navigate.

SUPPORTIVE SERVICES

Homelessness Prevention

Preventing an individual or a family from losing their current housing is more effective than trying to place the family in substitute housing. Supportive services and financial assistance can help stabilize a precarious housing situation

Motel Vouchers

St. Martin's has 200 motel vouchers that provide single males and females with a mental health/substance abuse diagnosis stays of up to one week. Albuquerque Health Care for the Homeless has 75 motel vouchers for indigent singles and 84 vouchers for indigent families.

Pathways to a Healthy Bernalillo County

Pathways to a Healthy Bernalillo County is a community-directed program of the UNM Health Sciences Center that seeks out the county's most disconnected, at-risk residents and connects them with services to address the social factors, such as housing instability and food insecurity, that undermine their health. Clients work with Pathways community health navigators to identify the issues that they want help addressing. Navigators then guide clients through sequences of steps ("pathways") necessary to resolve the problems. Many, if not most, Pathways clients experience housing instability and/or homelessness. Thus, stable, affordable housing is one of the most common pathways pursued. Bernalillo County's profound shortage of permanent, subsidized housing means that the most many navigators can do for their clients is to stay in regular contact with the housing authorities to monitor their clients' slow progress up the waiting list, while, in the meantime, helping them secure temporary assistance and/or market-rate housing for the months or even years they are likely to be waiting for permanent affordable housing.

Pathways navigators help their housing clients to:

- Secure steady income with which to pay rent, primarily through employment, SSDI, or temporary cash assistance (TANF).
- Qualify for and obtain short-term rental assistance through one of a number of governmental and charitable rapid rehousing programs in the Albuquerque area.
- Obtain funds with which to pay application fees and make rental deposits.
- Obtain free SafeLink Wireless® phones to communicate with potential landlords and employers.
- Communicate effectively with property managers.
- Clarify the housing features they need and can afford such as number of bedrooms, disability accommodations, and proximity to school, work, social services, and transportation.
- Negotiate with potential landlords around bad credit and/or histories of eviction.

- Collect documentation necessary for rental applications including birth certificates, Social Security cards, and government I.D.s.
- Avoid eviction from their current housing by negotiating past-due rent or other issues with aggrieved landlords
- Connect gas and electric utilities, including making deposits and dealing with past-due bills
- Qualify for the Low Income Housing Energy Assistance Program (LIHEAP) to help pay for utilities.
- Obtain other supports, including food and medical assistance, that free up additional income for rent
- Obtain motel vouchers for short periods of time while the client seeks housing or awaits their move-in date

STRUCTURAL AND INSTITUTIONAL BARRIERS TO AFFORDABLE HOUSING

Structural and institutional barriers to affordable housing include planning, funding, neighborhood opposition, lack of public transportation, and inadequate enforcement of fair housing protections.

Most affordable housing is in high poverty areas. These areas typically have lower performing schools, lower rates of labor force participation, higher crime rates, and poor proximity to good jobs.^{xxvi} Participants in the Bernalillo County Accountable Health Community housing round-table noted that much of the area's affordable housing stock is concentrated in the International District, but needed throughout Albuquerque.

Research has documented improvements in the health of low-income families who use housing vouchers to relocate to less impoverished neighborhoods.^{xxvii} However, advocates note that there is limited multi-family housing in the attendance zones of the area's better public schools and many Bernalillo County landlords do not accept Housing Choice vouchers. Albuquerque's limited public transportation system is a further barrier to geographic mobility for low-income community members. Failure by both the city and the county to constrain urban sprawl compounds this problem. "Greenfield" construction at the fringes of the urbanized area increases the distance between workforce housing and many essential services and has made an increasing number of potentially affordable homes inaccessible by public transit.

The City of Albuquerque, City of Rio Rancho and Albuquerque Housing Authority 2017 Assessment of Fair Housing identified several planning-related barriers to affordable development, noting that the priority areas under Albuquerque's most recent Consolidated Plan eliminate most attractive affordable housing sites near transit, jobs, schools, and services; inadequacies in the City of Albuquerque's Metropolitan Redevelopment Area plans make it difficult to obtain LIHTC; and that neighborhood opposition often thwarts affordable housing proposals in more desirable neighborhoods.

Supportive housing combines permanent affordable housing with wrap-around supportive services. The Albuquerque Assessment of Fair Housing notes that the funding requirements for

development of affordable housing often differ from the funding requirements for supportive services, creating administrative and compliance burden for developers.

Funding for affordable housing of all sorts is woefully inadequate. The federal government is a primary funder of housing and homeless services. Focus group participants expressed concern about federal budget cuts and the ability of state and local government to offset the funding loss.

Finally, there is a need for better fair housing enforcement in Bernalillo County. The 2017 Albuquerque Assessment of Fair Housing points out the lack of fair housing enforcement programs, failure to couple educational programs with enforcement, and failure to include familial status as a “protected class” in Albuquerque’s Human Rights ordinance.

YEAR TWO UPDATE

At the request of the Bridge Group, the Data Group performed an analysis on patient needs that had been marked “resolved” and the type of resolution. Needs are individually categorized with a resolution type once the patient reports that their need has been resolved or unresolved. A need may be determined to be unresolvable either because the resource does not exist in the community or because there is a waitlist of six months or longer for the needed resource (see Implementation Data section for graph, additional information P. 78). This analysis revealed that housing was a core need that was often marked “Unresolved”.

The data group engaged CHWs in the field to receive feedback on the resources available to address housing needs in Bernalillo County.

One barrier that arose was the lack of resources in NowPow – feedback from CHWs has shown that there are too few resources in the system and that everyone was referring people to the same community resources which are perceived to be already at or near capacity. Difficult and varying application processes also contribute to the difficulty of finding safe, reliable, and affordable housing.

Safety concerns at shelters have also surfaced as part of this process. Some patients have reported not feeling safe at particular shelters when they are referred to them.

A major barrier that CHWs are seeing is lengthy waitlists. If the only resource for a health related social need has a waitlist of more than six months, CMS has defined that need as being unresolvable with the resource not being available. The consensus is that more options are needed in the community.

Another barrier is program requirements. Most programs in the community require beneficiaries to already be experiencing homelessness. There are few, if any, housing resources for people

who are at risk of becoming homeless (imminently). There are no resources for people who simply need help finding housing. Home repair resources are also needed (oven/stove not working, smoke detectors, lead paint, etc.)

On January 17th, 2019 the AHC Bernalillo County project hosted our quarterly Advisory Board meeting. This meeting focused specifically on housing. We did outreach to leaders in affordable housing, as well as housing focused personal that work for the local MCOs, 30 people attended the meeting. The agenda consisted of four components: 1. baseline findings from our Gaps Analysis and program-level data on housing needs 2. presentations from three of the largest providers and advocates for affordable housing in Bernalillo County: The Affordable Housing Coalition, The City of Albuquerque, and Bernalillo County. Each highlighted housing resources, activities and goals of their organization thereby increasing collective understanding of current housing activities and alignment.

Presentations included:

- High-level view of housing resources, activities, programs and services provided by their organization
- Data informed gaps in housing services their organization is trying to fill
- Greatest opportunities for their organizations' housing efforts
- Housing partnerships – key partners in their housing activities, discuss how partnerships do or do not facilitate alignment and how
- General housing-sector alignment: current activities, needs and ideas
- How might AHC be helpful in aligning housing? (secondary goals of AHC is to support alignment in SDOH sectors)

Following the presentations Advisory Board meeting attendees provided feedback on the following three areas:

- Comments and feedback on the Housing Data presentation
- List ideas that AHC can do to support Housing alignment
- Describe general strategies for Housing alignment in Bernalillo County.

Below is a summary of each of the presentations, followed by ideas and strategies generated by the AHC Advisory Board to align Housing in Bernalillo County.

AHC ADVISORY BOARD HOUSING PRESENTATION SUMMARIES

- AHC Housing Data Presentation
- Affordable Housing Coalition Presentation
- Bernalillo County Presentation
- City of Albuquerque Presentation

AHC Housing Data Presentation Summary	
To build a shared understanding to align/provide services for affordable housing, in year one AHC conducted gaps analysis - reported by Dr. O'Donnell	
<ul style="list-style-type: none"> - Studies on screening patients for housing needs found that patients with needs were more likely to have adverse health outcomes; family households who were homeless, had multiple moves, and/or were behind on rent had poorer health, including increased maternal depressive symptoms and child lifetime hospitalizations - Housing instability and homelessness are defined in many different ways, from sleeping on the street to being behind on rent to living in poor conditions - Cost burdened - 30% of income is spent on housing costs including utilities - Eviction Rates from 2016 – 4,790 evictions – 5x the eviction rate in Santa Fe and 2x the US average - Affordable housing – 6 to 24 month waiting list for income based rentals (2014 study) - 4.5% of lottery entrants got section 8 vouchers in 2018; 5,250 applicants left to find alternative housing - 2,104 affordable rental units needed for cost burdened renters in unincorporated BernCo (2015 study) - 400 affordable new rental units expected in 2018 - More than 7,000 people receive care from Albq Healthcare for the Homeless each year - Some of the housing services: Housing Rehabilitation Programs, Public Housing and Section 8 rental assistance, Permanent Supportive Housing, Temporary and Transitional Housing, Emergency Shelters and Motel Voucher – all lack the capacity to meet even a fraction of the need - Out of 3,566 patients screened - 1 in 4 patients have a housing need - Patients usually have >1 need, out of 551 that qualified for navigation – 34% food needs, 23% transportation needs, 12% utility needs 	
Affordable Housing Coalition Presentation Summary	
Presenter: Anita Cordova, Chief Advancement Officer, Healthcare for the Homeless	
<ul style="list-style-type: none"> - Housing options do not need to be centralized, or isolated in non-residential areas - Every person has the right to adequate food, housing, clothing, and health care - Over 7,000 people experiencing homelessness received services in 2017 - Our social services staff can house someone, with a voucher, in 24-48 hours - Addressing the health related causes of homelessness, we make it possible for people to find solutions to end their homelessness - Our affordable and permanent housing communities: Downtown @ 700 – 2nd, Redlands Apartments, Silver Gardens, Sunport Plaza Apartments, West Central Apartments - Provide apartment unit for up to 120 days for people discharged from hospitalization or incarceration - Need to establish quality/affordable housing – need to look at the conditions of the housing and push for improvements 	

Bernalillo County Housing Presentation Summary
Presenter: Joelle Jacobs, Public Health Outreach Specialist, Bernalillo County
<ul style="list-style-type: none"> - Four areas: Supportive Housing, Crisis, Community Support & Prevention, Intervention, Harm Reduction - Supportive Housing contracted with: Community Connections Supportive Housing, Single-site Permanent Supportive Housing, Youth Transitional Living - Youth Transitional Living (ages 14-24) – for youth who are precariously housed/homeless with mental health or addiction diagnosis. Organizations collaborate with: Casa Q, New Day, YDI, Serenity Mesa, Youth Detention Center (to help find safe transitional housing) - Community Connections Supportive Housing – collaborate with BernCo Housing Dept., provides intensive case management/supportive services for homeless or precariously housed individuals - Community Supports – collaborate with Peer Drop-in Centers, New Day Youth Blast, Abq. Center for Hope and Recovery – provide legal services, healthcare, housing services

- Community Engagement Team – collaborate with NM Hope, assist families/ individuals cope with effects of mental illness and substance abuse, will meet in home or community, provide wraparound services, and needle pickup in the community
- Crisis Services – Mobile Crisis Teams, CABQ and BernCo Collaboration, have 4 teams available, respond to 911 calls - individuals experiencing a non-violent behavioral health crisis, consists of crisis intervention unit deputy paired with a masters’ level behavioral health clinician
- Transition Planning and Re-entry Resource Center – supports individuals released from Metropolitan Detention Center (MDC) work with discharge planner to develop a transition plan and informs them of resources and services we provide
- Adverse Childhood Experiences – collaborate with All Faiths, Centro Savila, New Day, PB&J Family Services, UNM Adobe, UNM Young Children’s Health Center, providing primary prevention, identification, early intervention, support/treatment, harm reduction, outreach/services in home and community

City of Albuquerque Housing Presentation

Presenter: Heidiliza Shultz, Homeless Program & Initiatives Division Manager, Dept. of Family and Community Services

- Division budget: \$13 million, provides housing supportive services, emergency shelters, funds provided through non-profit providers in our community
- CABQ Behavioral Health Initiative and BernCo partnership projects/programs provide housing and services for those experiencing homelessness or precariously housed
- Community Dvlpmnt Division provides affordable housing sites, (Silver Gardens and 700 @ 2nd) set aside units to house families experiencing homelessness with behavioral health conditions
- Homeless Division housing projects receive funds from HUD Continuum of Care Program (\$5 million), HOME Program - tenant based rental assistance, and Rapid Re-housing project - short term rental and permanent housing assistance, support for individuals and families
- HUD Continuum of Care – 300 units for permanent and rapid re-housing, permanent housing is for the chronically homeless with behavioral conditions
- HOME funding tenant based rental housing assistance is a 2 year transitional housing program to assist the homeless while waiting for section 8 assistance or they can participate in self-sufficiency program to assist in independence, obtain affordable housing
- Currently we have about 180 units for the tenant based rental assistance program
- Housing First program – for individuals in supportive services, provides immediate housing, currently has 230 vouchers funded through the City of Albuquerque’s general funds
- Heading Home program also funded by City of Albuquerque’s general funds, provides emergency housing, permanent supportive housing services for individuals experiencing homelessness
- Barrett House emergency shelter for women and children experiencing homelessness, capacity is about 30 individuals
- Westside Winter Shelter will open all year round in March, individuals will have access to housing assistance, case management and supportive services, medical care
- Albuquerque Opportunity Center is an overnight men’s shelter – open year round, 80 individuals
- Good Shepard Center open all year round, capacity is about 80 individuals and is only for men
- Temporary hotel vouchers for individuals waiting for housing, medical issues and families with children – Albuquerque Health Care for the Homeless provide the vouchers funded by us
- Albuquerque Strategic Collaborative meets every 2nd Thursday each month at Los Duranes Community Center – NM Coalition to End Homeless

IDEAS, STRATEGIES, AND FEEDBACK FROM ADVISORY BOARD MEETING ATTENDEES

- Feedback on Housing Data Presentation (provided by Advisory Board)
- List ideas that AHC can do to support Housing alignment
- Describe general strategies for Housing alignment in Bernalillo County.

Feedback on Housing Data Presentation

- Great data and presentations. And more confused on how to help clients I serve with housing questions or scenarios. In other words, I have no idea how to help someone navigate the safety net.
- Have the presenters acknowledge resources available versus need and what are the agencies doing to fill the gaps
- Reinforces and quantifies known concerns. Points up needs and some gaps.
- CABQ hard to follow verbal. Request to send coordinator written information before meeting and then send out to the group. Coordinated Entry System, tool required by HUD, need more info
- Need follow up meeting for this one to discuss alignment goals and strategy for Housing with concrete steps, Action Lab?
- When doing the gap analysis was data gathered from the VA and the Medicaid MCOs? How many homeless individuals are on Medicaid? BernCo - data available? Public education regarding the issue - change the stigma, first responder training/resources for housing
- VISPDAT - who is not using it and why? Can overcome objection?
- Looking forward to hearing the ideas from the new city housing group.
- Make data/report available broadly, from congressional delegates to school board
- Ms. Cordova did a great job. Be nice to ask NMCDC of another group for a GIS maps of where affordable-unaffordable, good/bad housing is.
- Good information! No time for discussion, strategizing, share ideas
- Albuquerque Healthcare for the Homeless presentation was informative and inspiring.
- Lots of high level information but not enough practical information on actually getting housing
- Info was nice, but it seemed like I was just reading a new paper. Nothing talking about what the goals or ideas each organization is wanting to do or have.
- I would like to have seen actual information on availability of housing across all realms. Not just numbers that don't translate to housing availability. Not updates that don't relate to housing. Not an agency's stance on other entity's policies.

Ideas on how AHC can support alignment in Housing in our Bernalillo County

- One idea that I think can support alignment is ensuring and upholding the integrity of inclusiveness. That the friends and neighbors we are serving are equally involved and engaged with the direction and building of the housing safety net.
- Start a small network of reps of major stakeholder provider agencies on housing, eg. Each major homeless services agencies (SHC, NMCEH, TLS, etc.) - no more than 10-15 reps (1 per organizations). That meets quarterly - the model for this network would be ACCESS networking group that was funded by a grant many years ago. Note: This type of networking is already happening with BHI Youth Transitional Living agenda and with BHI ACEs organizations (6 of them). 2. Make Pathways navigator model the standard for all CHW case managers at all agencies. eg. Dawn Begay trained all of her FNCH case managers to use the pathways Navigation tool.
- Connect to city/county efforts and educate selves on the various proposals in the city
- Referral process, track data, not clear on eligibility processes/criteria for various programs
- Given the existing housing crisis and the enormous number of additionally cost-burdened owners/renters,

it seems like a comprehensive solution needs to also address income instability, both by supporting policy changes (increase minimum wage, paid sick leave, etc) and adding services to support patients/clients whose unstable/inadequate income is putting them at increased risk of homelessness

- Identify which community agencies are actually providing housing. And create/update a list for housing referrals based on these agencies.
- Attend existing coalitions - One ABQ Task Force, Lisa Huval, Increase NowPow services to include youth and BH services
- Develop a database that supports the project - could fall under the new value and access commission (possibly), data will drive decisions, 2. Alignment in legislative strategy
- Focus on money and where it can come from
- Share information across all programs. Work together!
- Support a ABC public health dept. Albuquerque Bernalillo County public health dept - that focuses on justice (economic, environmental, social)
- Gain intelligence 1st on what economic and policy factors are that are driving the housing market and construction situation here - so we have that info to better strategize a role we can take. How many landlords in area and what's policies around what they can charge, etc.?
- Prepare a one-pager to present to legislators with a short narrative explaining how food/housing/transportation impacts education, health and social-emotional well-being.
- The overall issue seems to be a lack of affordable housing and support systems to prevent homelessness. Perhaps development in the area of government support for affordable housing initiatives, and behavioral health systems to provide treatment at all levels
- bring as many agencies that are currently provide housing into a meeting so all could explain their program and application process. So CHW could confidently refer folk to an agency that will provide housing opportunity
- Be part of the organizations meetings.
- Monthly newsletters to CHW or community workers informing of housing availability
- Have an AHC member at the table at the other housing convenings.

Strategy ideas for how to align Housing in Bernalillo County

- Provide a map to community partners and stakeholders on how to access the housing safety net
- If this is not occurring already, invite the mayor and other policy makers to participate on committees, councils, or Boards.
- Work with national partners to advocate for HUD to redefine its homelessness parameters.
- To include more community-centric values, there is a difference in terminology from "being housed" to "where you live".
- Is there anywhere the state and county and city come together to plan together to meet needs?
- Expand data sharing, pathways and also utilization data (like ambulance, fire, police data; also hospitals to help spot/identify high utilizers of services to design levels of approaches to the needs -- (stratify needs and design levels of solutions and transitions across)
- Heard CABQ - major is establishing a "group" to address homelessness - 40 people on Task Force - ? How to connect. Very concerned about city ABQ disconnected team
- Bring community agencies together that provide housing services, temp-perm./emergency/vouchers...crossroads, steel bridge, help NM, rehab homes, headed home, new life homes, Barrett House
- Train CHWs to fill out App VISPDAT, 217-9570 Roman Coalition for Dir. Coordinated Entry System, Are youth services in NowPow? Casa Q, Alignment, Duration of Homelessness, Money/profit
- Best practice review of other states.
- Align all coalitions, groups and program with standard language and agreement in prioritization of needs, would it be possible to develop an overarching white paper/positions statement?

- Aligned referral process - centralized?
- Is there 1 group or structure for all the programs involved in this issue to come together and map out all components of support programs (who does what where...) and factors (challenging) so can start 'mapping' the situation and identifying key areas to address? Could AAHC facilitate such a session—including county planners, construction, real estate, landlords
- Have members from this group attend the legislative townhall hosted by Jerry Ortiz and Pino on Saturday Jan 26 1-3pm at public library downtown
- Create incentives for non-profits, faith based groups, and government entities to work together. Because everyone's afraid of losing their share of the funding pie, they hoard resources and don't work with others to accomplish shared goals. Remove the obstacles.
- Describe general strategy ideas for how to go about aligning Housing in our community
- Hopeworks seem to have a good idea going on. They are making housing with in-house services and counseling. They took the idea from Washington State and Colorado organizations.
- Instead of duplicating information gathering and convenings, leverage other data and strategies that are also working on aligning housing.

While there are many people working on Housing initiatives in our community, the consensus is that efforts are not coordinated, and the sheer vastness of activities, programs, coalitions, and organizations that exist make getting a comprehensive picture of the problem, let alone an understanding of it and thus a point of entry for alignment, a challenge. Bringing together stakeholders to learn about housing resources, activities, and goals in our community was one necessary step toward alignment. AHC Bridge continues to engage in conversations about the findings from this Housing Advisory Board meeting and their implications for additional Housing alignment activity.

UTILITIES

KEY POINTS

- Many of Bernalillo County's low income residents struggle to pay their utility bills.
- High utility costs are driven, in part, by housing that is sub-standard and/or energy inefficient. Weatherization can markedly reduce energy costs.
- Weatherization services are available to low income county residents, but demand far exceeds supply.
- The Low Income Home Energy Assistance Program (LIHEAP) provides year-round assistance with energy costs to qualifying households, but less than 20 percent of potentially eligible households in Bernalillo County participate in the program.
- Lifeline is federal program that subsidizes telecommunications and data plans for qualifying low income households. Roughly one-in-three income eligible Bernalillo County households participate in Lifeline.
- In Bernalillo County, broadband access varies substantially with income. Ninety four percent of Bernalillo County households with annual income in excess of \$75,000 have broadband, compared to 57 percent of households with income between \$10,000 and \$20,000
- Under-utilization of existing utility assistance programs subjects many households to unnecessarily high utility bills. Helping income eligible households to enroll in LIHEAP, Lifeline, and Comcast Internet Essentials, even if they don't report difficulty paying for utilities at the time of their screening, can prevent future crises and free up household income for other necessities like food, housing, and transportation.

INTRODUCTION

Low-income households pay a disproportionately large share of income for utilities, adding to already excessive housing cost burdens. Energy burdened households are at elevated risk for numerous negative health impacts, including respiratory diseases, heart disease, arthritis and stress-related conditions.^{xxviii}

High speed Internet is an increasingly critical access point for opportunities in education, employment, health, community engagement, and social services. In Bernalillo County, the digital divide is largely a function of income. Disparities in access to the Internet contribute to social inequality, exacerbating existing inequities related to the social determinants of health - income, education, race and ethnicity, age, immigration status, and geography.

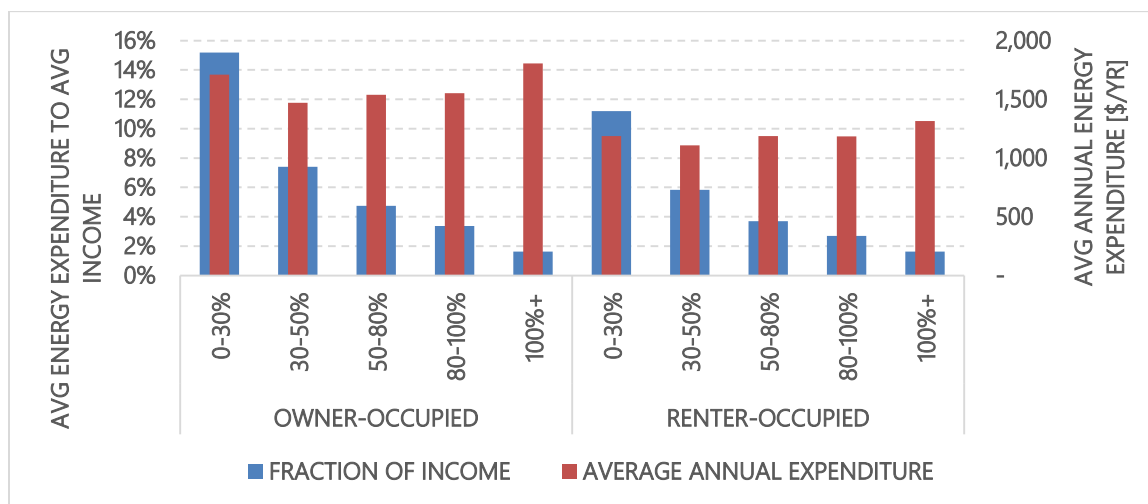
ENERGY

Households that spend more than 10 percent of their income on energy are considered ‘energy cost burdened’. Energy cost burden is often accompanied by energy insecurity (EI), the inability to adequately meet basic household energy needs. EI has been shown to negatively impact the overall health of household members.^{xxix} Eleven percent of (30,101) Bernalillo county households spend more than 10 percent of income on gas, electricity, and/or other heating fuels. This includes 10,949 households with children and 8,050 senior households.

Utility	Annual Cost	Share of Avg Household Income
Energy Cost	\$1,706	2.7%
Electricity	\$1,062	1.7%
Gas	\$615	1.0%
Other Fuels	\$29	0.0%
Household Income	\$64,018	

Source: American Community Survey 2016 5 Year Public Use Microsample

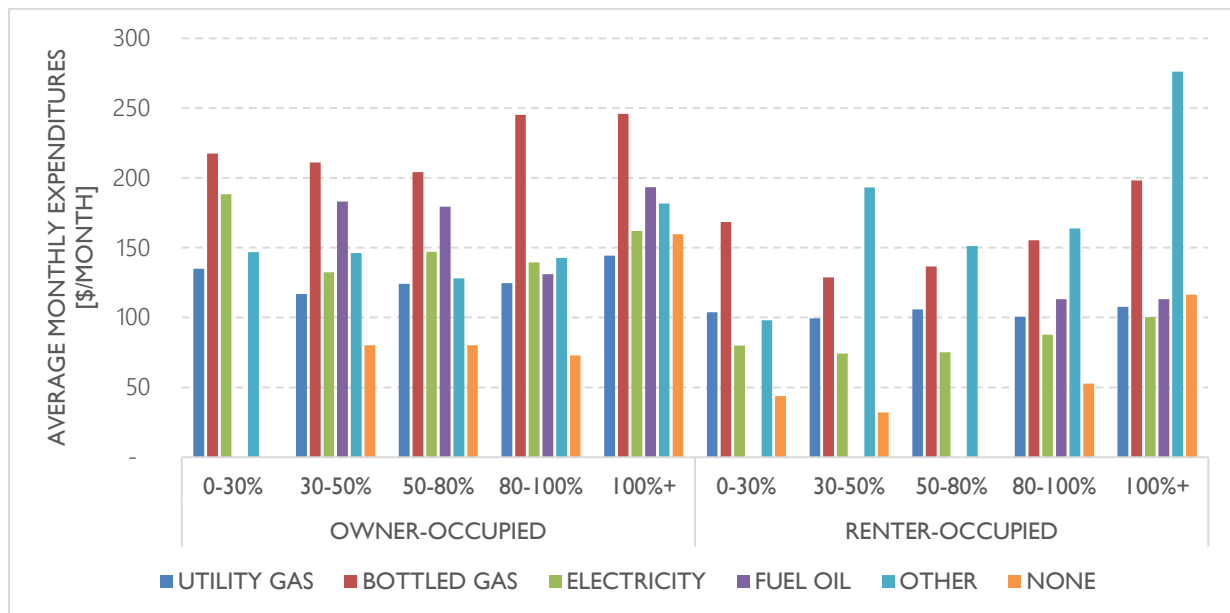
Figure 1: Bernalillo County Average Energy Burden as a Percentage of Area Median Income, 2015



Source: U.S. Department of Energy Office of Energy Efficiency and Renewable Energy. Low-Income Energy Affordability Data (LEAD) Tool. Retrieved from: <https://openei.org/doe-opendata/dataset/celica-data>

At all levels of income, Bernalillo County homeowners have higher average energy costs than renters (Figure 1). The most cost-burdened households are those with income below 30 percent AMI (\$25,100 for a family of four in 2018). Owners in this income range spend over 15 percent of household income on electricity, gas, and other heating fuels. Very low income renters spend an average of 11 percent of household income on energy.

Figure 2: Bernalillo County Average Monthly Energy Expenditures by Type of Heating Fuel, Tenure, and Household Income as a Percent of AMI, 2015



Source: U.S. Department of Energy Office of Energy Efficiency and Renewable Energy. Low-Income Energy Affordability Data (LEAD) Tool. Retrieved from: <https://openei.org/doe-opendata/dataset/celica-data> Note: "Other fuels" include solar, cord wood, pellet fuel and coal.

Homeowners in Bernalillo County out-spend renters on all forms of household energy. Tank gas (typically propane or liquefied propane) is the most costly heating fuel. Propane users typically reside in less populous areas of the county and are more likely than users of utility gas to live in mobile homes (Table U-2). Seventy-three percent of Bernalillo County households residing in mobile homes are low income.

Table U-2 Bernalillo County Households by Type of Housing, Heating Fuel 2012-2016

	Utility gas	Propane /LP Tank	Electricity	Wood	Other Fuel	No fuel used
Mobile home or trailer	79%	7%	10%	3%	2%	1%
One-family house detached	90%	1%	7%	1%	1%	0%
One-family house attached	85%	1%	14%	0%	0%	0%
Apartments	65%	0%	33%	0%	0%	0%

Source: Author tabulation of American Community Survey 2016 5 Year Public Use Microsample

In Bernalillo County, 17,388 energy cost burdened households reside in structures built before 1980. These buildings are more likely than newer ones to need significant retrofit to ensure efficient energy use.

Table U-3 Bernalillo County Energy Cost Burdened Households by Age of Structure 2012-2016

Year Structure Built	Energy Cost Burdened Households	
	Households	Percent
1939 or earlier	1,643	5%
1940 to 1949	1,679	6%
1950 to 1959	4,121	14%
1960 to 1969	3,745	12%
1970 to 1979	6,200	21%
1980 to 1989	4,239	14%
1990 to 1999	4,501	15%
2000 to 2009	3,707	12%
2010-2015	266	1%
Total	30,101	100%

Source: Author tabulation of American Community Survey 2016 5 Year Public Use Microsample

The New Mexico Mortgage Finance Authority's Energy\$mart Program provides energy efficient upgrades to households with income below 200 percent of the federal poverty level (\$49,200 for a family of four in 2018). Participants receive an average of \$5,500 in weatherization upgrades such as insulation, caulking, new windows and/or new heating systems. Energy\$mart typically saves participating households \$350 to \$500 in annual energy costs.

MFA weatherizes an average of 121 Bernalillo County houses annually. Funding is not sufficient to weatherize all potentially eligible properties. Six hundred Bernalillo County homes are on the Energy\$mart waiting list. Table U-4 shows houses in Bernalillo County and in target zip codes that have received Energy\$mart weatherization by year.

Table U-4 MFA Energy\$mart Weatherization by Zip Code				
	2015	2016	2017	2018
Bernalillo County	69	57	286	72
87102 (downtown)	4	4	71	3
87105 (South Valley)	11	9	18	9
87108 (International District)	3	2	132	26
87121 (West Mesa)	14	13	24	5
All Other BC zip codes	37	29	41	29

Source: New Mexico Mortgage Finance Authority unpublished data

The MFA House by House Reservation Rehabilitation program provides necessary home repairs, energy retrofits, site improvements, and utility connections to low-income homeowners. The MFA program serves homeowners in unincorporated Bernalillo County. In state fiscal year 2017-18 MFA rehabbed four Bernalillo County homes. Twenty eight households in unincorporated Bernalillo County are on the House by House Reservation Rehabilitation waiting list.

The City of Albuquerque’s Senior Affairs Office provides housing rehabilitation services for low income Albuquerque homeowners 60 years and over. The program serves close to 1,500 seniors with home retrofit and home repair services annually.^{xxx}

Utility Bill Assistance

Low Income Home Energy Assistance Program (LIHEAP)

LIHEAP is a federal program administered by the New Mexico Human Services Department (HSD) that helps people with income below 150% FPL (\$36,900 for a family of four in 2018) pay their energy bills. LIHEAP is available to both owners and renters. It covers the cost of electricity and gas, as well as bulk fuels such as propane, firewood, coal, or wood pellets. Priority is given to households with elderly, disabled, and/or children. LIHEAP assistance is available year round.

Households below 150% FPL that have received a disconnect notice from their utility, been denied fuel delivery, or have insufficient funds to open a utility account may be eligible to receive a crisis LIHEAP benefit of up to \$490.^{xxxii}

In 2017, 15,138 Bernalillo County households received LIHEAP assistance worth an average of \$256 per household. Thirty-one percent of Bernalillo County residents, about 81,400 households, have income below 150% FPL. Thus, approximately 19 percent of potentially eligible Bernalillo County households receive LIHEAP benefits. HSD reports that there is no waiting list or other indication that the demand for LIHEAP exceeds available funding.^{xxxiii}

Table U-5 Bernalillo County LIHEAP Recipients, 2017

Area	Households	Residents	Total Benefits
County	15,138	35,058	\$3,876,390
Target Zip Codes			
87102	936	1,745	248,220
87105	1,998	4,662	527,345
87108	1,519	3,163	397,565
87121	2,493	6,791	628,110

Source: New Mexico Human Services Department, unpublished data

Public Service Company of New Mexico (PNM)

PNM is the electric utility serving Bernalillo County. The PNM Good Neighbor Fund is an emergency assistance fund for PNM customers who are unable to pay their electric bill due to an emergency situation. Customers are required to apply for LIHEAP before applying for help from the Good Neighbor Fund.^{xxxiii} In 2017, PNM assisted approximately 2,100 Bernalillo County households with \$267,000 in bill payment support.^{7 xxxiv}

⁷ PNM reports providing 3,804 families with \$484,879 in bill payment support through the PNM Good Neighbor Fund in 2017. Bernalillo County residents make up roughly 55 percent of households in the PNM service territory.

Gas Company of New Mexico

HEAT NM provides assistance with gas bills to current NM Gas Company customers who qualify for LIHEAP. The program runs January through March. For the year January 2016 – August 2017, New Mexico Gas Company’s Heat NM fund provided assistance to 1,297 households in Albuquerque.^{xxxv}

Other Sources of Assistance

The Salvation Army, St. Vincent De Paul, and The City of Albuquerque Health and Social Services Centers also provide temporary assistance with gas, electricity, utility, water bills, and electric bills. Silver Horizons Household Bill Assistance helps Bernalillo County residents age 60 and older who have received a service disconnection notice pay their utility bills.^{xxxvi} In 2017, 150 seniors received help from the Household Bill Assistance Program.^{xxxvii}

TELECOMMUNICATIONS

Almost 8,000 Bernalillo County households lack a telephone. Most county residents who don’t have a phone are working-age adults (Table U-6). Being without a phone makes it difficult to obtain or keep a job.

Table U-6 Bernalillo County Households Telephone Service by Age and Tenure		
	Owner Occupied	Renter Occupied
Total dwellings	163,779	98,741
With telephone service available:	160,264	94,606
Householder 15 to 34 years	18,942	36,620
Householder 35 to 64 years	94,126	45,896
Householder 65 years and over	47,196	12,090
No telephone service available:	3,515	4,135
Householder 15 to 34 years	689	1,759
Householder 35 to 64 years	2,070	1,959
Householder 65 years and over	756	417
Source: American Community Survey 2016 5 Year PUMS		

Lifeline Telecommunications and Data

Lifeline is a program of the Federal Communication Commission that subsidizes communications services (talk, text, and data) for low income consumers. To qualify in New Mexico, participants must have income below 150 percent of the federal poverty level and/or receive veterans pension benefits, federal entitlements like Medicaid or SNAP, or tribal assistance through programs such as Bureau of Indian Affairs (BIA) General Assistance. Only one Lifeline discount (phone or internet, but not both) is allowed per household.^{xxxviii}

In Bernalillo County Assurance Wireless Phone, Safelink Wireless Phone, and the Centurylink Lifeline Program, provide free mobile phones, 350 minutes of talk, texting and up to 1.5 free GB of data per month to households that qualify for Lifeline.

In 2017, 307,361 New Mexicans were eligible for Lifeline and 94,876 (31%) subscribed.^{xxxix} Bernalillo County residents make up 32 percent of New Mexico’s population. Assuming Lifeline participation is proportional to population, 30,360 out of 98,356 potentially eligible Bernalillo County residents subscribed to Lifeline.

Low income individuals that don’t participate in Lifeline often utilize pre-paid phones with limited minutes. Participants in the March 16 utility focus group noted that long hold times at government agencies can make it difficult for low-income households with limited cell phone minutes to access services.

COMPUTERS, INTERNET, AND BROADBAND

Ninety-two percent of Bernalillo County residents have a computer at home. Households with members under 18 are more likely than other households to have a computer. Senior households are considerably less likely to have a computer. Over 80 percent of households have broadband internet access.

Table U-7 Computer, Internet, and Broadband Access Bernalillo County Residents, by Age 2012-16

	All	Under 18	Over 65
All County Residents	668,255	151,364	101,235
Computer at home	617,065	144,802	82,168
Internet at home	561,907	131,868	74,248
Broadband at home	559,350	131,791	72,954

Source: Author tabulation of American Community Survey 2016 5 Year Public Use Microsample

High speed Internet is an increasingly critical access point for opportunities in education, employment, health, community engagement, and social services. Disparities in access to the Internet contribute to social inequality, exacerbating existing inequities related to the social determinants of health - income, education, race and ethnicity, age, immigration status, and geography.^{xi} In Bernalillo County, broadband access varies substantially with income. Ninety four percent of Bernalillo County households with annual income in excess of \$75,000 have broadband, compared to 57 percent of households with income between \$10,000 and \$20,000 (Table U-8).

Table U-8 Household Income By Presence And Type Of Internet Subscription In Household, Bernalillo County, 2016

	Less than \$10,000:	\$10,000 to \$19,999:	\$20,000 to \$34,999:	\$35,000 to \$49,999:	\$50,000 to \$74,999:	\$75,000 or more:
Households	19,446	31,788	42,912	35,368	47,947	84,867
With dial-up Internet subscription alone	0%	0%	1%	1%	1%	0%
With a broadband Internet subscription	61%	57%	71%	82%	86%	94%
Without an Internet subscription	39%	43%	28%	18%	13%	5%

2016 American Community Survey 1-Year Estimates. Household Income In The Last 12 Months (In 2016 Inflation-Adjusted Dollars) By Presence And Type Of Internet Subscription In Household

Although most Bernalillo County households have access to the Internet at home, 8.6 percent use a smartphone exclusively (Table U-9).

Table U-9 Bernalillo County Households, Type of Device and Internet Access, 2012-16

	Number	Percent
All Households	262,328	
Computing devices (any kind)	233,826	89.1%
Smartphone	199,003	75.9%
Smartphone only	22,689	8.6%
Internet	211,907	80.8%
Broadband	210,397	80.2%
No computer	28,502	10.9%
No Internet	50,421	19.2%

Source: Author tabulation of American Community Survey 2016 5 Year Public Use Microsample

Comcast Internet Essentials provides discounted internet access with no credit check and no installation fee for residents of HUD housing and people with a child eligible for the National School Lunch Program who haven't subscribed to Comcast internet in the last 90 days and who have no overdue Comcast bills or unreturned equipment. Internet Essentials customers can also purchase a desktop or laptop computer through the program for \$150.^{xli} As of August 2017, Comcast Essentials had 14,000 subscribers in Albuquerque.^{xlii} Comcast reports that 56,000 Albuquerque residents have enrolled in the program since 2011.^{xliii}

WATER AND SOLID WASTE

Bernalillo County residents spend an average of \$394 on residential water service annually.^{xliv} The City of Albuquerque charges \$15 per month (\$180/year) for residential trash pick-up.

Homeowners with income below 133 FPL may qualify for the Low-Income Water and Solid Waste Credit (LIC). The LIC is administered by The Storehouse of Greater Albuquerque^{xlv} in cooperation with the Albuquerque Bernalillo County Water Utility Authority.

The City of Albuquerque provides assistance with water, sewer, and refuse bills to low income city residents. Bernalillo County's Solid Waste Program provides low-income assistance for qualifying customers residing in the unincorporated areas of Bernalillo County by reducing their quarterly bill by as much as 72 percent.

Albuquerque Solid Waste Management assists elderly or disabled residents with carts and recyclables for regular curbside pick-up with a doctor's certification.

GAPS

Under-utilization of existing utility assistance programs subjects many households to unnecessarily high utility bills. Helping income eligible households to enroll in LIHEAP, Lifeline, and Comcast Internet Essentials, even if they don't report difficulty paying for utilities at the time of their screening, can prevent future crises and free up household income for other necessities like food, housing, and transportation.

Energy inefficient housing is a major contributor to high energy burden. Low-cost weatherization services are under-funded and cannot keep pace with demand in Bernalillo County.

TRANSPORTATION

KEY POINTS

- Residents of Bernalillo County are highly dependent on personal automobiles for transportation.
- Patterns of residential development that concentrate new housing on community's far edges increase dependence on personal automobiles.
- The high transportation costs associated with living far away from jobs and services is a burden to families and a barrier to fair housing.
- Inadequate public transportation promotes car dependency, even for those community residents who would prefer not to drive.
- High fatality rates for pedestrians and cyclists deter some residents from adopting active transportation.
- Transportation barriers exist county-wide, but are particularly acute on the West Side

INTRODUCTION

Transportation impacts health in numerous ways. Lack of transportation reduces employment options and impedes access to health care. Heavy reliance on personal automobiles contributes to traffic congestion, air pollution, and increases the likelihood of being injured in a car accident. Car insurance, gas, and maintenance consume a large share of household income, causing some low income households to go without other necessities such as healthy food and pharmaceuticals. To the extent that driving takes the place of walking, bicycling, and other forms of active transportation, it eliminates opportunities for exercise, contributing to obesity and other chronic conditions. Transportation limitations are also barriers to fair housing. Inadequate public transportation restricts neighborhood choice for low income families, relegating them to areas of concentrated poverty along bus routes. Other households are lured to the community's periphery by lower cost housing, but, once there, find their housing savings are completely offset by higher transportation costs.

TRANSPORTATION IN BERNALILLO COUNTY

Residents of Bernalillo County depend heavily on personal automobiles for transportation. A Household Travel Survey conducted by the Mid Region Council of Governments^{xlvi} in 2013 found

that personal vehicles were used for 85 percent of all trips and 88 percent of work-related trips in the Albuquerque MSA.⁸

Table T-1 shows means of transportation to work for all Bernalillo County workers and for workers with income below 150 percent of the federal poverty level. Eighty percent of Bernalillo County workers and 74 percent of the county's low income workers drive to work alone. Among target zip codes, the percentage and number of workers who drive alone are highest in the West Mesa and South Valley, both of which are relatively far from the urban core and poorly served by public transportation.

Table T-1 Means of Transportation to Work by Income Class, Bernalillo County and Target Zip Codes										
	Bernalillo County		87102		87105		87108		87121	
	Workers		Workers		Workers		Workers		Workers	
	All	Low Income	All	Low Income	All	Low Income	All	Low Income	All	Low Income
Workers >=18 yrs	307,634	55,976	9,010	2,962	23,525	5,436	16,354	6,191	31,748	8,046
Drove alone:	80.2%	73.8%	75.8%	70.7%	80.9%	77.4%	69.7%	63.1%	81.5%	76.6%
Carpooled:	9.3%	10.7%	6.9%	9.4%	10.7%	13.1%	10.9%	12.4%	14.4%	14.8%
Public transportation	1.9%	4.0%	4.3%	5.0%	1.6%	3.1%	4.6%	7.5%	1.3%	3.2%
Walked:	1.8%	3.4%	6.0%	7.6%	1.4%	1.5%	3.0%	4.0%	0.5%	1.4%
Other*	2.6%	4.1%	4.4%	4.6%	1.5%	1.7%	6.8%	9.9%	0.5%	0.8%
Worked at home:	4.2%	4.0%	2.6%	2.7%	3.9%	3.3%	5.0%	3.1%	1.8%	3.2%
Source: U.S. Census Bureau, 2012-2016 American Community Survey 5-Year Estimates										
* Taxicab, motorcycle, bicycle or other										

In a car dependent culture, lack of access to a reliable vehicle is barrier to education and employment. Over 17,500 Bernalillo County households have no vehicle, over one third of these households include one or more workers and 1,672 are in the West Mesa and South Valley, two BCAHC target communities where public transportation is especially limited (Table T-2).

Table T-2 Vehicle Availability, Households in Bernalillo County and Target Neighborhoods, 2012-2016					
Households	Bernalillo County	87102	87105	87108	87121
All	262,520	8,959	19,577	16,846	22,945
No vehicle available	17,556	1,421	1,071	3,232	601
1 or more workers	5,570	401	158	1,037	144
Source: 2012-2016 American Community Survey 5-Year Estimates					

Lack of reliable transportation is also a barrier to fair housing. The 2017 City Of Albuquerque Assessment Of Fair Housing (cite) notes that inadequacies in the area's public transit system

⁸ Bicycling and walking accounted for 9 percent of all trips and all work related trips.

make it hard for low income community members to access jobs, services, and other opportunities. The Assessment goes on to state that area residents “can't count on transit to take them to work, doctors' appointments, or other destinations because the service is too infrequent and unreliable, and routes are too limited.”

Transportation is typically a household's second largest expenditure. Recent patterns of residential development, particularly on the West Side, have increased the transportation cost burden by putting ever greater distance between where people live and where they work, shop, and obtain services. Inadequate public transportation, particularly in the unincorporated areas, means that many households have no alternative to driving.

Owning an automobile is by far the biggest expense for every Albuquerque Housing Authority low income household.

*- Albuquerque/Bernalillo County Comprehensive Plan –
As Adopted By City Council - March 2017*

Long commutes cost both time and money. Table T-3 shows one way commute times for commuter households in Bernalillo County and target zip codes. Just over 9 percent of Bernalillo County commuters commute more the 40 minutes each way. The percentage of workers who commute more than 40 minutes each way ranges from 6.5 percent for residents of Downtown (87102) to 12.6 percent for West Mesa residents (87121).

Table T-3 Commute Times for Commuter Households in Bernalillo County and Target Zip Codes					
	Bernalillo County	87102	87105	87108	87121
Commuter Households	296,136	8,831	22,642	15,571	31,265
Under 5 minutes	2.1%	3.1%	2.7%	3.1%	1.1%
5 to 9 minutes	9.1%	15.5%	6.8%	12.5%	7.9%
10 to 14 minutes	15.0%	22.0%	10.1%	20.2%	8.0%
15 to 19 minutes	20.7%	23.1%	20.0%	24.0%	14.7%
20 to 24 minutes	20.5%	15.3%	21.5%	17.2%	20.7%
25 to 29 minutes	7.3%	5.0%	8.5%	5.6%	10.4%
30 to 34 minutes	14.0%	9.2%	18.2%	9.3%	21.1%
35 to 39 minutes	1.9%	0.2%	1.9%	0.6%	3.4%
40 to 44 minutes	2.1%	1.3%	2.0%	1.8%	3.6%
45 to 59 minutes	3.5%	2.0%	4.5%	2.6%	4.7%
60 to 89 minutes	2.3%	2.0%	2.2%	2.1%	2.5%
90 or more minutes	1.4%	1.2%	1.6%	1.0%	1.8%
Source: U.S. Census Bureau, 2012-2016 American Community Survey 5-Year Estimates					

Public Transportation

Bernalillo County's public transit system includes the ABQ RIDE bus system, Railrunner, Sun Van paratransit, and Rapid Ride, ABQ RIDE's quasi-rapid transit system. Public transportation systems

are critical community assets because they provide mobility for people of all ages and abilities and improve quality of life for all community members by reducing congestion, increasing safety, and improving air quality. Using public transportation is also safer than driving alone, with one-tenth the traffic casualty rate as automobile travel.^{xlvii}

Walking to and from public transportation is also a significant source of exercise for many Americans. A 2012 review of the literature examining the relationship between physical activity and the use of public transit use found that use of public transportation contributed an average of 8–33 additional minutes of walking per day.

Fixed route systems in Bernalillo County include Rio Metro which operates the Rail Runner, the City of Albuquerque ABQ RIDE routes, UNM shuttle services, and the New Mexico Department of Transportation Park and Ride service.

ABQ RIDE

The 235-square-mile ABQ RIDE service area covers most of the City of Albuquerque, the Village of Los Ranchos, and unincorporated areas of Bernalillo County including the North and South Valleys.

The spine of ABQ RIDE's transit system is Central Ave. There are three Central Ave bus routes. In addition, 32 of the 37 ABQ RIDE bus routes that operate on other corridors connect with the Central Ave. routes. The Alvarado Transportation Center (ATC) in Downtown Albuquerque is a major transfer point.

ABQ RIDE has three types of service for the general public - local routes provide all-day service with frequent stops, commuter routes operate only during the morning and afternoon peak traffic times, and Rapid Ride is an express bus service that provides all-day service on three routes with stops that are about a mile apart. Rapid Ride buses have low floors and advanced accessibility features including a quick-deploying ramp and kneeling. The average ABQ RIDE passenger trip is three to four miles.

Over 80 percent of ABQ RIDE passengers are low income,⁹ and many have relatively few alternatives to public transportation. A 2017 survey of ABQ RIDE passengers attempted to gauge the degree to which they were dependent on ABQ RIDE for transportation. When asked "If transit service were not available, how would you have made this trip?" 48.2 percent of ABQ RIDE passengers evidenced a relatively low degree of dependence, indicating that they would have access to a vehicle, ride with someone else, or use a service like Uber. Another 37.1 percent said they would have walked or

⁹ Data on rider characteristics comes from an on-board demographic survey conducted by ABQ RIDE in April 2017. For purposes of the survey all riders who reported annual income below \$35,000 were deemed "low income."

ridden a bike. Fourteen percent of respondents were highly dependent on ABQ RIDE, saying that they “Would not make this trip” if transit service were not available.^{xlvi}

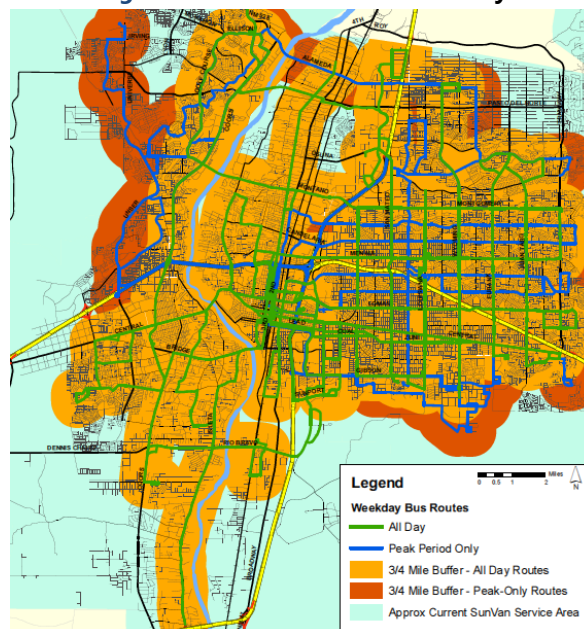
Transportation for Seniors and the Disabled -Fifteen percent of Bernalillo County’s population is over the age of 65.^{xlix} By 2040, that percentage will have doubled. The burgeoning populations of both abled-bodied and disabled seniors will increase the need for both public transportation and paratransit

Sun Van, ABQ RIDE’s paratransit service, provides origin-to-destination service for ADA-certified disabled persons in Bernalillo County. Trips must be reserved in advance. The fare is \$2 for each one-way trip.

Sun Van riders quoted in The Albuquerque/Bernalillo County Comprehensive plan describe Sun Van’s reservation system as “dysfunctional” and its hours of service and service area as “far too limited.”^l Sun Van’s hours of operation and service territory both exceed those of the fixed route ABQ RIDE system; thus, at least part of the riders’ critique of Sun Van is generalizable to the ABQ RIDE system overall. Figure T-1 shows the ABQ RIDE service territory, the areas outside the service territory that Sun Van is required by the ADA to serve, and SUN Van’s actual service territory.¹⁰

A 2010 third party assessment of Sun Van found the service to be in compliance with applicable U.S. DOT ADA regulations and to be of generally high quality, noting, however that Sun Van’s “somewhat disappointing on-time performance” was an area of concern.^{li}

Figure T-1 Sun Van Service Territory



¹⁰ Source: ABQ Ride Sun Van Compliance Assessment, Delta Services Group Inc. 2010

Transportation supporting access to work and work related job training is provided through Rio Metro's Job Access Reverse Commute (JARC) program. JARC provides curb-to-curb transportation to job sites or job-training programs in the Albuquerque area for low-income Bernalillo County residents whose residence or employment location is more than 1/4 mile from the nearest ABQ Ride bus stop.^{lii} JARC services are available year-round, 24 hours a day, seven days a week and may include child care drop offs for workers with children age 5 and under. Riders pay \$1.00 to \$2.00 for each one-way ride with a meter reading of \$20.00 or less.

Other Bernalillo County public sector entities that provide transportation services for seniors include the City of Albuquerque Office of Senior Affairs, which, in 2017, provided 62,590 one-way trips to 1,787 seniors,^{liii} the City of Albuquerque Retired and Senior Volunteer Program (RSVP), and the Bernalillo County Parks and Recreation Department, which provides transportation to meal sites for seniors.

Public Transportation

In 2013, the Mid-Region Council of Governments (MRCOG) surveyed 40 local human service and transportation agencies about transportation issues impacting their clients. The results of this survey provide insight into the transportation challenges confronting Bernalillo County's most vulnerable residents:

The areas of Bernalillo County that respondents most frequently characterized as underserved by public transportation were outside Albuquerque's municipal boundaries and included the South Valley, West Side, and East Mountain area.

The public transit improvements most frequently recommended by respondents included:

- Expanded service times, including early morning, evening, late night, and weekend service;
- Shorter wait and travel times especially during peak hours;
- More connections enabling travel to more destinations;
- More frequent demand response service for elderly and disabled individuals;
- More bus passes to provide free of charge to needy clients

Some of the issues that respondents cited as impediments to access to existing transportation:

- Many trips require multiple transfers (this issue was particularly significant for veterans accessing the VA);
- Long walks are required to reach existing stops;
- Insufficient protection from the elements at bus stops;
- Better accommodations are needed for parents with multiple small children;
- Better outreach and accommodations for people with developmental or intellectual disabilities;
- Poor treatment of homeless riders;
- Service is unaffordable for low-income residents of Bernalillo County^{liv}

Transportation for the Special Populations Provided by Private Organizations

Catholic Charities' Senior Transportation program provides transportation to essential medical appointments and grocery shopping to individuals age 60 and older. Other Bernalillo County non-profit agencies that serve the disabled and/or seniors and provide transportation include Share Your Care (Adult Day Services), ARCA (services for people with intellectual and developmental disabilities), Adelante (employment, vocational and life skills training, residential services, day services, and volunteer opportunities for people with disabilities and seniors), Go-Fors (accompanied accessible transportation to medical appointments and other errands), La Vida Felicidad (in-home services and day services for at-risk children, adults and seniors), and PB&J (early intervention, parenting education, therapeutic preschool, intensive therapeutic counseling, support, prevention, and case management services for at risk children and families).

Providers of transportation specifically for veterans include the New Mexico Department of Veterans Services, the New Mexico VA Health Care System, and the New Mexico Veterans Integration Center in Albuquerque.

Medical transportation

Transportation is one of the most common barriers to medical care faced by low-income populations. A Community Transportation Association study found that 3.6 million Americans miss or delay medical care because of transportation issues. Research has also shown that providing transportation increases utilization of preventative care, reduces the number of missed appointments and decreases ER visits.^{lv}

Non-emergency medical transportation (NEMT) is a mandatory benefit under Medicaid. New Mexico's Medicaid Managed Care Organizations (MCOs) contract with private entities such as Safe Ride Services and Premier Transportation to provide transportation to medical appointments for members with limited transportation alternatives. Nationally, NEMT is utilized by only 10 percent of the total Medicaid population and represents approximately 1 percent of total Medicaid expenditures.^{lvi}

BARRIERS

Safety

New Mexico is one of the worst states in the nation for motor vehicle deaths. Bernalillo County's motor vehicle crash death rate of 13.2 per 100,000 is lower than the statewide rate (17.3 per 100,000), but considerably higher than the national rate (11.7 per 100,000).^{lvii}

About half of all traffic fatalities in Bernalillo County involve alcohol. In 2016, 100 Bernalillo County residents died in motor vehicle accidents, 52 of these deaths involved alcohol. Alcohol

involved motor vehicle fatalities have been increasing in Bernalillo County since 2013, as have the number and percentage of fatal accidents in which seat belts were not worn.^{lviii}

Safety concerns are a significant barrier to increased utilization of active transportation modalities. Pedestrian and bicycle fatalities make up almost 40 percent of Bernalillo County traffic deaths. Pedestrian crashes in Bernalillo County are 39.9 times more likely to be fatal and bicyclist crashes are 5.9 time more likely to be fatal than crashes involving only motor vehicles.^{lix} With 284 crashes between 2010 and 2014, East Central Ave – part of a BAHC target neighborhood - had 23 crashes per mile, the region’s highest number of combined pedestrian and bicyclist crashes. Over 40 percent of bicycle crashes occurred on roadways with no bicycle lanes or other bicycle infrastructure.^{lx}

Institutional Barriers

Many of Bernalillo County’s transportation problems are the result of land use decisions and poor planning. Rampant sprawl, particularly on the West Side, and lack of in-fill in the urban core have expanded the distances between residential and commercial areas. The resulting transportation cost burden is borne by both families and the public sector. Transportation is second only to housing as the largest share of most family budgets. Thus an increase in transportation costs can necessitate difficult trade-offs that are detrimental to health and well-being. Reducing the burden on households requires extending services such as public transit outside the urban core, which dramatically increases both infrastructure and operations costs.^{lxi}

Institutional barriers identified by respondents to the 2013 MRCOG survey of local human service and transportation agencies included:

- Inadequate funding, particularly for the smaller agencies,
- Insufficient vehicles and drivers (including volunteer drivers).
- Restrictions on transportation funding that limit service areas and trip types

SOLUTIONS

Strategies to mitigate Bernalillo County’s transportation problems include increase mixed-use development patterns that are easily accessible by multiple modes of transportation, increasing access to public transportation, promoting active transportation by improving traffic safety, and improving coordination between transit providers and stakeholders.

Land Use -- Bernalillo County and the City of Albuquerque have both adopted Complete Streets policies.^{lxii lxiii} Complete Streets policies require a safe, comfortable, integrated transportation network for all users, regardless of age, ability, income, ethnicity, or mode of transportation by providing a framework for current and future development that integrates sidewalks, trails, bike facilities, transit amenities, and safe crossings into their design. These ordinances are important because they acknowledge the role that planning and development play in fostering the transition away from dependence on the personal automobile. However, other land use issues

including reducing urban sprawl and revitalizing neighborhoods in the urban core are equally important to making transportation in Bernalillo County safer, healthier, and more equitable.

Active Transportation -- Residents of transit-oriented communities have about one fifth the per capita crash casualty rate as in automobile-oriented communities.^{lxiv} Strategies to increase active transportation include improving network connectivity for pedestrians, bicyclists, and vehicles.

Public Transportation -- Although public transportation is considerably less expensive than operating a private automobile, it remains prohibitively expensive for some of the county's lowest income residents. Free bus passes, often obtained from community organizations, provide vital access to transportation for these community members. Increasing the number of routes and expanding the hours of service could increase utilization of ABQ RIDE by the general public.

Coordination -- Among the coordination activities recommended by agencies interviewed by MRCOG were:

- Host a yearly summit for coordinated transportation services agencies and their clients
- Develop an easy to use directory of transportation providers (online and paper format)
- Networking meetings and active coordination between agencies
- Increased visibility for transit issues
- Encourage Rail Runner to market their services to medical providers
- Work with the private sector on developing deviated fixed routes^{lxv}

YEAR TWO UPDATE

At the request of the Bridge Group, the Data Group performed an analysis on patient needs that had been marked "resolved" and the type of resolution. Needs are individually categorized with a resolution type once the patient reports that their need has been resolved or unresolved. A need may be determined to be unresolvable either because the resource does not exist in the community or because there is a waitlist of six months or longer for the needed resource (see Implementation Data section for graph, additional information P. 78). This analysis revealed that transportation was the one core need that was most often marked "Unresolved".

A questionnaire and request for stories was sent out to CHWs to collect information on current issues they are having addressing transportation needs with their navigation clients and in general in the community. CHWs reported that medical transportation needs are relatively easy to resolve. CHWs reported coordinating with insurance plans to arrange for free medical transportation for beneficiaries in need. While locating and connecting the patient to the resource was relatively straightforward, beneficiaries are dissatisfied with the service itself and transportation services coordinated through insurance have been unreliable. Main complaints include lateness of the ride- which results in lateness to appointments, or the ride not showing up

at all. There are other options for transportation through ABQ Ride, though CHWs report the application and fee may be barriers for patients. Additionally, patients have reported that most companies require advanced notice (usually 72 hours) and a reservation, which poses problems with medical transportation needs for two main areas: emergent/urgent medical needs, especially discharge from ED, and for concluding medical appointments – some patients may not know the exact time their appointment will end.

Safety on public busses was another concern that arose among patients and the CHWs. Patients have reported not being able to trust bus drivers and not trusting that they can mount and ride the bus without falling. Low-income individuals who can't afford a vehicle, vehicle maintenance, or state and city fees for owning a vehicle have to find other modes of transportation. Access and navigation of the public transportation system has proven difficult for some patients with severe medical needs and conditions.

Non-medical transportation needs remain unresolvable for many CHWs and beneficiaries due to lack of services available. While there are dedicated programs to transport people to and from their medical appointments, there are not adequate resources to transport people to and from grocery stores, recreation, exercise classes/gyms, and other everyday needs. It appears there are no community organizations currently offering subsidized or free non-medical transportation services for adults (non-seniors) who do not have a disability.

Many patients rely on family members or friends to provide transportation for both medical needs and non-medical needs, though most report avoiding doing this too often because they don't want to be seen as a burden.

In addition to receiving CHW feedback, the Data Group attempted to expand understanding of the gaps in the system by doing an analysis of current transportation resources, their requirements, and availability of services.

RECOMMENDATIONS TO ADDRESS TRANSPORTATION GAPS

After concluding a review of transportation resources, these are our recommendations:

1. We strongly encourage more organizations who serve no income and very low-income individuals and families to apply to the ABQ RIDE Finance Department to become a vendor of Indigent one day and 31-day bus passes. They can sell 31-day passes at cost (\$10), give them away, or a combination (give some away and sell some at cost).
2. We also encourage those who are already giving away and/or selling Indigent bus passes to increase the number they purchase, if they tend to run out of them on a regular basis. There is especially a great need for free passes, one day and 31-day, but also a need for more access to purchasing them. A huge gap is that homeless and very low income

people are often without the means (a bus pass) to get to an appointment or services they need.

3. Better communication among ABQ RIDE Indigent bus pass vendors (one day and 31-day) to facilitate homeless and very low income people finding out where Indigent passes are available.
4. Include in budgets and grant applications requests for funds for these types of resources: 1) bus passes; 2) retail gift cards (Smith's, Giant-Conoco and Wal-mart/Sam's) to use for gas; 3) cab vouchers and/or gift cards for ride services (Uber and Lyft); 4) auto parts to repair a vehicle.
5. Identify skilled auto mechanics who will repair for free or at a discount (while at the same time your organization allocates funds for auto parts). This can involve faith-based communities taking this on as a service to the low-income community, or other non-profit organizations can provide this service. Communicate to agencies that serve low-income individuals that this service is available and logistics about how to access this help.
6. Explore use of ride services (see section on "Ride Services" for innovative ideas).

Below are more details on agencies providing these types of recommended services.

CITY OF ALBUQUERQUE TRANSIT

BUS PASSES

Any organization serving low-income individuals that would like to apply to become an Indigent bus pass vendor for one day and/or 31-day Indigent bus passes can call 311 and make that request. The ABQ RIDE Finance Department will call back and ask the organization's representative to meet with their staff person and complete an application. This application will then be reviewed by the Director of ABQ Transit and the organization will be informed whether or not they have been approved to become a vendor.

Children under age 10 ride free when accompanied by a paying adult. **Veterans** ride free on ABQ Transit buses with a VA medical card. **An individual 62 or older** can ride for 35¢ a ride by showing a state ID and **anyone with a Medicare card** can ride for 35¢ a ride by showing their Medicare card.

Most of the social services and healthcare agencies/organizations contacted do provide Indigent passes (one day and/or 31-day) to their clients who are in their programs, but most do not sell them or provide them free to the public.

One day bus passes (unlimited rides the day you use the pass)

One day bus passes cost \$2 to the public.

ABQ Transit offers one day passes to their bus pass vendor agencies only for \$1 apiece to give to Indigent individuals.

Many agencies give passes to the clients they are case managing. Here are the passes for clients who are not directly working with case managers:

- Albuquerque Healthcare for the Homeless client advocates give out 100 one day passes per day M-F.
- APD COAST gives out one day passes on outreach.
- Central United Methodist Church gives out 100 passes daily during their Helping Hands ministry: 9:00 – 10:30 Wednesday, Thursday, Friday only (along with coffee, clothing and toiletries; restroom and phone available during this time).
- First Nations Community Healthsource (FNCH) Homeless Outreach Program (HOP) gives out 5 one day passes daily.
- HopeWorks Day Shelter no longer gives out one day passes in the Day Shelter.
- The Rock at Noon Day does not give out one day passes.

31-day Indigent Bus Passes (the 31 days starts the first day you use it)

- ABQ Transit offers these passes only to their bus pass vendor agencies to give away or sell at cost.
- St. Vincent de Paul Clearinghouse (SVdP) sells Indigent passes.
- Salvation Army sells 200 to very low-income individuals beginning the first of the month for \$10 at two sites: 1) Monday and Friday only they sell passes at their 501 Broadway SE office (this location will only be open those days for bus passes and food boxes, but not financial assistance); and 2) Monday-Friday at 4301 Bryn Mawr Dr. NE (main office). The hours at both locations are 9:00 to 11:30 am and 1:00 to 3:30 pm. Family Services phone number is 872-1171, ext. 8.
- HopeWorks Behavioral Health sells 400 passes monthly (limit 2 per person who's buying them) and they usually run out 1 to 2 weeks each month (mid-month usually).
- The Rock at Noon Day is no longer a vendor for passes to sell or give away.
- Goodwill Industries only sells passes to their employees who qualify for Indigent passes, not to the public.

Silver 31-day Bus Passes (\$12) are only for persons with disabilities or who have a Medicare card or who are 62+ years old. The pass is not activated until used and is valid for 31 days. These Silver passes are available at ABQ Transit Customer Service Center on 1st Street or at any Albertson's and require an Honored Citizen's ID.

Honored Citizen ID is only available to people age 62+ and only require a photo ID and a \$2 fee. The Honored Citizen ID is valid for 1 year.

If you are under 62, you can download the application (<https://www.cabq.gov/transit/tickets-passes/honored-citizen-discount>) or go to ABQ RIDE Customer Service Center window or lobby and request it. Next, provide your complete application and if you:

- are on Medicare, you must show your Medicare card and your photo ID and pay \$2.
- are not on Medicare and are under age 62, and have a disability which results in your being mobility impaired, you must have the application signed by a medical provider and pay \$2.

With the Honored Citizen ID, cost is 35 cents each ride or a 31-day Silver pass costs \$12.

Student passes (\$12) for students age 10 through High School.

Middle and High School students can ride for 35 cents each ride by showing proof of being a student (eg., a valid school ID).

To purchase a \$12 Student bus pass, the student must show a current school class schedule (or other proof of being a student).

College/Vocational passes (\$12).

For college and vocational school students, a current school class schedule must be provided when purchasing a \$12 College/Vocational bus pass.

Summer Youth Pass (June 1 – August 31). These will be provided free to vendors selected by ABQ RIDE who will be given the passes by mid-May.

The fare is \$2 for each one-way trip, which can be paid for with coupons (10 per book) or cash. Coupons are available at ABQ RIDE or call 243-7433 (V/TTY) for other sales locations. (Call (505) 724-3151 or email spgarcia@cabq.gov to find out about visitor eligibility and allow 2 business days for a response).

GUARANTEED RIDE HOME

Guaranteed Ride Home is a form of insurance for commuters who regularly use alternative modes of transportation instead of the Single Occupancy Vehicle (SOV). This service requires registration. When you choose to carpool, vanpool, ride the bus, bike, or walk to work or school

at least 3 times a week, you will not be stranded should an emergency arise. In case of an emergency, this program gives you a free ride to your destination(s).

If an emergency arises while you are at work or school, or if you miss your usual ride home due to unforeseen emergencies, just dial the quick ride dispatch number you are given upon registering. A driver will be sent to pick you up and drop you off at your destination. All you need to do is fill out the voucher provided by the driver.

Guaranteed Ride Home only provides trips within the ABQ RIDE bus route service area.

RETAIL GIFT CARDS FOR GAS

Retail cards useable for gas can be purchased at Wal-Mart (Sam's Club), Smith's and Giant-Conoco. Giant-Conoco sells a debit retail card which can be credited for the amount of money the organization wishes to provide to their client. \$25 is an ideal standard amount, as the client can be given more than one if their gas needs are greater. There is no restriction on any of these cards (they can be used for any retail goods within that store) but all of these retail outlets sell gas and you can encourage your client to only purchase gas with it, as gas assistance is extremely hard to find.

NEW MEXICO RAIL RUNNER EXPRESS

Children 9 and under and Veterans with a VA medical card, VHIC report (with another form of ID), or a Rio Metro Freedom Pass can ride the New Mexico Rail Runner Express ride free.

PACE ABQ BIKE SHARE/BIKE STORING

Eligible participants must be 18+ and have a valid credit or debit card to become a member. Requires use of a smartphone app to unlock the bike. With Pace ABQ, riders can rent one of the 250 bikes from any one of 50 dedicated Pace ABQ bike racks, or from any public bike rack available throughout the city of Albuquerque.

In general, bicycles are welcome on all New Mexico Rail Runner Express trains and Rio Metro buses (excluding gas powered bicycles, mopeds and scooters).

RIDE SHARE SERVICES

Both **Uber** and **Lyft** are available in Albuquerque, and require use of a smartphone.

Uber Gift Cards are available for purchase online and at retail outlets such as Smith's (\$15-\$500 one-time loadable cards), Target (\$25 and \$50 cards), Albertson's (\$25 cards, \$50 cards and \$15-\$500 one-time loadable cards), and Best Buy (\$25 cards and \$15-\$500 one-time loadable cards).

One example of use of Uber gift cards by a health organization:

Kim Krupnick, Director of Health Education and Community Engagement at La Familia Medical Center in Santa Fe said they have one work cell phone with the Uber app downloaded that is given to one designated staffperson. One Uber gift card at a time is loaded onto this phone so that no credit card has to be used. Any staffperson authorized to request an Uber ride for their client can contact this designated staffperson, who then orders the ride for the client.

GoGoGrandparent: <https://gogograndparent.com/> is an online dispatcher to Uber or Lyft (customer choice) for people who may be less comfortable using or have less access to smartphone App technology. Once one time online registration is complete, the rider calls the GoGoGrandparent number, 1-855-464-6872, to request a ride, name pickup location and the destination address. The rider is provided with a description of the Uber or Lyft driver and vehicle. GoGoGrandparent then sends an alert text to the authorized person for that account (which can be the person requesting the ride or a relative who set it up for him/her) and dispatches either Uber or Lyft to pick the rider up. After the rider is at his/her destination and is ready to arrange a ride home, he/she again calls the 1-855-464-6872 and requests a ride back. If he/she wants to go back to where he/she was picked up, then he/she can press "2" and that automatically tells the dispatcher to return the person to where the trip originated.

GoGoGrandparent charges a concierge fee of 27 cents/minute from the start of the ride plus the vendor's fare. The charges show up on the account holder's credit card bill.

Note: Anyone can set up an account, including a relative or an agency/organization, and the person(s) utilizing the ride service simply needs to call 1-855-464-6872 to request the ride, or the account holder can call to request the ride.

ANGEL FLIGHT WEST

(310) 390-2958. Or toll-free: 1-888- 426-2643

www.angelflightwest.org

Angel Flight West is a nonprofit, volunteer-driven organization that arranges free, non-emergency air travel for children and adults who need medical treatment or other compelling needs such as relocating because of domestic violence. Flights are conducted in small, private aircraft and typically are between 100 and 1,000 miles. Volunteer pilots cover all flight costs. Requirements: 1) Patients must be able to walk on their own and sit up for the duration of the flight; 2) if the trip is for medical treatment, a medical release is required from the patient's

physician indicating that he or she is able to fly safely; and 3) five business days' notice to schedule the flight. A companion or two can be accommodated depending on the needs of the passenger. Request form is online or you can call to make a request.

VIOLENCE/SAFETY

KEY POINTS

- Bernalillo County has one of New Mexico's highest rates of interpersonal violence. Only Quay and McKinley counties have higher IPV prevalence.
- Data collected by local IPV service providers indicate racial and ethnic disparities in the prevalence of IPV in Bernalillo County. Native Americans constitute 3.9 percent of Bernalillo County's population and 11 percent of the population who receive forensic nursing services for IPV related injuries at Albuquerque SANE. African Americans and Hispanics are also disproportionately represented in the population of IPV survivors while White non-Hispanics, in contrast, make up 24 percent of survivors and 40 percent of Bernalillo County's population overall.
- The percentage of IPV survivors in Bernalillo County who utilize community-based IPV resources suggests that current resources are insufficient to meet the need.
- Community-based service providers indicate that IPV survivors in Bernalillo County must sometimes wait weeks before accessing case management and counseling services
- Because there is no standardized monitoring system to reliably document the number of patients who screen positive or are treated for IPV related injuries in clinical settings,^{lxvi} survivors who receive treatment in traditional healthcare settings may not be counted in official statistics or IPV databases. New Mexico healthcare providers, including clinic-based CHWs, have an important role to play in identifying IPV survivors, referring them to appropriate services, and possibly helping to close a large gap in IPV reporting.
- Native Americans are the racial group most impacted by IPV in Bernalillo County, yet there are no culturally appropriate IPV services directly targeting their specific needs.
- Bernalillo County's community-based IPV service providers treat less than 1 percent of offenders. Recidivism statistics suggest the presence of great unmet need for prevention and therapeutic programs for perpetrators of IPV.
- Disabled people, particularly those with mental illness, are more likely than other Bernalillo County residents to experience IPV. There is a need for more service providers familiar with the specific needs of disabled populations, particularly the mentally ill
- Lack of transportation limits the mobility of IPV survivors. Focus group members suggested increasing the availability of bus passes, providing emergency gas funds, and increasing access to medical transportation for IPV survivors who do not qualify for Medicaid.
- Affordable legal representation is another key support that is often inaccessible to IPV survivors. Focus group members indicated that it is sometimes hard to connect with Legal Aid on behalf of clients and bemoaned the chronic underfunding of this vital service.
- Focus group members cited limited access to affordable permanent housing, transitional housing, and supportive housing as the greatest challenge facing Bernalillo County's IPV survivors and service providers.

- Focus group members recommended increasing the availability of counseling for Spanish speaking IPV survivors and perpetrators
- The Family Advocacy Center, which provides survivors and their families access to a wide range of free and confidential services including medical care, advocacy, legal aid, and financial assistance, as well as access to law enforcement and prosecution, at a single location in downtown Albuquerque, is an important IPV asset for Bernalillo County.
- The Bernalillo County AHC Advisory group provided no feedback on the early draft of the Violence section on this analysis, suggesting that organizations that focus on IPV may be under-represented in the AHC consortium.

DATA

Data in this section comes from a number of sources including:

1. The New Mexico Interpersonal Violence Data Central Repository (NMIVDCR)
The Interpersonal Violence Data Central Repository collects domestic violence and sexual assault data from statewide law enforcement and service provider agencies, sexual assault nurse examiners (SANEs) and the district and magistrate courts.
2. The New Mexico Adult Survivor Database (ASD). Since 2012, the ASD has been capturing research information on individual domestic violence survivors who seek assistance from domestic violence service providers in New Mexico.
3. The Albuquerque SANE Collaborative provides medical/forensic exams and other services to survivors of IPV. IPV survivors with injuries and/or the desire to have those injuries documented are frequently referred to SANE. Albuquerque SANE has collected detailed demographic data from clients since 2010. SANE is discussed in greater detail under “community-based service providers.”
4. The New Mexico Violent Death Reporting System (NM-VDRS) is an incident- and population-based surveillance system that collects information about every violent death that occurs in New Mexico. Violent deaths include suicides, homicides, legal intervention deaths, deaths due to undetermined intent, unintentional deaths due to firearms, and terrorism-related deaths.
5. The New Mexico Youth Risk and Resiliency Survey (YRRS) is a survey of public high school middle school students. The survey includes questions about risk behaviors and protective factors. The NM YRRS is a part of the national Youth Risk Behavior Surveillance System (YRBSS).
6. The New Mexico Pregnancy Risk Assessment and Monitoring System (NM PRAMS) collects state-specific, population-based data on maternal attitudes and experiences before, during, and shortly after pregnancy. NM PRAMS surveys over 2,000 new mothers each year.

Most of the ASD, SANE, and NMIVDCR data referenced in this section was published in the 2017 report [Incidence and Nature of Domestic Violence in New Mexico XVI: An Analysis of 2016 Data from The New Mexico Interpersonal Violence Data Central Repository](#) by Betty Caponera.

INTRODUCTION

Intimate partner violence (IPV) is a serious public health problem that results in thousands of injuries and a handful of deaths in Bernalillo County each year.¹¹ Survivors of IPV have a heightened risk of numerous negative physical and behavioral health outcomes.^{lxvii} The health consequences of IPV can last a lifetime and even impact future generations. IPV diminishes workforce productivity and imposes cost on the criminal justice system, social safety net programs, and medical and mental health systems.

The majority of IPV survivors are women. Women living in poverty are more likely than their more prosperous counterparts to experience domestic abuse. The strong correlation between economic disadvantage and IPV means that survivors often must confront issues such as employment, child support, housing and eviction, consumer debt, public benefits, and immigration in order to escape an abusive situation. This requires navigating numerous complex bureaucracies including law enforcement, the courts, the medical and behavioral health systems, the human services system, and the educational system, all while attempting to obtain housing, care for other family members and maintain a job. Victims with limited English, disabilities, and tenuous immigration status are at particular disadvantage. Statewide, one-quarter of domestic violence survivors speak a first language other than English.^{lxviii}

“Research has shown that adult and child victims of family violence who successfully move into healthy living situations need up to 32 different organizations to help them get there.” Albuquerque Family Advocacy Center (<https://www.cabq.gov/police/albuquerque-family-advocacy-center>)

Lack of communication or coordination between the various systems a victim must access can further complicate a profoundly difficult experience.

INTERPERSONAL VIOLENCE IN BERNALILLO COUNTY

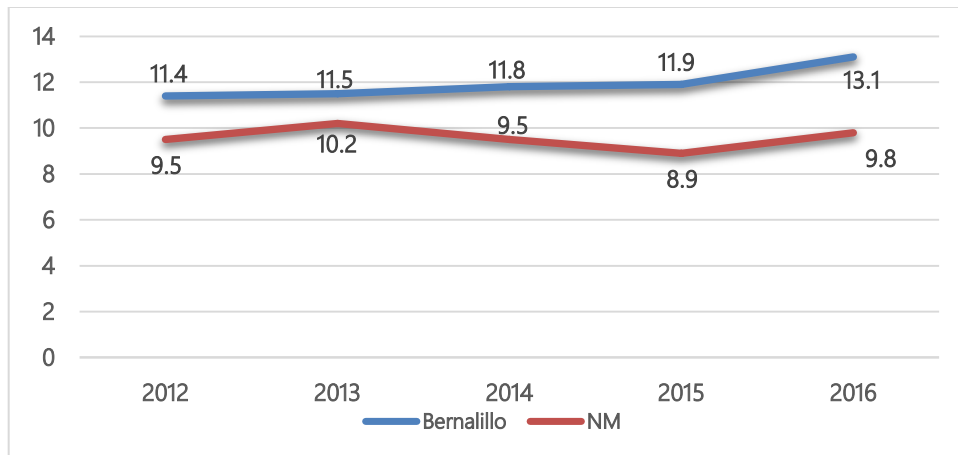
In 2016, 6,022 domestic violence crisis calls were received in Bernalillo County (56% of the total received statewide) and 8,890 cases of IPV were reported to law enforcement.^{lxix}

At 13.1 incidents of IPV per 1,000 residents, Bernalillo County’s 2016 domestic violence rate was New Mexico’s third-highest,¹² exceeding the statewide average (9.8) by 34 percent.

Figure 3: Domestic Violence Incidents per 1,000 Population

¹¹ The term “intimate partner violence” (IPV) refers to violence between intimate partners - individuals who are or were dating, married, or formerly married, including same-sex and opposite sex partnerships. The term IPV excludes violence between non-intimate family members such as parents, siblings and grandparents.

¹² Quay and McKinley counties, with rates of 23.6 per 1,000 and 15.3 per 1,000, were ranked 1 and 2 respectively. Los Alamos, with an average of 1.7 IPV incidents per 1,000, was ranked lowest.



Source: Caponera, Betty (2017). Incidence and Nature of Domestic Violence in New Mexico XVI: An Analysis of 2016 Data from the New Mexico Interpersonal Violence Data Central Repository

Demographics

Thirty-three percent of New Mexico men and 38 percent of women will be victims of intimate partner violence in their lifetime.^{lxx} In 2016, 30 percent of IPV survivors identified by New Mexico law enforcement were male. Women may, however, make up a larger relative percentage of survivors who experience severe IPV. Ninety-five percent of the 741 domestic violence survivors served by the forensic nurses at Albuquerque SANE between 2010 and 2016 were female.^{lxxi}

Seventy-two percent of IPV suspects identified by APD and BCSO in 2016 were male.^{lxxii}

Data collected by SANE suggest racial and ethnic disparities in the prevalence of IPV in Bernalillo County. Native Americans constitute 3.9 percent of Bernalillo County's population and 11 percent of the population of domestic violence survivors served at Albuquerque SANE. The percentage of survivors served by SANE who are African American or Hispanic also exceeds the percentage of Bernalillo County's population that is African American or Hispanic. White non-Hispanics, in contrast, make up 24 percent of SANE survivors and 40 percent of Bernalillo County's population overall.

Over 40,000 Native Americans reside in Bernalillo County.^{lxxiii} The county has no violence prevention program specifically targeting native people,^{lxxiv} nor is there a formalized process in place to capture the incidence IPV among Native Americans,^{lxxv} making it difficult to capture the full extent of the problem or effectively target culturally appropriate services.

Domestic violence survivors treated at SANE are more likely than members of the general adult population to report a disability. Twelve percent of Bernalillo County women between 18 and 64 report having a disability.^{lxxvi} Eighteen percent of SANE survivors report a disability, of these:

- 42% reported a mental/cognitive disability,
- 35% reported an unspecified physical disability,
- 29% reported an emotional disability,
- 26% reported a visual disability,

- 1% reported a hearing disability.

Disability was particularly prevalent among SANE’s White non-Hispanic clients, 28 percent of whom reported a disability, compared to 15 percent of Hispanic clients, and 7 percent of Native American clients.

Statewide, IPV survivors with mental illness are five times more likely than survivors without mental illness to have a substance abuse problem, to have used alcohol and/or illicit drugs during a domestic violence incident and to be injured during an incident of IPV.^{lxxvii}

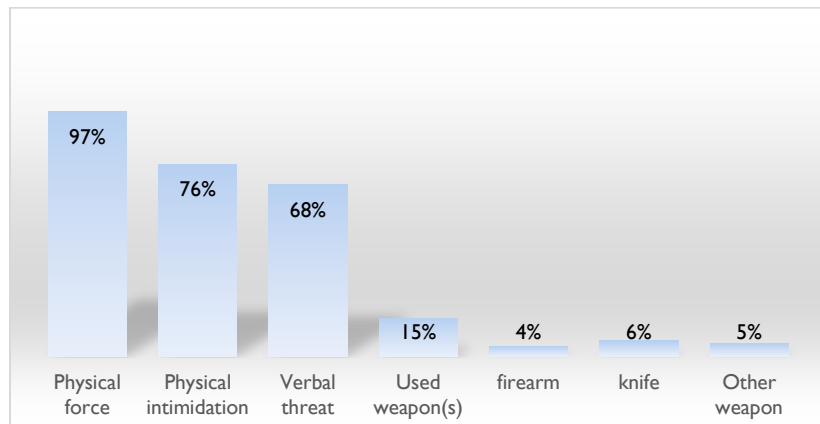
IPV INCIDENTS

In 2016, 2,274 (26%) of IPV incidents in Bernalillo County involved drug or alcohol use, a percentage roughly comparable to that observed statewide. In New Mexico, survivors with substance abuse problems were twice as likely as other survivors to have used alcohol and/or illicit drugs during a domestic violence incident, to have been abused by individual using alcohol and/or illicit drugs, and to be injured during a domestic violence incident.^{lxxviii}

A weapon was used in 82 percent of domestic violence incidents in Bernalillo County and 59 percent of incidents statewide.

Ninety-seven percent of survivors treated at SANE between 2010 and 2016 reported the use of physical force and 15 percent said that their assailant used a weapon (Figure 2).

Figure 4: Types of Abuse Experienced by IPV Clients of Albuquerque S.A.N.E., 2011-2016



Source: Caponera, Betty (2017). Incidence and Nature of Domestic Violence in New Mexico XVI: An Analysis of 2016 Data from the New Mexico Interpersonal Violence Data Central

INJURY

Thirty-eight percent of domestic violence cases reported to Bernalillo County law enforcement and 42 percent of incidents reported statewide involved physical injury to the victim. Roughly one-third of New Mexicans injured in an IPV incident require medical care for their injuries.^{lxxix}

State-level data from the Adult Survivor Database shows that the risk of injury is elevated for survivors who have one or more of the following characteristics: a) female; b) Native American; c) substance abuse problem; d) mental illness; d) previous IPV; or f) experienced IPV while pregnant.

Other IPV service providers refer survivors with injuries to Albuquerque SANE. Ninety-three percent of survivors who receive services through SANE have been physically injured by their assailant. Thirty nine percent of SANE clients experienced strangulation. Strangulation is a marker of severe IPV. Eight percent of SANE survivors experienced oral/facial injuries.

Many IPV survivors who receive healthcare services in the ER or outpatient clinics neither report their victimization to law enforcement nor seek services in the community. Although many healthcare providers screen for IPV, there is no standardized monitoring system to reliably document the number of patients who screen positive or are treated for IPV related injuries in clinical settings.^{lxxx} These individuals are therefore not counted in official statistics or IPV databases and constitute a potentially large gap in reporting. New Mexico healthcare providers can play a larger role in improving IPV data collection, identifying of IPV survivors, and referring them to appropriate services.

IPV-RELATED DEATH

There were 39 IPV-related homicides in Bernalillo County between 2009 and 2015. During that period there were also 24 IPV-related suicides, four deaths by legal intervention, and one IPV-related death by undetermined intent.^{lxxxi}

VIOLENCE DURING PREGNANCY

Data from the Pregnancy Risk Assessment Monitoring System show that during the period 2009-2015, 1,820 women, or 3.2 percent of pregnant women in Bernalillo County reported physical abuse before pregnancy, and 1,546 women (2.7%) reported abuse during pregnancy.^{lxxxii}

CHILDREN EXPOSED TO IPV

Exposure to IPV can profoundly impact children. The physical and emotional consequences of exposure to violence can last a lifetime. Research also indicates that children who witness abuse

are four times more likely than children who do not witness abuse to experience abuse themselves.^{lxxxiii}

Child Maltreatment

The physical neglect, sexual abuse, and/or physical abuse of children is closely linked to IPV. In fact, it is estimated that 30 to 60 percent of children from homes where domestic abuse is present are themselves victims of abuse.^{lxxxiv} Child maltreatment is associated with a variety of negative short and long term health impacts, including physical injuries, developmental delays, post-traumatic stress disorder, anxiety, and sexually transmitted infections. Research also suggests that sustained childhood trauma can predispose victims to a variety of chronic diseases in adulthood. People abused as children are more likely than those who did not experience abuse to abuse their own children.

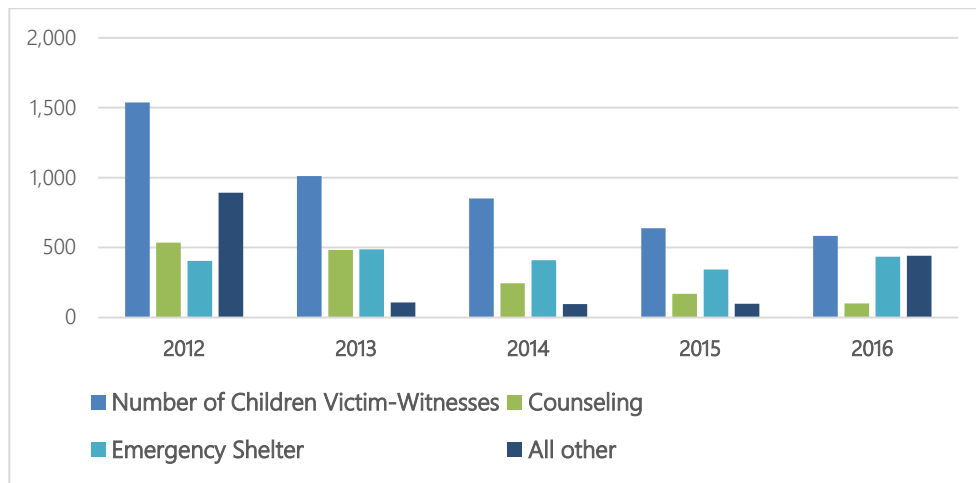
Bernalillo County is home to 30 percent of New Mexico's children and 42 percent of children under protective care by the state. In 2017 there were 2,366 substantiated allegations of child abuse in Bernalillo County, a rate of 15.2 substantiated cases per 1,000 county residents under the age of 18. During the same period, the statewide rate was 13.7 substantiated cases per 1,000 children.^{lxxxv}

There were 20 deaths related to child maltreatment in Bernalillo County between the years 2009-2015.^{lxxxvi}

The Bernalillo County census tracts with the highest rates of child maltreatment during the period SFY 2007 through SFY2011 were both in AHC target communities. The tract with the highest rate of child maltreatment (26.7 per 1,000) was in the International District and the census tract with the second-highest rate of child maltreatment (21.3 per 1,000) was located in downtown Albuquerque.^{lxxxvii}

In 2016, children were present at nearly one-in-three IPV incidents reported by New Mexico IPV service providers. Over 80 percent of child witnesses were under the age of twelve. In Bernalillo County, the number of child witnesses who received services from community based providers declined from 1,512 in 2012 to 583 in 2016. It is worth noting that the number of children obtaining temporary shelter from community based providers was relatively constant over the same 5-year period.^{lxxxviii}

Figure 5: Children Served and Type of IPV Service Received, Bernalillo County 2012-2016



Source: Caponera, Betty (2017). Incidence and Nature of Domestic Violence in New Mexico XVI: An Analysis of 2016 Data from the New Mexico Interpersonal Violence Data Central

DATING VIOLENCE

In 2013, 11 percent of Bernalillo County high school students who dated and 9.4 percent of students who dated statewide reported having experienced physical dating violence in the previous 12 months. Sexual dating violence was even more prevalent. Almost 12 percent of Bernalillo County students who dated and 10 percent of New Mexico students who dated reported having been “made to do sexual things by a date” in the previous 12 months.^{lxxxix}

ARRESTS

A suspect was arrested in 36 percent of domestic violence incidents reported to Bernalillo County law enforcement in 2016. This rate was roughly comparable to the arrest rate statewide.^{xc}

COURTS

Protective orders can deter further violence and increase victim safety.^{xcii xciii} In 2016, 2,973 IPV-related orders of protection were issued in Bernalillo County.

In 2016, convictions constituted 18 percent of IPV cases disposed of in Albuquerque District Court and 28 percent of IPV cases disposed of in District Courts statewide. The conviction rate for IPV cases disposed of in Albuquerque Metro court was 1 percent (Table V-1).^{xciv}

Table V-1 Outcomes of Cases Disposed of Bernalillo County Courts, 2016

	Metro Court	District Court
Number of Disposed Cases	816	4,799
Percent Dismissals	63%	89%
Percent Convictions	18%	1%

Source: Caponera, Betty (2017). Incidence And Nature Of Domestic Violence In New Mexico XVI: An Analysis of 2016 Data from The New Mexico Interpersonal Violence Data Central Repository

COMMUNITY-BASED DOMESTIC VIOLENCE SERVICE PROVIDERS IN BERNALILLO COUNTY

Bernalillo County's community-based domestic violence service providers served 2,045 adult survivors, 583 children, and 11 offenders in 2016.

Not all cases of domestic violence are reported to law enforcement. Some survivors who don't report their victimization to police seek assistance from one or more of Bernalillo County's community-based IPV service providers. In contrast, some survivors who report one or more incidents of IPV to police do not avail themselves of support services available in their community. Table V-2 contrasts the number of IPV cases reported to law enforcement to the number of adult victims who received community-based services in Bernalillo County between 2012 and 2016.

Table V-2 IPV cases Reported to Law Enforcement and IPV Survivors Served in Bernalillo County, 2012-16

	2012	2013	2014	2015	2016
Adult Survivors Served	2,649	3,190	2,620	2,420	2,045
Law Enforcement Cases	7,695	7,742	7,981	8,068	8,898
Percent	34%	41%	33%	30%	23%

Source: Caponera, Betty (2017). Incidence And Nature Of Domestic Violence In New Mexico XVI: An Analysis of 2016 Data from The New Mexico Interpersonal Violence Data Central Repository

Major providers of community based IPV service in Bernalillo County include: Domestic Violence Resource Center Inc. (DVRC), Enlace Comunitario, S.A.F.E. House, and Albuquerque SANE (a more complete listing is provided later in this report). Many organizations that serve survivors of interpersonal violence including the DVRC and the Albuquerque SANE Collaborative are collocated at the Family Advocacy Center in downtown Albuquerque, making it possible for survivors to access multiple resources in one trip.

Domestic Violence Resource Center Inc. focuses on crisis intervention, safety, education and empowerment with all victims of domestic violence; including community members with low to moderate income.

Enlace Comunitario offers domestic violence victim services as well as prevention services in Spanish and English. Their prevention programs train former clients to educate their community about cycle of domestic violence and different types of abuse. Enlace offers 14-week classes for

Latino immigrant families who are at high risk of experiencing domestic violence. These three classes are taught in Spanish and are free: Parenting in Action (Padres en Acción), Healthy Relationships (Relaciones Saludables), and Responsible Fatherhood (Padres Responsables). The Promotoras Project is led by women who have experienced violence. Volunteers are trained for two months in public speaking and violence prevention. They present in Spanish on self-esteem, dynamics of domestic violence, the impact of violence on children, positive communication and conflict resolution.

S.A.F.E. (Shelter and Family Empowerment) House is a confidential 85 bed shelter for survivors of intimate partner violence and their children. In addition to emergency shelter, S.A.F.E. House offers a multitude of direct and transitional services including referrals, crisis counseling, case management, legal advocacy, English & Spanish support groups for adults and children; weekly medical clinic; recreational activities, emergency transportation, family coaching, and transitional housing. The shelter serves over 700 adults and their children each year.^{xcv}

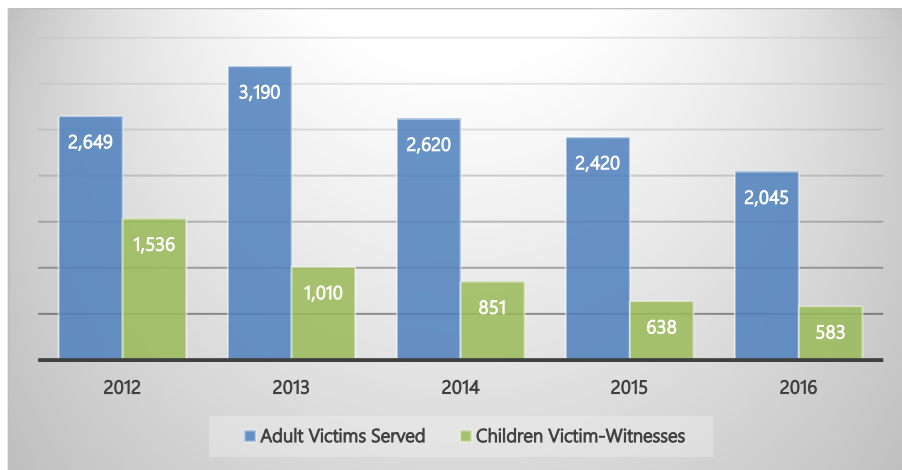
The Albuquerque Sexual Assault Nurse Examiner (SANE) Collaborative serves survivors of sexual and/or IPV with services that include medical/forensic histories, comprehensive medical exams, forensic exams (sexual assault evidence kit), forensic photography, pregnancy prevention, sexually transmitted infection testing and prevention, referrals, support with court testimony, and follow-up services.

Eighty-eight percent of Albuquerque SANE survivors reported to law enforcement compared to 47 percent of survivors served by agencies elsewhere in Bernalillo County and 50 percent statewide. SANE survivors are more likely than other victims to report their abuse to law enforcement, at least in part, because they are typically victims of more severe violence. A positive correlation has been documented between the severity of domestic violence and the rate at which it is reported to law enforcement. Native American survivors (92%) who sought treatment at SANE were more likely to report their assault to police than were Hispanic survivors (88%) and White, non-Hispanic survivors, (86%).

Sixteen percent of domestic violence survivors treated at SANE received one or more types of assessment services:

- 84% were treated for sexually transmitted diseases,
- 18% received pregnancy prevention/emergency contraception services,
- 15% received a psychological assessment.

Figure 6: Adult Survivors and Child Victim-Witnesses Served by Bernalillo County IPV Service Providers



Source: Caponera, Betty (2017). Incidence and Nature of Domestic Violence in New Mexico XVI: An Analysis of 2016 Data from the New Mexico Interpersonal Violence Data Central

LEGAL AID

Access to legal services has been shown to increase the likelihood that an IPV survivor will obtain a protective order against her assailant.^{xcvi} In fact, research suggests that protective orders are at least as effective as shelters and counseling in reducing rates of domestic violence.^{xcvii} Civil responses to domestic violence, including court-ordered protective orders, are also less expensive and sometimes more expedient than criminal justice interventions.^{xcviii}

Fear of being deported or denied residency or citizenship prevents some immigrant victims of domestic violence from leaving their abuser or seeking help. U.S. immigration law provides two visas that enable victims of domestic violence to stay in the country. Both the “U” visa for victims of serious crimes and the Violence Against Women Act (VAWA) self-petition for abused spouses provide a path to U.S. permanent residence.^{xcix} However, for many survivors, accessing these programs requires obtaining the assistance of an attorney. The New Mexico Immigrant Law Center (NMILC) partners with Enlace Comunitario and other victim service providers to identify and serve immigrant survivors of violent crime who need immigration legal assistance to gain protection from deportation as well as the right to work legally in the US. Current funding is not sufficient to address the immense need for these services. NMILC maintains a substantial waiting list.^c

Other community-based organizations that provide affordable legal services to disadvantaged Bernalillo County residents include Enlace Comunitario, New Mexico Legal Aid, and Law Access New Mexico.

Enlace Comunitario provides direct services to Spanish-speaking victims of domestic violence and advocates for the rights of Latino immigrants and their children. Their approach includes

counseling, legal services, community education, leadership development and organizing to impact system change. New Mexico Legal Aid is a civil legal advocacy organization that provides legal assistance, advice and representation in U.S. and tribal courts to low-income New Mexicans. Law Access New Mexico provides free telephone legal advice and referrals for low-income New Mexicans to help them solve civil legal problems.

Law Access also acts as a clearinghouse for other New Mexico legal aid providers. If the Law Access representative determines that the client needs a higher level of legal assistance, they conduct a screening to determine if the client is eligible for legal aid assistance and then refer the client to the most appropriate legal aid services provider. Cases may be rejected by Law Access for a variety of reasons including client income, legal conflicts, and inability to reach the client for follow-up. The number of cases rejected by Law Access New Mexico provides one measure of the unmet need for affordable civil legal services. In fiscal year 2014, Law Access rejected 2,676 cases in Bernalillo County, including 1,164 cases that involved children.^{ci}

Bernalillo County residents who qualify legal aid may also be denied the desired level of legal assistance because services simply aren't available. Local legal aid organizations are under-resourced and demand for their services greatly exceeds supply. Data with which to measure of the prevalence of underserved legal cases is not currently available;^{cii} however, staff of community-based IPV service organizations expressed frustration with the limited availability of legal aid services in Bernalillo County. Nationally, it is estimated that over 80 percent of serious legal needs of low-income people remain unmet or underserved due to insufficient funding and support.^{ciii}

SUPPORT FOR OFFENDERS

Community-based IPV service providers in Bernalillo County assisted 11 offenders in 2016. All offender services were provided by Enlace Comunitario.^{civ} Other organizations in Bernalillo County listed as providing IPV-related services to offenders include A New Awakening, New Mexico Counseling Center, and Aliviar Counseling Service, all in Albuquerque.

Enlace Comunitario's Engaging Men project engages Latino immigrant men as allies in learning how to challenge family violence and create nonviolent cultural norms. The 5-week curriculum encourages men to reflect on beliefs that perpetuate violence against women and teaches them how to prevent violence.^{cv}

ORGANIZATIONS PROVIDING SERVICES TO SURVIVORS OF INTERPERSONAL VIOLENCE IN AND AROUND BERNALILLO COUNTY

Albuquerque Family Advocacy Center | www.cabq.gov/police/albuquerque-family-advocacy-center

Battered Women's Shelter in Albuquerque | www.safehousenm.org

COAST (Crisis Outreach and Support Team)

District Attorney's Office – 2nd Judicial

Domestic Violence Resource Center | <http://www.dvrcnm.org>
End Violence Against Women International | www.evawintl.org
Enlace Comunitario | www.enlacenm.org
Haven House Inc. DV Shelter – Rio Rancho | <http://www.havenhouseinc.org>
LGBTQ Resource Center | <http://www.lgbtqrc.unm.edu>
Lobo RESPECT Advocacy Center – UNM | <http://www.loborespect.unm.edu>
New Mexico Asian Family Center | www.nmafc.org
New Mexico Coalition Against Domestic Violence | <http://www.nmcadv.org>
New Mexico Coalition of Sexual Assault Programs
New Mexico Crime Victims Reparation Commission | www.cvrc.state.nm.us
New Mexico Legal Aid | <http://www.newmexicolegalaid.org>
New Mexico State Government Website | www.state.nm.us
Para Los Ninos | <http://www.paralosninos.org>
Rape Crisis Center of Central New Mexico | www.rapecrisiscnm.org
Transgender Resource Center | <http://www.tgrcnm.org>

GAPS

The relatively small percentage of IPV survivors who receive services through Bernalillo County's three major community-based IPV service providers suggests that the supply of services may be inadequate to meet demand. This observation is confirmed by service provider staff who report that survivors must sometimes wait weeks to obtain services like counseling and case management. Additional gaps in IPV-related services noted by other observers and/or apparent in the data include lack of culturally appropriate services for Native Americans; a need for more services tailored to disabled survivors, particularly those with mental illness; and the need for additional services targeting offenders.

The New Mexico Interpersonal Violence Data Central Repository provides valuable insight into the problem of IPV in Bernalillo County, but the picture it paints is incomplete due to under-reporting. Some IPV goes unreported and unobserved by anyone but the participants. Other survivors are treated for their injuries in the ER or other clinical settings but do not report their abuse to law enforcement or seek services in their communities. Because there is no standardized monitoring system to reliably document the number of patients who screen positive or are treated for IPV-related injuries in clinical settings,^{vi} survivors who receive treatment in traditional healthcare settings may not be counted in official statistics or IPV databases. New Mexico healthcare providers, including clinic-based CHWs, have an important role to play in

identifying IPV survivors, referring them to appropriate services, and possibly helping to close a large gap in IPV reporting.

The AHC convened a small focus group of individuals from community-based organizations that work with families impacted by IPV to discuss gaps in Bernalillo County's IPV safety net. Focus group members emphasized the need for housing, transportation, emergency funds, legal services, and counseling in Spanish.

Focus group members cited lack of affordable housing as a major family stressor and contributor to IPV. Access to affordable housing is also critical for survivors seeking to escape an abusive household. Permanent affordable housing is very limited in Bernalillo County, where waiting lists for Section 8 vouchers can span multiple years. Focus group members also noted that, even with subsidies, "affordable housing" is not always affordable for the most disadvantaged families and that families that don't qualify for publicly subsidized housing due to their immigration status are at a particular disadvantage. Also in short supply are transitional housing units and supportive housing for survivors struggling with issues such as mental illness and substance abuse.

Lack of transportation limits the mobility of IPV survivors. Focus group members suggested increasing the availability of bus passes, providing emergency gas funds, and increasing access to medical transportation for IPV survivors who do not qualify for Medicaid. Affordable legal representation is another key support that is often inaccessible to IPV survivors. Focus group members indicated that it is sometimes hard to connect with Legal Aid on behalf of clients and bemoaned the chronic underfunding of this vital service. Finally, focus group members recommended increasing the availability of counseling for Spanish speaking IPV survivors and perpetrators.

Lastly, it is worth noting that the AHC Advisory group provided no feedback on the early draft of the Violence section on this analysis, suggesting that organizations that focus on IPV may be under-represented in the AHC consortium.

FOOD INSECURITY

KEY POINTS

- Food insecurity, which is often tied to poverty and lack of income, is impacting Bernalillo County residents
- Food insecurity can lead to exacerbated poor health, resulting in a number of poor health outcomes
- Seniors are often food insecure despite available social support programs, and Hispanic seniors are among the most heavily impacted by food insecurity in Bernalillo County
- Barriers to accessing services include lack of transportation, lack of education around available programs, and lack of required documents to participate in available programs.
- Gaps in services available include a limited service area, availability and price of healthy foods throughout the county, and long waitlists/low organizational capacity to adequately address the need.
- There are a number of opportunities for alignment including connection to resources through food pantries, food recovery, and healthy food markets

Data

An alarming number of New Mexicans worry that their food will run out, will not be able to afford a balanced meal, and will go without meals because they can't afford to purchase enough food. These illustrate the problem of food insecurity, which is often tied to poverty and lack of income to cover basic needs. As the New Mexico Department of Health notes "Food insecure households are not necessarily food insecure all the time. Food insecurity may reflect a household's need to make trade-offs between important basic needs, such as housing or medical bills, and purchasing nutritionally adequate foods."^{cvii}

HOUSEHOLD SPENDING TRADEOFFS IN THE PAST YEAR



Source: (2014). Hunger in America 2014 Executive Summary

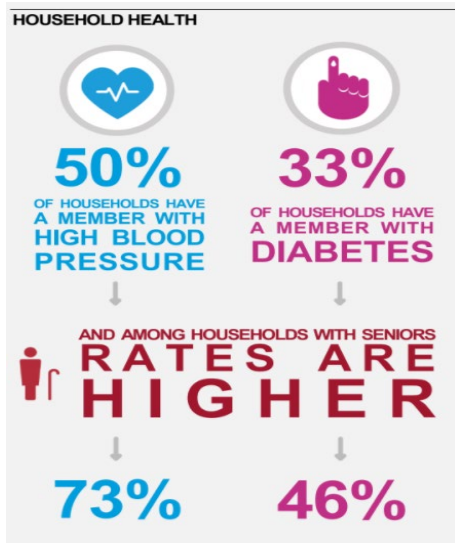
The food insecurity rate for all persons in Bernalillo County is 15.4%, and for children it is 23.1%, based^{cviii} on 2015 data. This is only marginally lower than the NM rate of 16.0% for all persons, and 25.0% for children.^{cix}

In New Mexico, an estimated 17.99% of all seniors faced the threat of hunger in 2015, versus a national level of 14.71%. For Hispanic seniors the threat is worse: 23.6% of Hispanic seniors in the US faced the threat of hunger in 2015 versus 13.87% of non-Hispanic seniors. Among seniors living in Bernalillo County, 10.1% live in poverty overall and 17.1% living in the South Valley live at or below the poverty level.^{cx} Seniors are often food insecure despite available supports. (Supplement: The state of senior hunger in America 2015: An annual report. Threat of hunger was defined as answering at least one answer affirmatively on the Current Population Survey, Food Security Supplement. This would capture USDA categories of Marginally Food Insecure, Food Insecure, and Very Low Food Insecure.)^{cxii} Federal social benefit programs like Supplemental Nutrition Assistance Program (SNAP), the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), and Senior Farmers' Market Nutrition Program (SFMNP) are among the best resources available to combat food insecurity. Nationwide, an estimated 13.0% of households receive SNAP benefits. The percent of Bernalillo County households receiving SNAP benefits is 15.5%, which is lower than the average of 16.6% in New Mexico.^{cxii}

The latest raw data from NM Human Services Department (HSD) indicates that in January 2018, the SNAP caseload was 70,023, a 13.4% decrease from the year before (January 2017). The four area ISD offices in Bernalillo County approved 5,612 new cases in January 2018. The average number of recipients per case for the state was 2.07 in January 2018.

Research demonstrates that food insecurity can lead to and exacerbate poor health. According to the New Mexico Department of Health, health conditions that are impacted by diet and nutrition include obesity, malnutrition, iron-deficiency anemia, heart disease, high blood pressure, poor lipid profiles, Type 2 diabetes, osteoporosis, oral disease, constipation, diverticular disease and some cancers.^{cxiii} Food insecurity has also been proven as a contributor to stress, depression, psychological distress and other mental disorders.^{cxiv}

Nearly half (46%) of all Roadrunner client survey respondents report having fair or poor health. In addition, 25 percent of households report that at least one member of their household other than the respondent is in poor health. Households who are facing both poor health and food insecurity must overcome multiple challenges, including maintaining a good diet to manage disease. Illnesses like high blood pressure and diabetes are prevalent among households served by Roadrunner Food Bank. These health conditions likely increase household expenses related to medical care, especially for individuals without health insurance.^{cxv}



“Rita lives in a low-income senior housing site in the Northeast Heights of Albuquerque. She receives Social Security, but her current monthly income isn’t enough to get through every month. “There are days I do without or eat only one meal. That is difficult especially since I have regular medications to take and I don’t feel well taking them on an empty stomach”.

Source: Stories from the Hungry, n.d. RRFB¹³

Existing Services Available

There are 158 food related resources listed in the ShareNM community resource directory for Bernalillo County. The majority of resources addressing food insecurity are food pantries or centralized food banks that provide food directly, as well as education, resource connection, and other specialized programs. Services available from several partner agencies in the Bernalillo County Accountable Health Community, who also have been identified as being the largest service providers in Bernalillo County, are highlighted here.

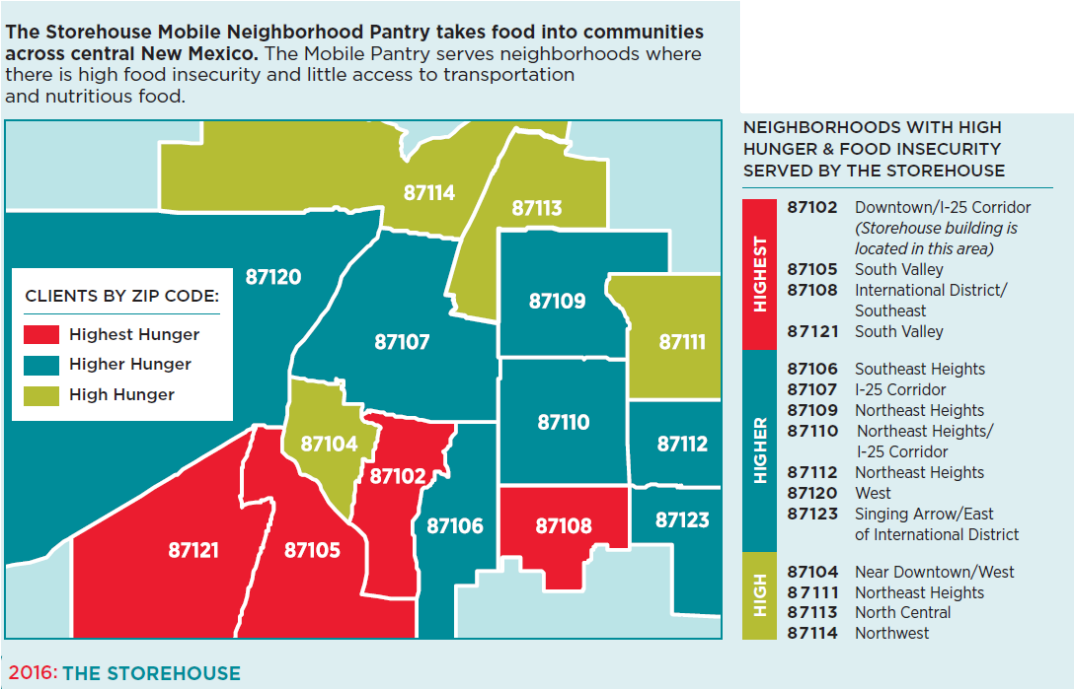
Roadrunner® Food Bank, a Feeding America member, is the largest nonprofit dedicated to solving hunger in New Mexico and operates locations in Albuquerque and Las Cruces. Last year, the Food Bank distributed more than 28 million pounds of food through its own programs, a statewide network of partner agencies and regional food banks, helping 70,000 children, seniors and adults weekly.^{cxvi} The Roadrunner Food Bank Senior Hunger Initiative provides a combination of hunger-relief programs to low-income senior housing sites, senior centers and other locations who serve seniors. Each site has the opportunity to have a fixed or on-site food pantry as well as a monthly mobile food pantry which brings fruits, vegetables, dairy, meat and other important food to low-income seniors. The Mobile Food Pantry provides hunger relief to seniors for about one week or 50 pounds of food through a traveling food pantry to both rural and urban communities. Last year, more than 200,000 people statewide, including seniors, benefited from the Mobile Food Pantry.^{cxvii} It costs Roadrunner about \$.23/pound including staff, fleet, food, and other costs to acquire and distribute food. The cost varies dramatically by food pantry site depending on how much food is sourced through the food bank.

13 Stories from the Hungry. (n.d.). Retrieved April 16, 2018, from <http://www.rrfb.org/hungry-people-in-nm/stories-from-our-hungry-neighbors/>

Meals on Wheels of Albuquerque serves approximately 500 clients and delivers over 130,000 meals a year. It is the only home delivered meal program in the area that prepares special diets for a variety of needs, including diabetes, renal failure, heart issues, chewing and swallowing problems, etc. They provide services to clients of all ages and can provide meals for any duration-whether they are needed during a period of recuperation or long term. Through grants, donations, and the support of the community, they also offer the Low Income Food & Enrichment Program (L.I.F.E.). This program is for those meeting the federal government’s defined poverty level and who require a special diet due to health issues.

The **Rio Grande Food Project** serves 120 households a week through its food pantry program and approximately 30 households a month in its new pilot called “Food for Health.” One in 3 of the people served have a chronic illness.^{cxviii} In 2016, the RGFP served 1.285 million meals to over 47,000 hungry New Mexicans on Westside of Albuquerque.^{cxix}

The Storehouse feeds 150-200 people a day in Bernalillo County. They utilize 10-15 volunteers a day.^{cxx} Each Storehouse mobile pantry (located in different neighborhoods) is able to provide 150-200 people with 26-30 meals per person each month. They also run a program to serve meals twice a week to clients who are homebound. Focused on health and nutrition, meals are comprised of 30% fresh fruits and vegetables. The Storehouse provided 1.4 million meals and served 50,000 people in 2016.^{cxxi}



Gaps in Service & Barriers to Obtaining Services

The main barriers to accessing service as outlined below include:

- Lack of education about eligibility and benefits
- Transportation
- Lack of required documents

Gaps in services available include:

- Limited Service areas (by zip code)
- Wait lists and organizational capacity
- Availability and price of healthy food

According to the 2014 Hunger in America survey of clients served by RRFB statewide, 1 in 4 report never having applied for SNAP benefits. Of those households that have never applied, 41% did not apply because they did not think they were eligible. However, analysis of reported household income shows that, among client households currently not participating, 77 percent report incomes that would suggest that they may be eligible to receive SNAP. According to Feeding America's State of Senior Hunger in America 2015, only 42% of SNAP eligible seniors are enrolled in the SNAP program. The RRFB SNAP hotline's most frequent client interactions are with community members who express that a disability, mobility issues, illness or lack of transportation have not only prevented them from leaving their home to apply for SNAP, but have left them feeling forgotten and alone.

Even though select agencies provide mobile food pantries and home delivered meals to reach those with limited or no transportation to services, transportation continues to be identified as a major barrier by AHC discussion group participants, especially for residents of the South Valley. In 2015, the Storehouse surveyed over 600 Storehouse clients and found that transportation was among the biggest barriers hungry families faced in accessing food.^{cxix}

Additionally, requirements for service may differ among different food banks/food pantries. Some require social security number, proof of residence in a specific service area or zip code, and/or photo IDs, some do not have requirements for service. Roadrunner Food Bank identified 49 food pantries within their network in Bernalillo County and of those 49, 14 require photo identification. Of those 14, 10 also require proof of residency. Fifteen pantries (31%) were identified as being "very accessible and accommodating to clients." While Meals on Wheels of Albuquerque offers free and/or subsidized meals to low-income recipients (L.I.F.E. Program) due to funding issues, the average wait time for service is 6-9 months and sometimes even up to 1 year.^{cxix}

Key informants from Rio Grande Food Project and Roadrunner Food Bank stated during a gaps analysis group discussion that fresh and healthy food is often not available at food pantries. In addition, healthier food is generally more expensive, and if SNAP beneficiaries are utilizing their benefits to purchase this food, the benefits are depleted more quickly.



Hunger in America 2014 Executive Summary; Roadrunner Food Bank

Opportunities for Alignment

During focus group discussions and through key informant interviews a number of opportunities for service alignment to address gaps and barriers were identified. These key talking points can be used as starting points for further analysis, QI, and alignment planning.

1. Resource connection through food pantries

A number of food pantries also connect clients to other resources including utilities assistance. Partner agencies provide the following additional assistance:

Roadrunner Food Bank	The Storehouse	Rio Grande Food Project
<ul style="list-style-type: none">• Offers SNAP support line to answer questions and provide assistance with applying for SNAP and other public benefits• Offers cooking and nutrition education through their demo kitchen	<ul style="list-style-type: none">• Partners with PNM to offer energy savings kits• Partners with ABQ Bernalillo Co. Water Utility Authority to offer Low Income Credit Program• Offers nutrition education: Share Our Strength's Cooking Matters and NMSU ICAN class	<ul style="list-style-type: none">• Utilities and energy assistance through the PNM Good Neighbor Fund

An estimated 30% of RRFB’s 515 statewide partner agencies also provide assistance to connect clients to SNAP benefits; 26% provide information or assistance for WIC; and many provide other non-food services such as providing clothing, furniture, housing assistance, utility & heat assistance, health clinics, job training, financial assistance, and information and referrals.^{cxxiv}

2. Food recovery strategies Focus group participants discussed current food recovery projects in Bernalillo County and proposed additional food recovery from large institutions like APS, local healthcare systems, and hotel banquet food. Current initiatives include the Dessert Harvest Food Rescue Project administered by Adelante Development Center, Inc., which recovered 1.27 million meals last year from over 80 restaurants, schools, and supermarkets and delivered it to over 15 area agencies.^{CXXV}

3. Healthy Foods Markets

One way to minimize transportation barriers and provide healthier food could be to increase the number of Healthy Foods Markets distributing fresh fruits and vegetables at clinical delivery sites (including those that screen patients for food insecurity). The cost of this service is \$2.30 per household per visit and \$9.20 per month. See the table below to compare monthly cost across other RRFB programs.

Costs of Service – Healthy Foods Market			
	Healthy Foods Market (Clinic Distribution)	Healthy Foods Center (Onsite medical referral pantry)	Mobile Food Pantry & Childhood and Senior Hunger Programs
Cost per Household/Client per Month	\$9.20	\$40	\$11.50
Cost per Household/Client per Year	\$110.40	\$520	\$138.00
Source: Provided by RoadRunner Food Bank			

ANNUAL UPDATES

Please refer to the Quality Improvement plan for more details on plans to update the Gaps Analysis. A brief synopsis of planned updates includes:

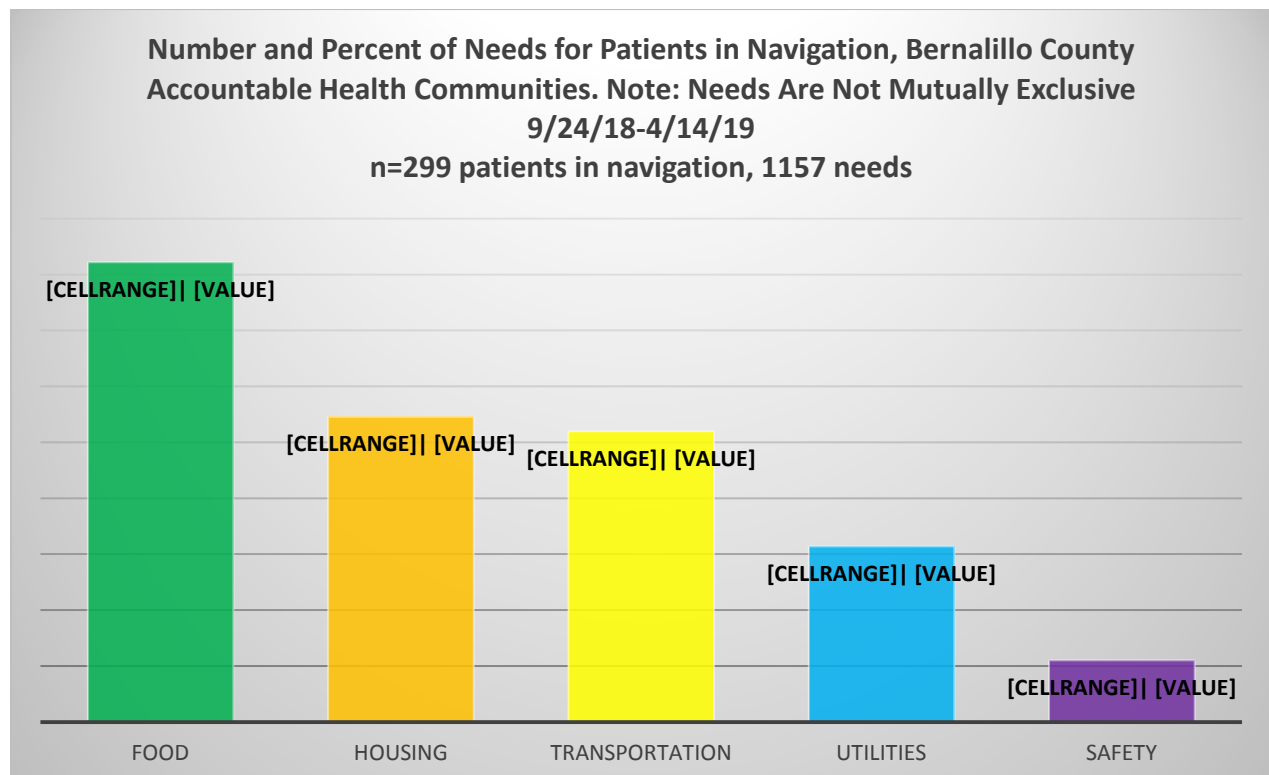
- Additional segmentation of baseline indicators
- ACH Screening and navigation data
- Practitioner and patient perspectives
- Return on Investment and cost data
- Opportunities for alignment
- Existing policies and policy implications

BC-AHC IMPLEMENTATION DATA

Implementation began September 24, 2018 at the following eight clinical delivery sites around Albuquerque:

- Presbyterian Kaseman Internal Medicine
- Presbyterian Kaseman Behavioral Health/Emergency Department
- Presbyterian Medical Group Isleta Clinic
- University of New Mexico Hospital Emergency Department/Labor & Delivery
- University of New Mexico Women's Care Clinic
- First Choice Community Healthcare
- First Nations Community Health Source
- Albuquerque Health Care for the Homeless

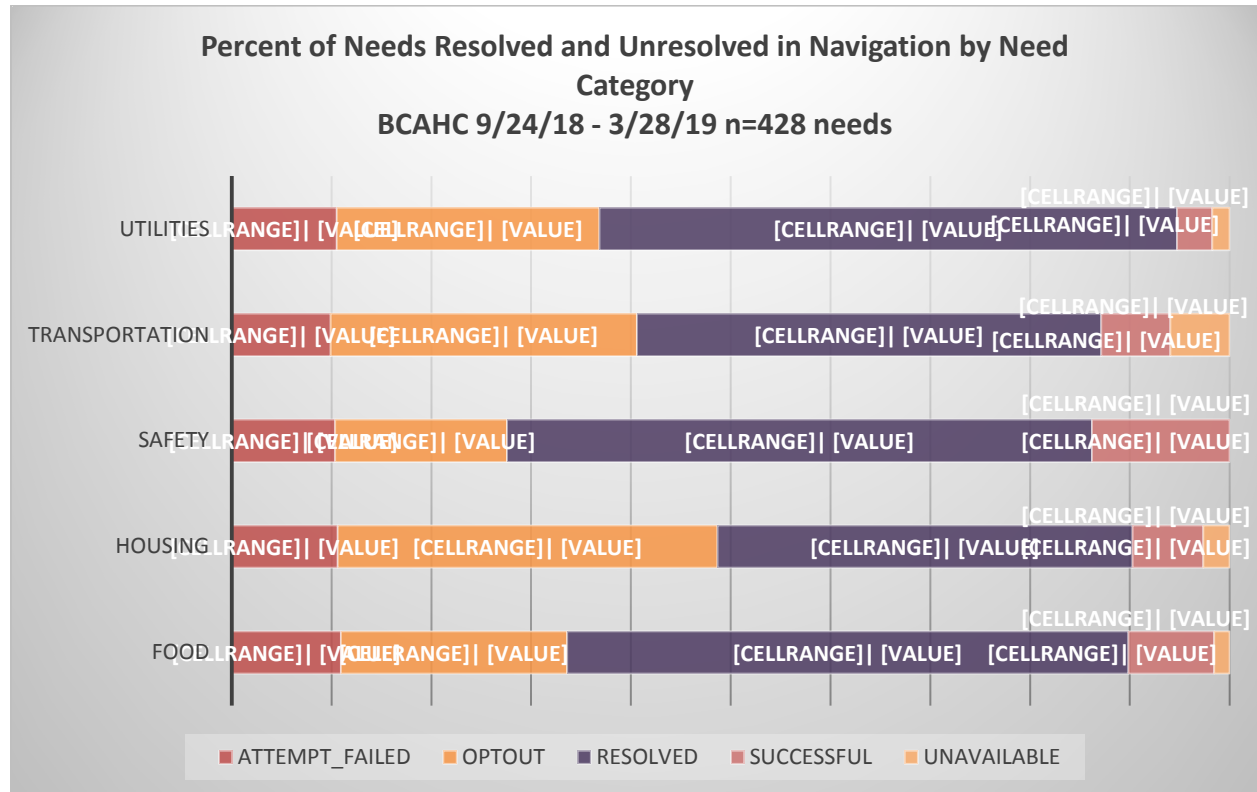
After implementation, Albuquerque Health Care for the Homeless discontinued screening as part of this project, but continued to participate on the Advisory, Consortium, and Data Group. During year one, the project screened more than 5,000 community dwelling Medicaid or Medicare beneficiaries within Bernalillo County.



The above graph shows the incidence of needs by category among all patients who screened positive for at least one need and who have two or more self-reported emergency department visits in the prior twelve months. Patients may (and often do) screen positive for more than one need. The above

distribution is a composite of all sites participating in Bernalillo County AHC, but the distribution pattern is nearly identical among all sites; food is the most frequently reported need, followed by housing, transportation, utilities, and finally, safety

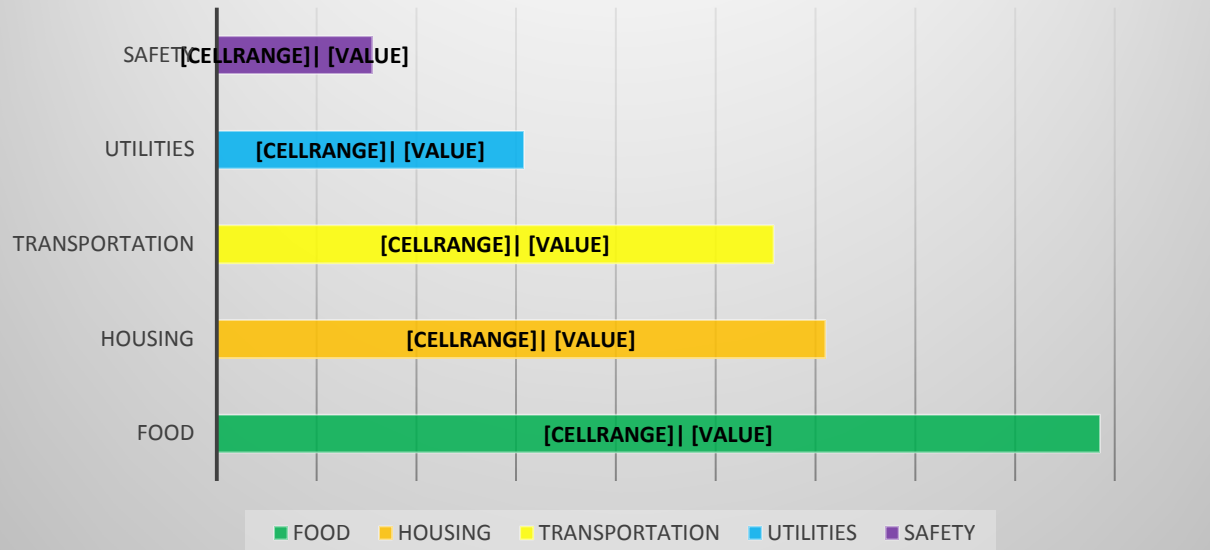
Needs are individually categorized with a resolution type once the patient reports that their need has been resolved, or if it is determined that the need cannot be resolved either because the resource does not exist in the community, or because there is a waitlist of six months or longer for the needed resource. The chart below illustrates the number of needs by need type by resolution status.



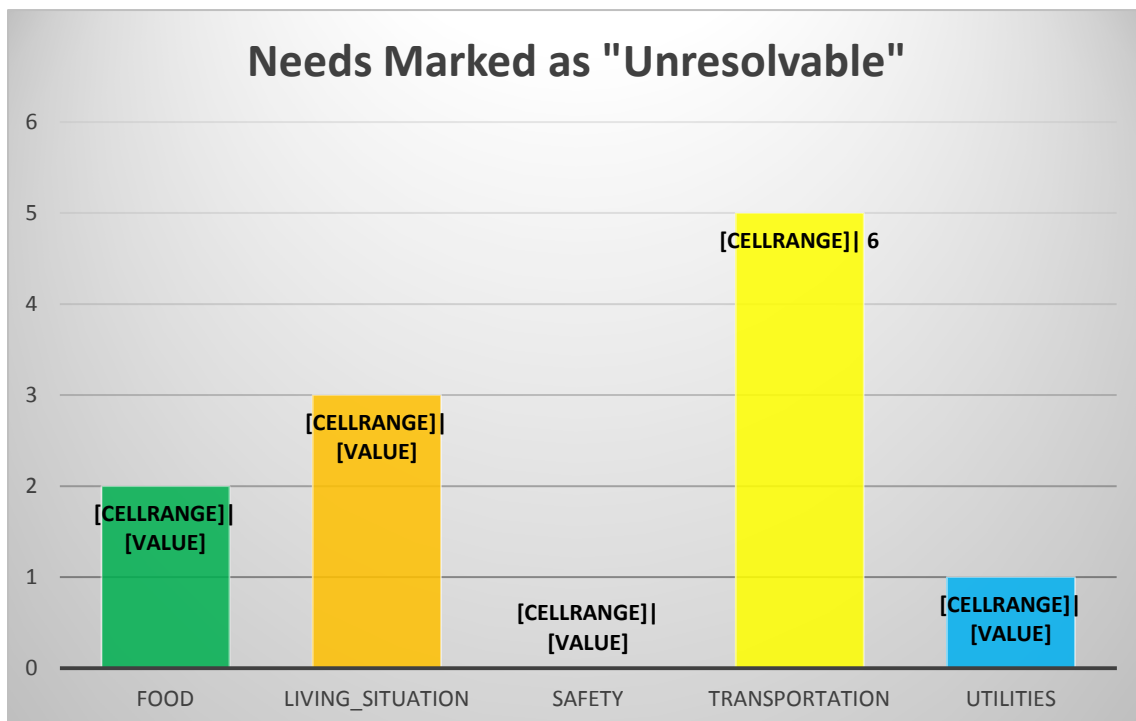
Due to the high number of needs that are pending resolution, the graphs were separated for better visualization of the resolution type. The below graph shows the needs that are pending resolution. The row for Food (example) would be a combination of both graphs to equal 100% of the food needs resolution status.

Percent of Needs of Patients Eligible for Navigation that have not been marked as "Resolved" or "Unresolved"

9/24/18-3/28/19 n=2517 needs



Most importantly, the below graph illustrates the gaps BC-AHC CHWs are seeing in the community when they attempt to connect beneficiaries with needed services.



Because of this analysis, the Data Group has recommended the Advisory Board, and the AHC project, first focus on addressing transportation needs.

QUALITY IMPROVEMENT

Every year the bridge organizations will update the Gap Analysis and QI plan with input and collaboration from the Advisory Committee. The baseline gap analysis (Year 1) pulls from existing community data on need and demand for services in the five SDOH categories. It also provides a baseline understanding of the resources and services available to address current and potential demand. Select agencies that anticipate serving the majority of screened and navigated patients have provided program level information to help anticipate capacity and gaps in capacity to address newly identified needs. Additional gaps in available services and potential barriers to utilization by navigated participants have been identified with help from consortium members and advisory board members through facilitated discussion and key informant interviews. Each year, the roster of tracked referral partners (these closed-loop referral partner agencies that have agreed to participate) will be re-evaluated for accuracy, use, and participation and may change due to lack of participation, evaluation of the accuracy of their roles in the project, etc.

Implementation began in Year 2. Program data collected during this period and in subsequent years will be used to update the annual Gaps Analysis and QI plans. Program data will be compiled, summarized and presented by the Data Group to the Advisory Board for feedback and processing on a semiannual basis. This analysis provides updates for continuous quality improvement planning, implementation, and evaluation. The cycle is repeated twice a year to allow for adjustment in goals, data collection practices, and as a summative measure of program and quality improvement effectiveness and alignment. Goal adjustment and new improvement plans will be reflected in each update of the QI plan. See the attached timeline for Gaps Analysis and QI Plan activities.

One quality improvement tool/method that began in year 2, which will continue to be used throughout the life of the project, is the rapid-cycle PDSA process. PDSA (Plan-Do-Study-Act) is an Institute for Healthcare Improvement tool that seeks to test small changes pertinent to hypothesis of change and desired outcomes to determine if a process can be improved by these small changes. Data are systematically collected to show impact of the changes over a short amount of time and the outcomes are studied to determine next steps. Failing forward and re-adjusting change ideas are integral pieces to the PDSA process and outcomes usually fall into two categories: scale up the change (apply change elsewhere, expand scope of change, etc.) or re-evaluate the change idea and try something different. PDSA results will be presented to Consortium for guidance and will be documented as QI results.

It is important to maintain communications and a “feedback loop” between all Bernalillo County AHC partners, which is why CHWs, social service organization, consortium participants, and key program staff are invited to participate in Advisory Council meetings.

ALIGNMENT QUALITY IMPROVEMENT GOALS – GAPS

The attached Quality Improvement Areas and Gaps Metrics table details the data that will be collected during the pilot period and throughout implementation. These data will be used to better understand needs identified by secondary, baseline data in the Y1 Gaps Analysis and identify additional gaps. The Gaps Analysis may also be updated with data from additional sources, as overseen by the advisory committee.

Screening data will better enumerate and estimate prevalence of SDOH needs among the community dwelling Medicare and Medicaid beneficiary population in Bernalillo County than any existing data sources. Based on new understanding of highest need areas the advisory board, consortium, and bridge organizations can update the quality improvement plan to focus on resources that address the highest need among the five core SDOH categories.

Data on successful resolution of navigated cases will provide additional insight into the institutional and systemic gaps and barriers patients face when engaging with social service or government agencies. Quality improvement activities will identify opportunities to systemic processes and policies that help or hinder patients seeking resolution.

Through collection and analysis of utilization, capacity, and success rates of community service provider data in Y2, the bridge organizations, consortium, and advisory board can begin to identify areas where more alignment of resources, services, and partnerships are needed. Specifically the cost of providing service and developing service capacity to serve newly identified needs will be identified and compared to existing resources.

IMPLEMENTATION QUALITY IMPROVEMENT GOALS – PROCESS QI

This data will also be used to identify process improvement opportunities in the implementation of the model. The bridge organizations will monitor progress toward overall screening goals. Segmented screenings completed and the distribution of SDOH need identified by beneficiary type, clinical site, and CHW will help identify staffing, training, workflow, resource, or other areas for improvement to maintain efficiency and productivity necessary to meet required benchmarks by CMS.

By monitoring CHW performance in navigating complex cases, closing the loop on referrals, and resolving needs, we can identify opportunities for both improvement in navigation by the CHW and opportunities to work with community service agencies to improve their ability to respond to referrals.

Assessing provider perception and satisfaction and patient experience is important for successful implementation and sustainability over the 4 years of the project. Improvements made in this area will also inform the plans for sustainability and scaling of the intervention after the end of the project period.

The bridge organizations with help from the data group will identify areas for change, set short term goals, track progress, and test small change ideas to better achieve those goals using the Plan Study Do

Act (PDSA) model. Quality improvement strategies and outcomes will be reported to the advisory committee.

COMMUNITY RESOURCE DIRECTORY UPDATES

In addition to improvements to clinical processes and relationships and strategies with service providers, utilization of the resources in the Community Resource Directory will provide insight into not only missing or 'gap resources' but improvement of the directory itself. This includes adding resources that may have been missed or giving priority to 'overlooked' resources. It also includes cutting or narrowing down long lists of resources that may not be relevant or useful in the context of a referral for this project. For example, if the Red Cross of America is listed under housing but only provides emergency shelter during natural disasters, it may not be appropriate to strike that resource from the list. For initial selection of resources to include in the NowPow referral system, the following process was used.

NowPow is a community resource network management platform for health and social service referrals. This platform empowers care professionals to make data-driven referrals, engage patients, and close the loop on referrals sent to health and social service providers (www.nowpow.com). Five hundred and thirty-eight (538) site-based resources (some organizations have multiple delivery sites) were submitted to NowPow by the bridge organizations. These were compiled by community health workers (CHWs) from The Center for Community Health at Presbyterian Healthcare Services. SHARE New Mexico hosts New Mexico's largest, most up-to-date and comprehensive community information website. ShareNM was created to help organizations, non-profits and individuals working to improve the quality of life in New Mexico. ShareNM identified directory resources in Bernalillo County for each of the five SDOH areas. These were cross-referenced by the CHWs with resource lists provided by the UNM Pathways program, a 'preferred' food pantry list provided by a partner service organization (RRFB), and supplemented with google searches. Since searches on ShareNM.org as well as Google Search produced a broad range of results, which at times were not relevant or appropriate, resources were vetted with the assistance of Karen Navarro, Resource Directory Manager with from www.ShareNM.org. With her expertise in local resources as well as confirming that all resource information is current (confirmation made by phone calls), the CHWs were able to narrow down resources that will have a higher likelihood of efficacy for each of the areas of concern. Additional resources in other potentially useful categories i.e. Shelters, Legal, and Children and Family Services make as well as multiple sites of service make up the 538 records in the inventory. NowPow independently verifies information and collects additional information on this list of resources every six months as part of their contract to maintain an up-to-date community resource inventory.

Initial Community Resource Inventory Resources by SDOH Category					
	Housing	Utilities	Transportation	Food Insecurity	Family Violence
ShareNM	157	26	36	158	44
NowPow	50	11	15	54	17

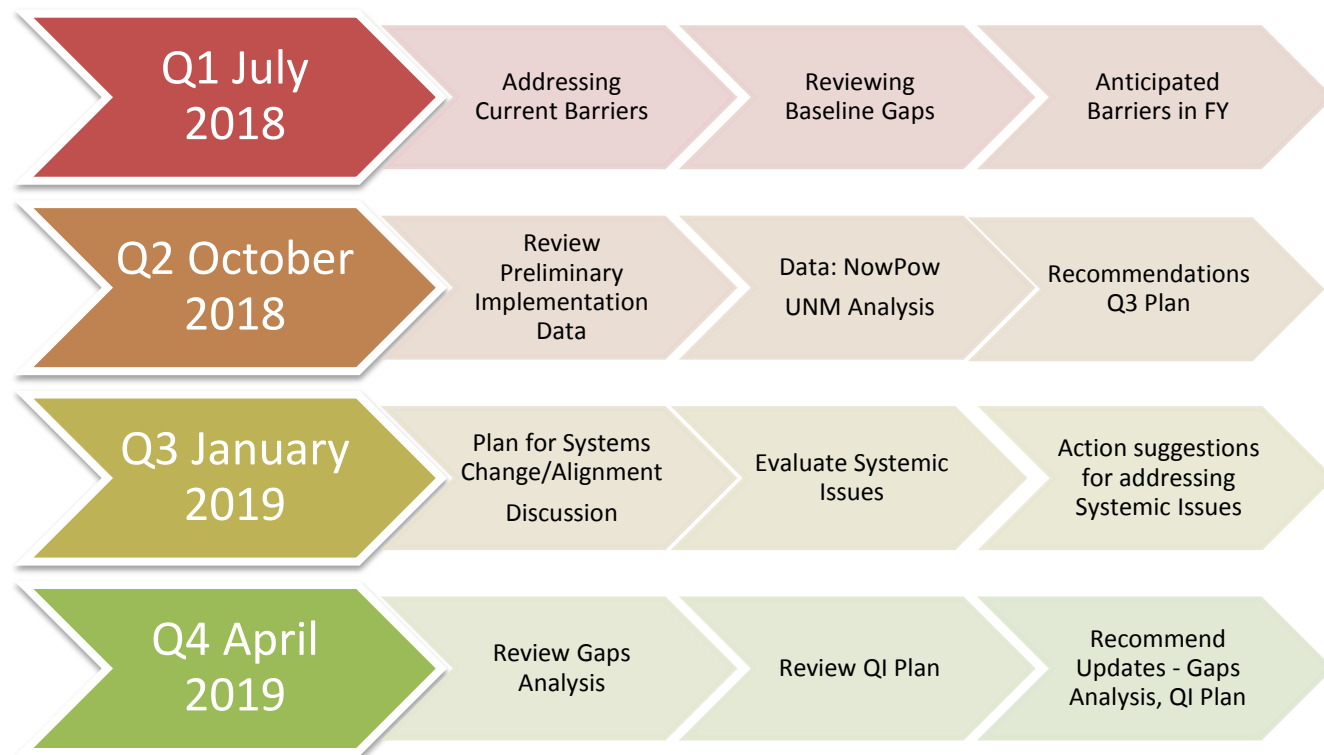
There may be opportunities to improve this process and the current prioritization of key, reliable, or high performing service organizations in a 'cultivated list' that is provided to the patient every time a need is identified. The use, notes and updates to this list will be very useful in understanding gaps in service.

Sources of Data

In addition to the bulk of program data that will come from the NowPow database, plans to update and improve the Gaps Analysis involve conducting additional structured conversations with CHWs to determine additional barriers to or gaps in service. We also plan to seek qualitative information and feedback from patients themselves on the quality of resources they have been referred to including both those who do and do not receive navigation. Other sources of data for yearly evaluation include quantitative and qualitative data reported by the clinical sites, partner community-based organizations, community-level data, and from our advisory board.

AHC QI & Gaps Metrics			
Area	Purpose	Measures	From Now Pow
Screening	<i>QI:</i> To monitor progress toward benchmarks for required total screened. <i>Gaps:</i> Assess highest need SDOH areas	# of Medicare/Medicaid patients scheduled/completing visits by clinical location	No
		# of people screened total; and by clinical location; by Medicaid or Medicare category	Yes
		# positive screens for SDOH total and by SDOH category; by clinical location; Medicaid/Medicare	Yes
		# negative screens for SDOH total and by category; by clinical location; Medicaid/Medicare	Yes
		# high risk (ED visits 2+) by clinical location	Yes
		Frequency distribution of SDOH for high risk and low risk populations	Yes
		Age, race, ethnicity, sex, primary language, residence geocode (other demographics?) of screened population by screening status (screened, + SDOH, - SDOH, high risk)	Yes
Navigation	<i>QI:</i> To monitor quality and quantity of navigation services <i>Gaps:</i> Identify processes, procedures, and resources needed to achieve successful resolution of needs	# high risk (ED visits 2+) by clinical location	Yes
		# consented to/enrolled in navigation by site	Yes
		# assigned to CHW (some sites only have 1, some have 2 or 3)	Yes
		# with first touch, 2 nd touch, 3 rd touch, etc. by clinical location/CHW	Yes
		Non-response rate	Yes
		Case complexity per site/CHW i.e. # clients with 2, 3, 4, ... social needs	Yes
		# Outside referrals made by CHW by clinical location	Yes
		Process for making outside referrals: # e-Rxs (e-referrals), phone calls, etc.	Yes
		# of clients who have “resolved” their need by clinical location, CHW	Yes
Community Resources and Services	<i>QI:</i> Monitor progress of partner agencies, identify new agencies to partner with <i>Gaps:</i> Identify resource gaps	Rank order agencies receiving referrals by social need category with # of referrals	Yes
		# of ‘closed loop’ communications by Community Service Provider	Yes
		# of clients who have “resolved” their need by Community Service Provider	Yes
		# of referred clients on waiting lists, by agency; total # on waiting list	No
		\$ per person to “resolve” need ; Cost per person per service	No
		List of comments by agency, by social need category	Yes
		Agencies with incorrect (directory) information	Yes
		Agency referrals (frequency distribution) by clinic location	Yes

Bernalillo County Accountable Health Communities



APPENDIX A – METHODS AND DATA NOTES

2018 Federal Poverty Levels

Size of family unit	100 %	110 %	125 %	150 %	175 %	185 %	200 %
1	\$12,060	\$13,266	\$15,075	\$18,090	\$21,105	\$22,311	\$24,120
2	\$16,240	\$17,864	\$20,300	\$24,360	\$28,420	\$30,044	\$32,480
3	\$20,420	\$22,462	\$25,525	\$30,630	\$35,735	\$37,777	\$40,840
4	\$24,600	\$27,060	\$30,750	\$36,900	\$43,050	\$45,510	\$49,200
5	\$28,780	\$31,658	\$35,975	\$43,170	\$50,365	\$53,243	\$57,560
6	\$32,960	\$36,256	\$41,200	\$49,440	\$57,680	\$60,976	\$65,920
7	\$37,140	\$40,854	\$46,425	\$55,710	\$64,995	\$68,709	\$74,280
8	\$41,320	\$45,452	\$51,650	\$61,980	\$72,310	\$76,442	\$82,640

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