Comprehensive Health Plan – Final Presentation

Presentation to the Los Alamos County Council 12/17/24

Quantitative Process

- Quantitative data analysis from national and state sources (2023)
- Social Services Division data (2023-24)

- Community-wide Health Care Quality and Access household survey
 - 1,034 surveys returned; 12.2% response rate

Qualitative Process

- Individual Interviews (2023)
 - 200 Interviews of individuals from 13 80+; varying socioeconomic, racial, ethnic, and disability backgrounds

- Community feedback forums (Nov-Dec 2023)
 - Fuller Lodge, White Rock Library, and via Zoom

• Feedback from community leaders (2024)

Short-term action plan highlights

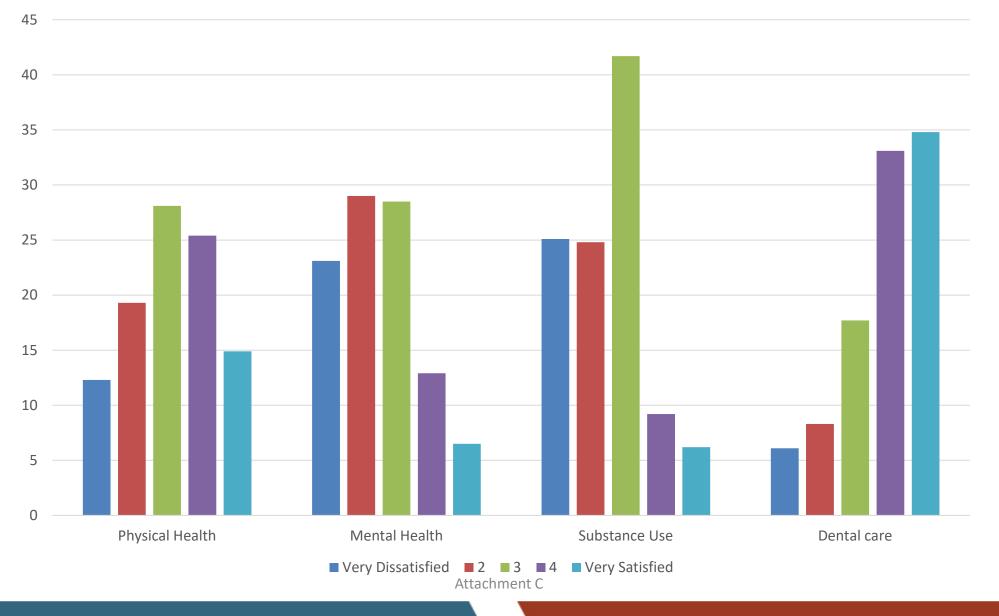
Social Services has hired an additional Case Coordination Specialist to assist with older adults' needs	<u>Completed</u>
Collaborated with providers and non-profits to come up with a plan for distributing Opioid Settlement Funds and implement effective best practices	<u>Completed</u>
Increased outreach to reach more people that may qualify for services: ChamberFest, ScienceFest, "SSD at the Library" weekly evening sessions	<u>Completed</u>
Updated some of the existing mental health resources, including https://losalamosmentalhealth.org/	In progress
Initial research completed for additional mental health needs (IOP, AOT Court)	In progress
Advocacy and research for additional tele-health and video-health options	In progress
Additional mental health-related trainings to enhance providers' capacity	In progress

Community-wide health survey highlights

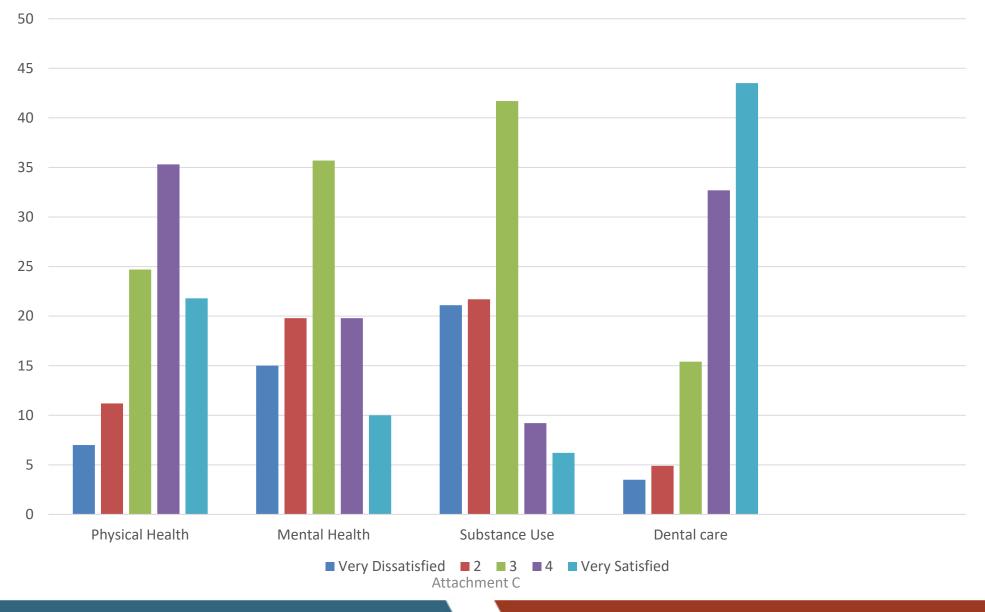
Overall, we're a really healthy community!

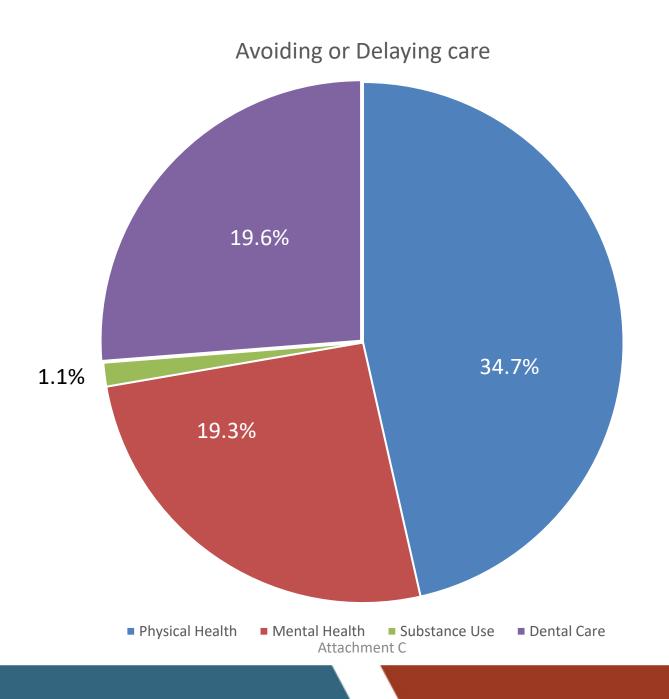
- 84.8% self-rate their health as "Excellent" or "Good"
- 99% of respondents report having health insurance; 91.3% have insurance that covers their specialists
- 99.5% of children have insurance coverage

Availability of Care



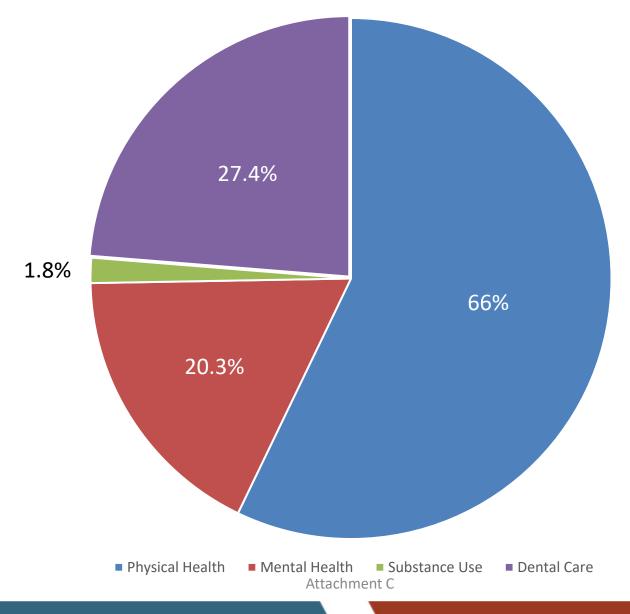
Quality of Care





Why did you avoid or delay care?	20%	40%	60%	80%	100%	Frequency
Lack of transportation						4.5%
Couldn't afford it						15.3%
Lack of childcare						3.8%
Couldn't get off work						6.7%
Couldn't find a provider for what I needed						70.2%
Couldn't find culturally/lifestyle appropriate care						5.7%
Language barrier						0.2%
Social stigma						3.3%
Not able to physically access doctor's office						1.7%
Don't know what I need/how to find care						9.3%
Technology barriers						2.4%
Need referral from primary care provider but don't have one						8.8%
Need referral from primary care provider but can't get an appointment						19.1%
Other:						29.1%

Seeking care outside of Los Alamos County



20	%	40%	. (60%	8	0%	100%	Frequency
								72.7%
								6.6%
			_					3.4%
								41.0%
								14.5%
								30.1%
								42.5%
								32.7%
								1.8%
								12.4%

Community-wide survey highlights

In the past 2 years, have you?	Yes	Νο
Had economic challenges that prevented you from pursuing preventive health treatments?	8.8%	91.2%
Had challenges accessing affordable housing?	9.8%	90.2%
Had difficulty maintaining stable housing?	3.3%	96.7%
Had challenges with basic living expenses exceeding your household's income?	9.0%	91.0%
Had challenges accessing affordable food?	7.8%	92.2%
Had challenges accessing affordable legal support services?	6.5%	93.5%
Sought help from the Los Alamos County Social Services office?	<u>3.3%</u>	96.7%

th Care Access and Quality (SDOH1)				
1 Community members face issues with availability and accessibility of health care options within Los Alamos County		Healthcare Consultant	County Manager's Office	Medium-to-long term (12 36 months)
	1.1.b Continue to advocate that state legislators adopt state-wide measures to improve the availability and retention of medical and behavioral health personnel	None	County Manager's Office	Short (<6 months)
	1.1.c Partner with Los Alamos Police Department to create a mobile crisis outreach/response program within Los Alamos County	SSD 1.0 FTE (Community Health Worker)	Social Services Division	Medium (6-18 months)
	1.1.d Increase the availability of mental health and substance use-related services and trainings to expand the continuum of care options available within the County (for example, support groups, post-treatment support, suicide awareness, etc)	SSD 1.0 FTE (Program Specialist), plus funding for contractors	Social Services Division and County Health Council	Short (<6 months)
	1.1.e Partner with regional organizations to expand programming and address barriers to care (such as transportation) for expanded mental health and substance use treatment options (for example: Assisted Outpatient Treatment Courts; Regional inpatient triage location, Intensive Outpatient Programming, etc)	Federal and state funding; grant consultant	Social Services Division and County Health Council	Medium (6-18 months)

				Local -	Time alian
umber	CHC Identified Need	Recommendation	Additional Resources needed	Lead	Timeline
1.2	There are gaps in community members' knowledge of where/how to find healthcare-related services	1.2.a Create a directory of all healthcare-related providers that is available in print and online and is updated annually	SSD 1.0 FTE (Program Specialist)	County Health Council	Short (<6 months)
		1.2. b Increase the outreach and education on mental health and wellness, suicide prevention, harm reduction, and substance use prevention topics in the community	Included above	Social Services Division and County Health Council	Short (<6 months)
		1.2.c Conduct a survey of health professionals within the County to determine their service gaps and needs	None at this time	County Health Council	Medium (6-18 months)
onomi	c Stability (SDOH2)	•	·	•	
2	People who are low-income and facing challenges related to income instablity, housing insecurity, lack of food, and/or other challenges face	2.2 Implement a "no wrong door" policy by utlizing a Multi- Disciplinary Team (MDT) approach to serving clients	SSD 1.0 FTE (Senior Case Coordination Specialist)	Social Services Division	Short (<6 months)
	issues with availability and accessibility of services	2.3 Improve and expand the safety net systems that are currently in place in the County, to improve coordination, service availability, and service delivery	SSD 1.0 FTE (Case Coordination Specialist), plus funding for contractors	Social Services Division	Short (<6 months)

Social an	d Community Context (SDOH3)				
3	People who are low-income and	3.1 Create a plan for what is needed for a co-location	None at this time	Social Services	Medium (6-18 months)
	facing challenges related to income	"action center" facility, including gathering public input		Division and	
	instablity, housing insecurity, lack of			County Health	
	food, and/or other challenges face			Council	
	issues with availability and	3.2 Expand collaborations with other health councils,	None at this time	Social Services	Short (<6 months)
	accessibility of services	social service divisions, providers, and local and regional		Division and	
		non-profits to provide assistance to low-income individuals		County Health	
				Council	

Neighbo	rhoods and the Built Environment (SD	он4)	-		
4	Lack of affordable housing and	4.1 Support and advise the work of the Community	None at this time	Community	Medium-to-long term (12-
	transportation options negatively	Development Department, and local and regional partners,		Development	36 months)
	impacts health outcomes, for	to expand the continuum of affordable housing options		Department,	
	patients and staff			Social Services	
				Division, and	
				other Boards	
				and	
				Commissions	
		4.2 Support and advise on a regional health transportation	None at this time	Community	Medium-to-long term (12-
		plan, to identify existing transportation options in Los		Development	36 months)
		Alamos County, work with operator/owners to determine		Department,	
		the extent of their services, and explore ways to expand		Social Services	
		them including potential funding options.		Division, and	
				other Boards	
		Attachment C		and	
		Attachment C		Commissions	15

Educatior	n Access and Quality (SDOH5)		/		
5	-	5.1 Continue supporting the mental health and substance	None at this time		Medium (6-18 months)
,	additional ways to address students'	use work at the Los Alamos Public Schools (LAPS)	,	Division and	
,	social and emotional needs		,	County Health	
,			,	Council	
,					
!		5.2 Expand partnerships and collaborations with other	None at this time	Social Services	Medium (6-18 months)
,		educational entities, including with UNM-LA, families who	,	Division and	
,		homeschool their children, and families whose children are	,	County Health	
,		not in any school system, to identify and plan additional	,	Council	
,		mental health supports as needed (for example, suicide	· · · · · · · · · · · · · · · · · · ·		
,		prevention trainings, MHFA, etc)			

Staff Support needed to implement the Action Plan

- Within Social Services:
 - 1.0 FTE Senior Case Coordinator: Oversee Multi-Disciplinary Team
 - 1.0 FTE Program Specialist: Lead mental health and wellness trainings, programmatic outreach and new initiatives
 - 1.0 Community Health Worker (CHW), to assist with crisis outreach and related programming
 - Financial support for contractors, community initiatives, trainings, and outreach