



CHRISTUS St. Vincent 2023–2025
Community Health Implementation Plan

OUR JOURNEY TO HEALTH



CHRISTUS St. Vincent
Strategies For Responding To Health Priority
Needs In Our Community 2023–2025

Mission

TO IMPROVE THE HEALTH AND WELL-BEING OF THE COMMUNITIES WE SERVE.

Vision

EXCEPTIONAL MEDICINE, EXTRAORDINARY CARE, EVERY PERSON, EVERY DAY

Core Values

INTEGRITY • DIGNITY • COMPASSION • EXCELLENCE • STEWARDSHIP



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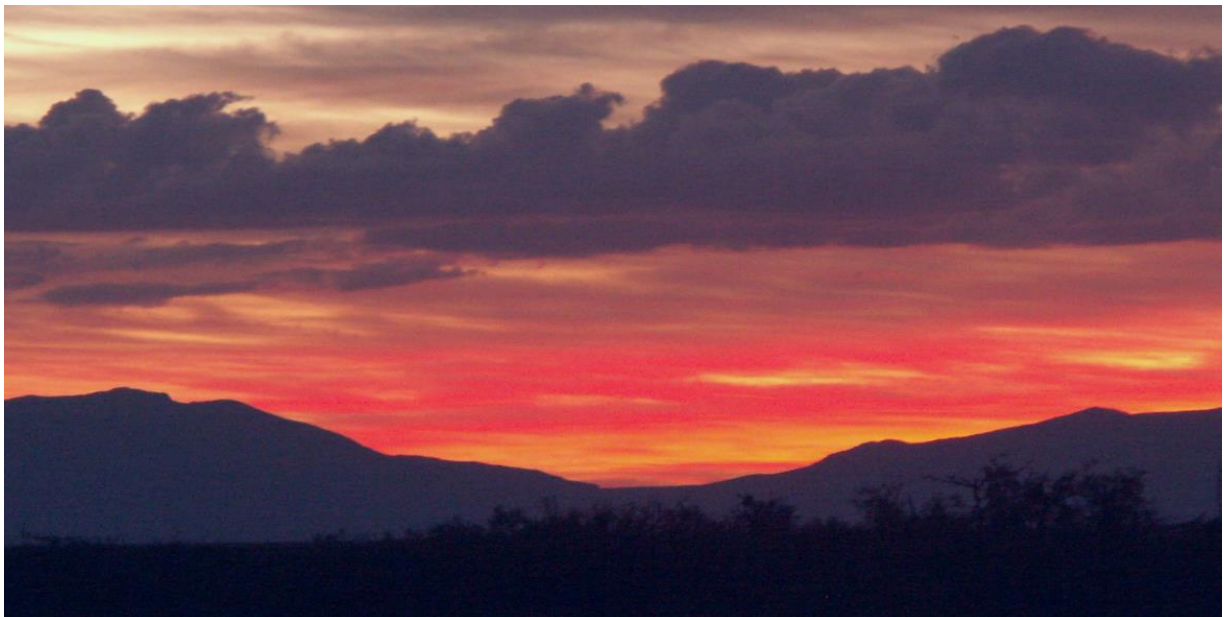
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Introduction

CHRISTUS St. Vincent has been identifying and addressing our community's health and well-being needs since our founding in 1865. CHRISTUS St. Vincent is called to be involved in our community – to contribute to the common good. Strengthening the overall health of our community involves serving individuals experiencing social and economic conditions that place them at society's margins. CHRISTUS St. Vincent embraces its role in serving its community beyond the physical walls of its hospital, urgent care, and medical-professional offices.

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

- All babies are born healthy
- All children are safe, healthy, and nurtured
- All adults are physically, mentally, and emotionally healthy
- All women are safe and healthy
- All older adults are safe, healthy, and engaged
- All community members receive equitable and inclusive care that demonstrates and respects our community's diversity



This 2023-2025 Community Health Implementation Plan (CHIP) outlines the CHRISTUS St. Vincent approach to addressing the identified priority health indicators from the 2023-2025 Community Health Needs Assessment. The CHIP describes three levels of strategies: **Direct Care, Community Benefit Funding** to support the system of care, and **Community Partnerships and Collaborations**.

Direct Care Strategies

CHRISTUS St. Vincent utilizes its Community Health Needs Assessment and Community Health Implementation Plan as one of the tools to shape the operations and clinical practices at its hospitals and outpatient clinics. The CHIP outlines inpatient and outpatient strategies to address identified priority health indicators.

Community Benefit Funding

CHRISTUS St. Vincent dedicates over \$1.5 million in community benefit funding each year to support community-based treatment and safety net services; address gaps in care; and support the social determinants of health.

Beginning in Fiscal Year 2020, Anchorum St. Vincent and the Santa Fe Community Foundation joined with CHRISTUS St. Vincent to create the Community Health Funder Alliance to align funding; increase impact and strengthen service delivery; and decrease administrative burden on area nonprofits. In addition to grant funding, CSV provides a range of programs and services as a benefit to the community including free flu shot clinics, community health screening events, etc.

Community Partnerships and Collaboration

CHRISTUS St. Vincent partners and collaborates to share expertise and to ensure its services are aligned with community strategies. Several community collaboratives meet regularly to address public policy, funding alignment, program coordination, outreach, service provider training, and/or supporting new program development. The following highlights several existing groups that CHRISTUS St. Vincent participates in and the identified lead agency.

Initiative	Led By:
Domestic Violence Multi-Disciplinary Team (Coordinating Community Response)	City of Santa Fe
Early Childhood Steering Committee	Growing Up New Mexico
First Judicial District Criminal Justice Coordinating Council	First District Court
Santa Fe County Health Policy and Planning Commission	Santa Fe County, Community Services Dept.
NM Suicide Prevention Coalition	NM Department of Health
Santa Fe Area Housing and Homelessness Coalition	City of Santa Fe
Santa Fe Behavioral Health Leadership Council	Santa Fe County, Community Services Dept.
Santa Fe County Connect (Accountable Health Community)	Santa Fe County, Community Services Dept.
Santa Fe County DWI Taskforce	Santa Fe County, Community Services Dept.
Santa Fe Eldercare Network	Santa Fe Eldercare Network

The Community, Framework, and Principles



The Community

In the CHRISTUS St. Vincent Community Health Needs Assessment and Community Health Implementation Plan, the “Community” is defined as Santa Fe County – the primary service area for CHRISTUS St. Vincent. Santa Fe is the third most populous county in New Mexico. As the only Level 3 Trauma Center in North Central New Mexico, CHRISTUS St. Vincent also serves individuals from Rio Arriba, Los Alamos, Taos, Colfax, San Miguel, and Mora counties. CHRISTUS St. Vincent continues to work to improve access to the range of services needed to address health needs, and works with partners to make the highest quality health care available as close to home as possible.

Framework

In 2008, CHRISTUS Health and Anchorum St. Vincent (Anchorum) partnered together to form CHRISTUS St. Vincent Regional Medical Center. Today, CHRISTUS St. Vincent is the largest acute care and specialty clinic network in northern New Mexico. In addition to its 50% partnership in CHRISTUS St. Vincent, Anchorum manages an extensive financial portfolio to promote health and well-being throughout seven counties in northern New Mexico.

Over just the last five years, Anchorum has dedicated more than \$20 Million in combined grants to support nonprofit community providers and CHRISTUS St. Vincent. These grants addressed adult behavioral health, housing, homelessness, educational attainment, workforce scholarships, and affordable housing. Anchorum also has committed more than \$25 Million in new impact investments throughout the community to expand needed access to health care facilities and infrastructure and community development for more affordable professional housing.

System of Care Principle

CHRISTUS St. Vincent is one part of the System of Care supporting the health and well-being of our community members across Santa Fe and Northern New Mexico. The System of Care consists of government, service providers, nonprofits, and philanthropy organized around the key domains of life: physical health, mental health, housing, food, transportation, and meaningful engagement.

The health and social needs of our community are complex, and cannot be addressed by one organization alone. The disparities faced in Santa Fe County require collaboration and partnerships to develop comprehensive and coordinated approaches to solving our local problems.

Key Partners

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

“Alone we can do so little, together we can do so much.” ~ Helen Keller

Health Prioritization Process

The Lifespan

The CHRISTUS St. Vincent Community Health Needs Assessment (CHNA) and Community Health Implementation Plan (CHIP) use the lifespan to organize data, information, and strategies. CHRISTUS St. Vincent focuses on three to five leading health indicators for six age groups across the lifespan. CHRISTUS St. Vincent understands that health needs change at each stage of human development and in specific areas of health care, and CHRISTUS St. Vincent works to provide support, services, and key interventions to meet those needs. CHRISTUS St. Vincent also acknowledges the interconnectedness of needs across the lifespan.



Priorities 2023-2025

CHRISTUS St. Vincent used a data-informed, participatory process to engage participants in selecting the 2023-2025 priority indicators. A virtual Health Indicator Café involving 51 community partners was held on November 16, 2021 and included community members and experts from each of the lifespan areas. Breakout rooms by lifespan area were used to review the 2020-2022 indicators, to discuss emerging community issues, and to determine the 2023-2025 lifespan priority indicators.

Lifespan Priorities

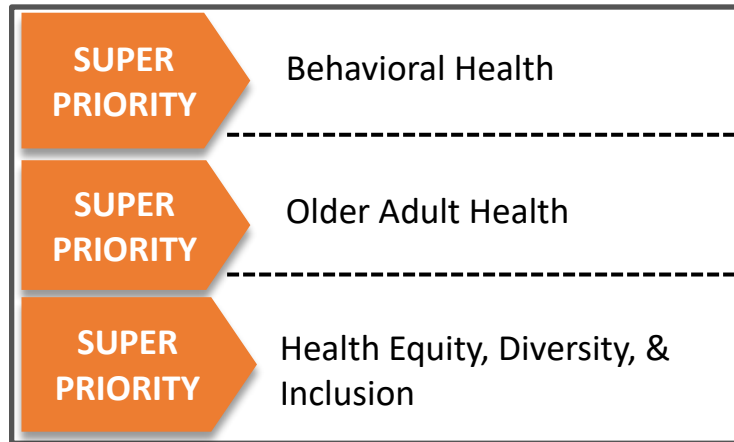
The following table outlines the priority indicators identified during the Health Indicator Café and approved by CHRISTUS St. Vincent Board of Directors. See the CHRISTUS St. Vincent Community Health Needs Assessment at https://www.christushealth.org/-/media/christus-health/connect-with-christus/files/community-involvement-and-commitment/st-vincent-santa-fe/2023--2025_svhs-community-health-needs-assessment.ashx for data and a description of each of the indicators.

Life Span Area	Priority Indicators
Maternal & Early Childhood Health	<ol style="list-style-type: none"> 1. Healthy Pregnancy <ul style="list-style-type: none"> • Prenatal Care in the First Trimester 2. Healthy Births <ul style="list-style-type: none"> • Preterm (Premature) Birth • Babies Born with Low Birthweight • Neonatal Abstinence Syndrome (NAS) 3. Healthy Infants and Toddlers <ul style="list-style-type: none"> • Childhood Immunizations • Access to Childcare
School-Age Children & Adolescent Health	<ol style="list-style-type: none"> 1. Depression and Suicide Attempts 2. Substance Use 3. Resiliency 4. Obesity
Adult Behavioral Health	<ol style="list-style-type: none"> 1. Drug Overdose Deaths 2. Alcohol-Related Deaths 3. Suicide Deaths
Adult Physical Health	<ol style="list-style-type: none"> 1. Heart Disease Deaths 2. Cancer Deaths 3. Diabetes Diagnoses & Deaths 4. Food Insecurity and Fruit/Vegetable Consumption
Women’s Health	<ol style="list-style-type: none"> 1. Domestic Violence 2. Sexual Violence 3. Chronic Homelessness
Older Adult Health	<ol style="list-style-type: none"> 1. Routine Access to Care 2. Social Isolation 3. Caregiver Burden

2023-2025 Super Priorities

CHRISTUS St. Vincent Board of Directors approved three super priorities for 2023-2025. Selecting Super Priorities allows CHRISTUS St. Vincent to further refine its focus and maximize impact with a goal of *turning the curve** on certain challenges are community faces. The criteria used to select these priorities include: people in the most need and most marginalized; populations where CHRISTUS St. Vincent has some expertise and/or is implementing strategies or programs; populations that face disparities and barriers to care; issues that significantly impact patient or population health, human suffering, and are quantifiable with data; and areas where there is a focus by others in the community including planning efforts and funding.

**Turn the Curve is a Results-Based Accountability concept referring to establishing a baseline for an indicator and examining the trend over a period of time. Population conditions change slowly so instead of measuring from point to point, we examine the trends. When the trend begins to shift toward improved conditions, we are “turning the curve.”*



Needs that are not being addressed in the 2023-2025 CHIP

There are community needs identified in the 2023-2025 Community Health Needs Assessment that CHRISTUS St. Vincent will not be directly addressing because the needs exceed what CHRISTUS St. Vincent can address. Some of those needs are being addressed by provider partners in the community that are better suited to address them based on their mission and programs or role in the community. Needs including food insecurity, transportation, family support for special populations, and housing directly impact health outcomes for our patients and community members. Although CSV cannot directly address these needs, we will continue to actively participate in collaborative initiatives and work with community partners that are working to directly address these issues. In the sections that follows the various collaborative partnerships are identified. Each of these groups is focused on addressing a critical gap or need in the community.

CHRISTUS St. Vincent Strategies

The implementation strategies outlined in the following sections are presented following the Lifespan. Each section will detail CHRISTUS St. Vincent direct care strategies, community benefit funding strategies, as well as, community partnerships and collaboration strategies.

Maternal & Early Childhood Health

Priority Indicators
<ol style="list-style-type: none"> 1. Healthy Pregnancy <ul style="list-style-type: none"> • Prenatal Care in the First Trimester 2. Healthy Births <ul style="list-style-type: none"> • Preterm (Premature) Birth • Babies Born with Low Birthweight • Neonatal Abstinence Syndrome (NAS) 3. Healthy Infants and Toddlers <ul style="list-style-type: none"> • Childhood Immunizations • Access to Childcare

Goal	All children birth to five are physically and mentally healthy.
Objectives	<ul style="list-style-type: none"> • Align CSV service lines and program development in response to population needs. • Align CSV resources including investments in community benefit to respond to population needs. • Align with community partners in developing population-wide strategies to address population needs to fully leverage CSV resources.
CSV Direct Care Strategies	<ul style="list-style-type: none"> • Women’s Care Specialty Clinic • Pediatric services: Arroyo Chamiso Pediatric and Entrada Pediatric Clinics • Lactation support, both inpatient and outpatient made possible by Brindle Foundation Early Childhood Grant <ul style="list-style-type: none"> ○ Provide training for CLC certified lactation consultants to increase number of lactation consultants ○ Hire Lactation Coordinator to improve lactation support in CSV clinics • Provide caretaker education and support and referrals to home-based community services • Utilize best practices for managing withdrawal of babies with Neonatal Abstinence Syndrome (babies born with drugs in their systems due to mothers’ use of drugs during pregnancy)

<p>CSV Community Benefit Strategies</p>	<ul style="list-style-type: none"> • Fund specialized prenatal services, including Medication Assisted Treatment, and work to increase the number of women who access early prenatal care. • Fund in-home visitation programs • Fund crucial services for infants and their caregivers, including early childhood mental health services
<p>Community Partnerships and Collaboration Strategies</p>	<ul style="list-style-type: none"> • Introduce community programs to key CSV departments (e.g. Case Management) • Participate in Santa Fe CONNECT (Accountable Health Community initiative) • Participate in the Early Childhood Steering Committee led by Growing Up New Mexico. • Santa Fe Community Foundation’s Baby Fund • Additional community initiatives for supporting early childhood care, including the Santa Fe Community College Early Childhood Education Programs



School-Age Children & Adolescent Health

Priority Indicators
<ol style="list-style-type: none"> 1. Depression and Suicide Attempts 2. Substance Use 3. Resiliency 4. Obesity

Goal	All children are safe and physically and mentally healthy.
Objectives	<ul style="list-style-type: none"> • Align CSV service lines and program development in response to population needs. • Align CSV resources including investments in community benefit to respond to population needs. • Align with community partners in developing population-wide strategies to address population needs to fully leverage CSV resources.
CSV Direct Care Strategies	<ul style="list-style-type: none"> • Pediatric services: Arroyo Chamiso Pediatric and Entrada Pediatric Clinics • Pediatric hospitalists • Emergency Department referrals for adolescents with behavioral health issues to contracted family behavioral health provider (Adolescent HUGS)
CSV Community Benefit Strategies	<ul style="list-style-type: none"> • Youth shelter funding • Behavioral health funding (e.g. Sky Center, Gerard’s House)
Community Partnerships and Collaboration Strategies	<ul style="list-style-type: none"> • Introduce community programs to key CSV departments (e.g. Case Management) • Participate in Santa Fe CONNECT (Accountable Health Community initiative) • Santa Fe County DWI Taskforce Member • Santa Fe County Youth Services Division in the Community Services Department - includes the Santa Fe County DWI Program, Teen Court of Santa Fe, youth program grants, and Fentanyl Public Awareness campaign • City of Santa Fe/Santa Fe County initiatives - Youth Violence Prevention Project

Behavioral Health – *Super Priority*

Priority Indicators
<ol style="list-style-type: none"> 1. Drug Overdose Death 2. Alcohol-Related Death 3. Suicide Death

Goal	All residents are mentally and emotionally healthy.
Objectives	<ul style="list-style-type: none"> • Align CSV service lines and program development in response to population needs. • Align CSV resources including investments in community benefit to respond to population needs. • Align with community partners in developing population-wide strategies to address population needs to fully leverage CSV resources.
CSV Direct Care Strategies	<ul style="list-style-type: none"> • Provide high quality acute Emergency Department and Inpatient Behavioral Health care • Provide and expand high quality outpatient behavioral health care • Provide chemical dependency consultations for hospital patients • High Utilizer Group Services (HUGS) –providing individualized, intensive wrap around case management services • Internal Behavioral Health Task Force to improve coordination of care • Secondary Prevention of Suicide Program in the Emergency Department with the New Mexico Department of Health • Clinician Directed Performance Improvement Project: Ketamine for Depression
CSV Community Benefit Strategies	<ul style="list-style-type: none"> • Fund and advocate for behavioral health service providers across the community including detoxification, youth suicide prevention and intervention, counseling services, etc. • Fund Santa Fe Recovery Detox Center
Community Partnerships and Collaboration Strategies	<ul style="list-style-type: none"> • Introduce community programs to key CSV departments (e.g. Case Management) • Participate in Santa Fe CONNECT (Accountable Health Community initiative) • First Judicial District Criminal Justice Coordinating Council Participant • New Mexico Suicide Prevention Coalition Member • Santa Fe Behavioral Health Leadership Council Member • Santa Fe Housing and Homelessness Coalition Participant

- Work with First District Court to secure Mental Health Treatment Guardianship as needed and appropriate.
- Santa Fe County Initiatives: Behavioral Health Leadership Team - to address systems of care, La Sala Crisis Triage Center and Mobile Crisis Team (New Mexico Solutions), Social and Medical Detox (Santa Fe Recovery), Harm reduction services in Edgewood(Santa Fe Mountain Center), Planning for an additional ACT Team, Training for RECC (911 Center), 988 Suicide Prevention roll-out, Santa Fe County Jail Diversion Programming , Interdisciplinary Team, LEAD – Law Enforcement Assisted Diversion, Life Link Expansion for Re-Entry
- City of Santa Fe Initiatives: Alternate Response Unit – first responder street outreach, Midtown Campus – transitional housing for COVID+ and for homeless, Santa Fe Suites – housing for homeless, Crisis de-escalation training for law enforcement and first responders, Project LEAD Law Enforcement Assisted Diversion diverts or refers individuals with unmet mental health and/or substance use issues to long-term, street-based case management services and resources



Adult Physical Health

Priority Indicators
<ol style="list-style-type: none"> 1. Heart Disease Death 2. Cancer Death 3. Diabetes Diagnoses & Death 4. Food Insecurity and Fruit/Vegetable Consumption

Goal	All adults are physically healthy.
Objectives	<ul style="list-style-type: none"> • Align CSV service lines and program development in response to population needs. • Align CSV resources including investments in community benefit to respond to population needs. • Align with community partners in developing population-wide strategies to address population needs to fully leverage CSV resources.
CSV Direct Care Strategies	<ul style="list-style-type: none"> • Patient Navigation for post hospital discharge by care coordination team • Adult & Family Outpatient Clinics • Family Medicine Residency Program with UNM • “Population health” programming including Accountable Care Organization and other quality programs. • Specialized and Chronic Care Management teams (Cancer, Heart, Orthopedics, Palliative Care and others) • \$80 million CHRISTUS St. Vincent Cancer Center is expected to open in 2024 – representing a new level of integrated cancer care delivery in North Central New Mexico. • Conducting clinical trials to increase the availability of treatment options for patients close to home • Mayo Clinic Network Participant
CSV Community Benefit Strategies	<ul style="list-style-type: none"> • Fund medical respite beds for community members experiencing homelessness • Fund meal delivery services for homebound • Fund community-based organizations with the mission to distribute healthy foods to those in need. • Free Flu Shot Clinics

Community Partnerships and Collaboration Strategies

- Introduce community programs to key CSV departments (e.g. Case Management)
- Participate in Santa Fe CONNECT (Accountable Health Community initiative)
- Santa Fe County Health Policy and Planning Commission participation



Women’s Health

Priority Indicators
<ol style="list-style-type: none"> 1. Domestic Violence 2. Sexual Violence 3. Chronic Homelessness

Goal	All women are safe and healthy.
Objectives	<ul style="list-style-type: none"> • Align CSV service lines and program development in response to population needs. • Align CSV resources including investments in community benefit to respond to population needs. • Align with community partners in developing population-wide strategies to address population needs to fully leverage CSV resources.
CSV Direct Care Strategies	<ul style="list-style-type: none"> • Women’s Care Specialty Clinic • Violence Response and Resiliency Specialist services • Sexual Assault Nurse Examiner (SANE) exams • High Utilizer Group Services (HUGS) • Identify victims of human trafficking and refer to services in the emergency department
CSV Community Benefit Strategies	<ul style="list-style-type: none"> • Fund domestic violence shelter • Fund crisis treatment center for sexual assault • Fund shelter services for those experiencing homelessness
Community Partnerships and Collaboration Strategies	<ul style="list-style-type: none"> • Introduce community programs to key CSV departments (e.g. Case Management) • Participate in Santa Fe CONNECT (Accountable Health Community initiative) • Participate in Domestic Violence Multi-Disciplinary Team (MDT) Meetings • Santa Fe Area Housing and Homelessness Coalition Member

Older Adult Health – *Super Priority*

Priority Indicators
<ol style="list-style-type: none"> 1. Routine Access to Care 2. Social Isolation 3. Caregiver Burden

Goal	All older adults are safe, healthy, and engaged.
Objectives	<ul style="list-style-type: none"> • Align CSV service lines and program development in response to population needs. • Align CSV resources including investments in community benefit to respond to population needs. • Align with community partners in developing population-wide strategies to address population needs to fully leverage CSV resources.
CSV Direct Care Strategies	<ul style="list-style-type: none"> • Create a CSV Center for Healthy Aging • Establish outpatient primary care clinics as IHI Age-Friendly, Level 2 • Achieve IHI Age-Friendly Designation for Inpatient Services • Implement American Geriatrics Society CoCare HELP program to prevent both delirium and functional decline • Achieve IHI Age-Friendly Geriatric Emergency Department Accreditation • Continue as a Medicare “Accountable Care Organization” focused on quality and higher value care for seniors throughout the System of Care • Senior Chronic Care Management Program for patients of CSV primary care clinics
CSV Community Benefit Strategies	<ul style="list-style-type: none"> • Fund older adult service providers across the community including home chores services, home modification services, healthy meal delivery, etc.
Community Partnerships and Collaboration Strategies	<ul style="list-style-type: none"> • Introduce community programs to key CSV departments (e.g. Case Management) • Participate in Santa Fe CONNECT (Accountable Health Community initiative) • Santa Fe Healthcare Network Member • Explore opportunities to expand different levels of care in the community (including memory care, day services, skilled nursing, long-term)

Health Equity, Diversity, and Inclusion – *Super Priority*

<p>Goal</p>	<p>All community members receive equitable and inclusive care that demonstrates and respects our community’s diversity.</p>
<p>Objectives</p>	<ul style="list-style-type: none"> • Align CSV service lines and program development in response to population needs. • Align CSV resources including investments in community benefit to respond to population needs. • Align with community partners in developing population-wide strategies to address population needs to fully leverage CSV resources.
<p>CSV Direct Care Strategies</p>	<ul style="list-style-type: none"> • Medical-Legal Partnership with New Mexico Legal Aid to provide non-criminal legal aid services to CSV patients • Health Equality Index Leader designation from the Human Rights Campaign Foundation based on CSV responsiveness to patients, families, and associates who identify as LGBTQIA+ • Reduce length of stay for inpatients who face social and economic barriers to discharge • Provide culturally competent care and end of life care to patients with specific religious and cultural beliefs (e.g. American Indians)
<p>CSV Community Benefit Strategies</p>	<ul style="list-style-type: none"> • Fund service providers across the community working directly to address social determinant of health needs including: access to healthy foods, transportation, caregiver support, shelter services, and legal services particularly for organizations working with residents of 87507 zip code • CSV Green Team Initiatives to reduce CSV’s impact on the environment
<p>Community Partnerships and Collaboration Strategies</p>	<ul style="list-style-type: none"> • Introduce community programs to key CSV departments (e.g. Case Management) • Participate in Santa Fe CONNECT (Accountable Health Community initiative) • Santa Fe Area Housing and Homelessness Coalition Participant



Summary & Conclusions

The CHRISTUS St. Vincent 2023-2025 Community Health Implementation Plan will guide CSV strategies over the next three years. The CHIP aligns the health priorities identified in the CHNA with CSV direct care, community benefit funding, and community partnerships and collaborations.

The triannual Community Health Needs Assessment and Community Health Implementation Plan provides a routine opportunity for CHRISTUS St. Vincent and its community partners to assess community health needs and how we are going to address them – together. Improving the overall health and wellness of a community requires a range of partnerships – both deep and wide. Community partnerships ensure that multiple perspectives are represented and that varied needs are met. Each entity has a role to play in meeting the CHRISTUS St. Vincent vision of a Santa Fe where:

- All babies are born healthy
- All children are safe, healthy, and nurtured
- All adults are physically, mentally, and emotionally healthy
- All women are safe and healthy
- All older adults are safe, healthy, and engaged
- All community members receive equitable and inclusive care that demonstrates and respects our community's diversity

There is no power for change greater than a community discovering what it cares about. ~ Margaret J. Wheatley