

Community Health Implementation Plan

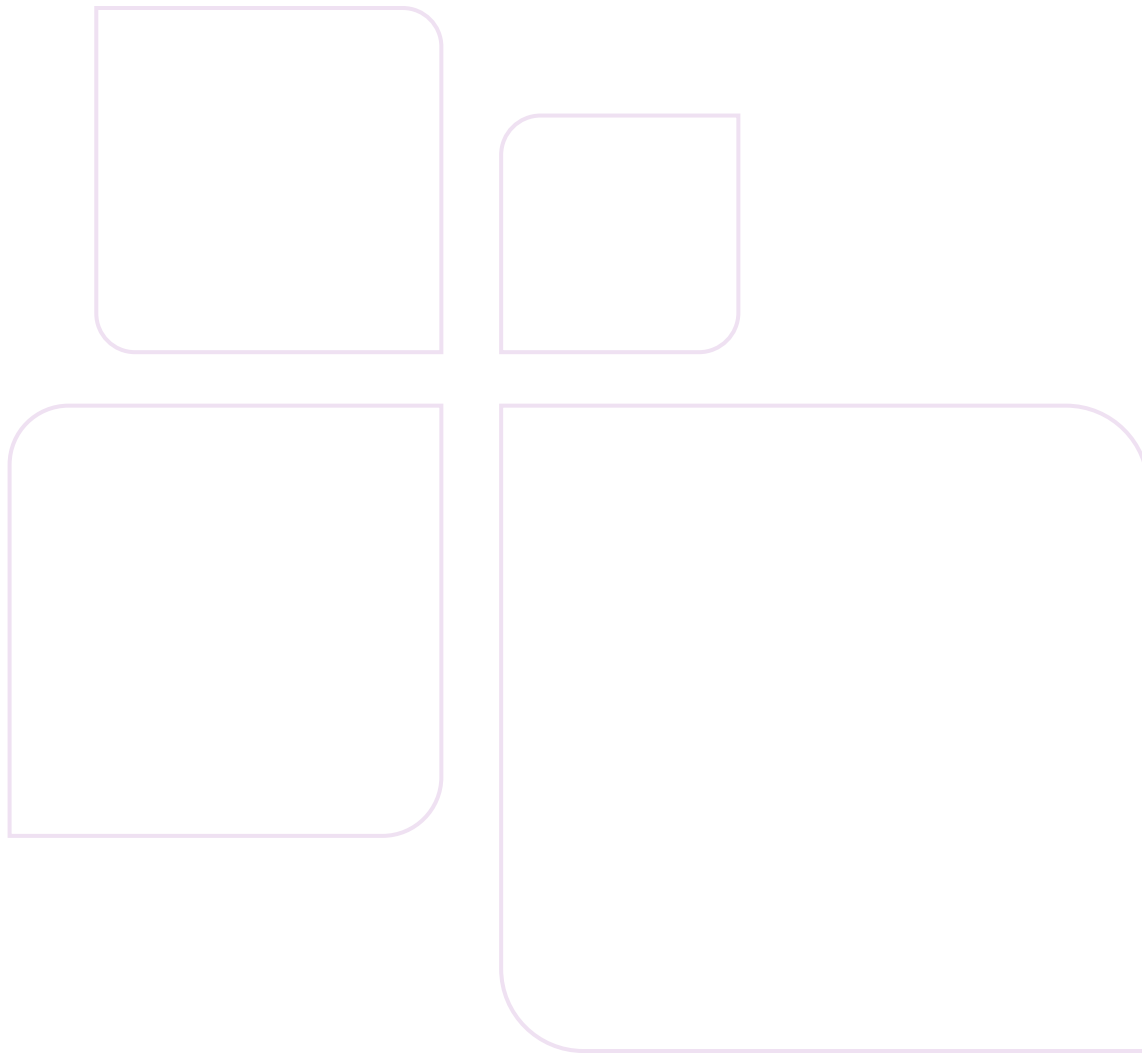
Strategies for responding to the prioritized needs in the community

2026 – 2028



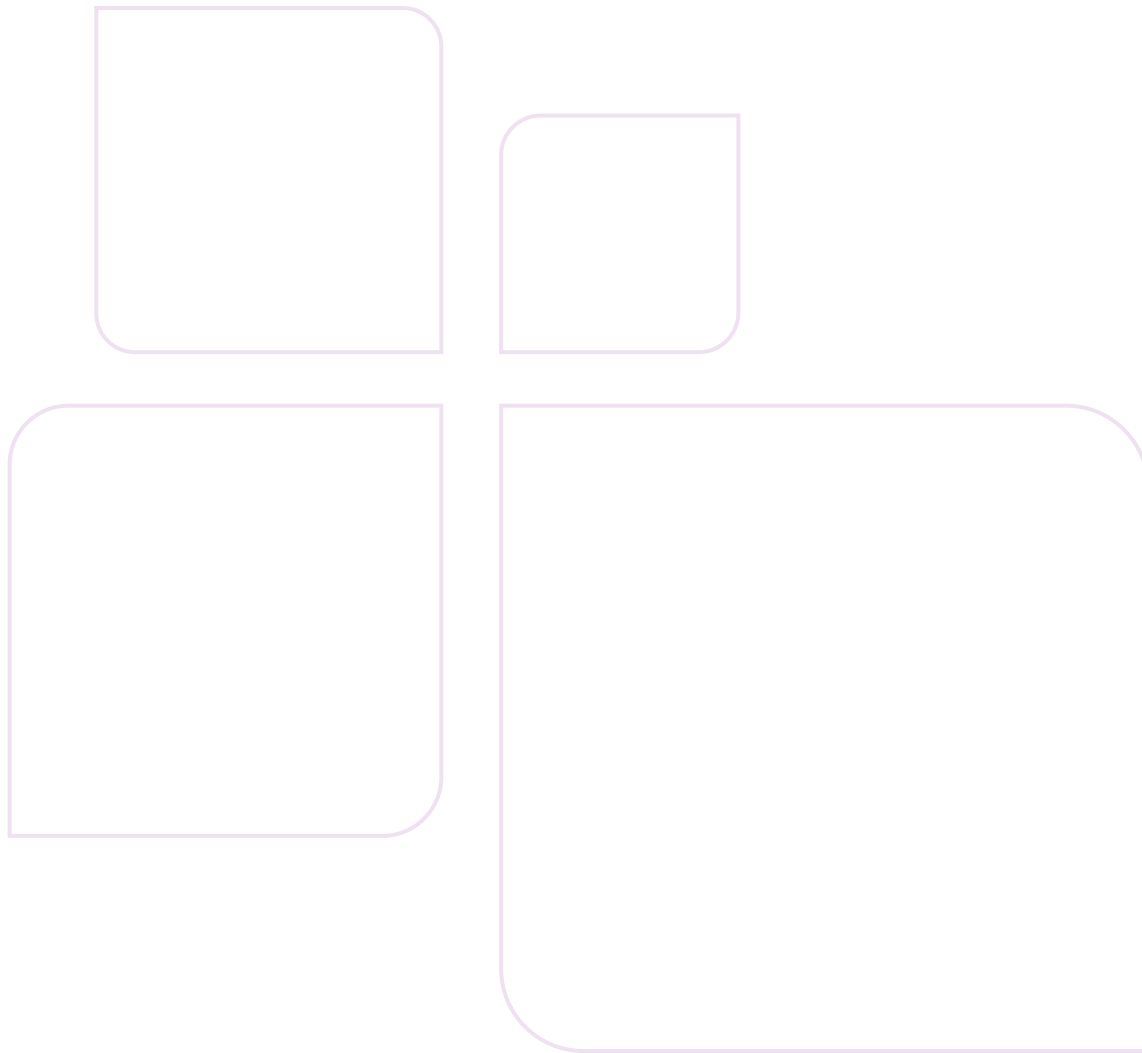
Table of Contents

Chapter 1: Introduction.....	3
Introduction	5
Understanding Our Community Health Implementation Plan Strategies	6
The Communities we Serve	6
Systems of Care Principle.....	7
Chapter 2: Impact.....	9
Reflecting on Our Impact.....	11
Community Benefit Investments	12
Community Health Funder Alliance.....	14
Community Impact Fund	17
Chapter 3: Priorities and Focus.....	23
Prioritization Process.....	25
Lifespan Leading Indicators of 2026 – 2028	26
2026 – 2028 Super Priorities.....	27
Needs That Are Not Being Addressed	27
Chapter 4: Strategies	29
Pregnancy and Early Childhood Health.....	31
School-Age Children and Adolescent Health	32
Adult Behavioral Health.....	33
Adult Physical Health.....	34
Women’s Health	35
Older Adult Health	36
Access to Health Care and Social Services – <i>Super Priority</i>	37
Social Isolation – <i>Super Priority</i>	38
Chapter 5: Conclusion.....	39
Conclusion	41
Contact Information.....	42



Chapter 1: Introduction





Introduction

CHRISTUS St. Vincent has been identifying and addressing Santa Fe's health and well-being needs since its founding in 1865. CHRISTUS St. Vincent has been doing this as part of its call to be involved in our community and to contribute to the common good. CHRISTUS St. Vincent recognizes its role in serving its community beyond the physical walls of its hospital, urgent care and medical professional offices. Consequently, CHRISTUS St. Vincent seeks to strengthen the overall health of our community by serving individuals experiencing social and economic conditions that place them at society's margins.

At CHRISTUS St. Vincent we envision a community where:

- All children from birth to five are physically and mentally healthy.
- All school-age children and adolescents are safe and physically and mentally healthy.
- All adults are physically, mentally and emotionally healthy.
- All women are safe and healthy.
- All older adults are safe, healthy and engaged.
- All individuals have access to health care and social services.
- All individuals are connected to and engaged in community.

This 2026 – 2028 Community Health Implementation Plan (CHIP) outlines the CHRISTUS St. Vincent's approach to addressing the identified priority health indicators in the 2026 - 2028 Community Health Needs Assessment (CHNA). The CHIP describes three levels of strategies:

- Direct care
- Community funding to support the systems of care
- Community partnerships and collaborations

Direct Care Strategies | CHRISTUS St. Vincent utilizes its CHNA and CHIP strategies as one of the tools to shape the operations and clinical practices at its hospital and outpatient clinics. The CHIP outlines inpatient and outpatient strategies to address identified priority health indicators.

Community 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. In addition to grant funding, CHRISTUS St. Vincent 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.

Understanding Our Community Health Implementation Plan Strategies

After completing a Community Health Needs Assessment (CHNA), nonprofit health systems like CHRISTUS St. Vincent are required to create a Community Health Implementation Plan (CHIP). This plan outlines how the health system will respond to the priority health needs identified through the CHNA process over the next three years.

The CHNA process is built on input from both internal leaders and community stakeholders. Our community partners played a vital role in this work since their insights helped identify priority health needs.

As we move into our 2026 - 2028 plan, CHRISTUS St. Vincent has committed to:

- Building on what we learned in our previous CHNA and other health assessments
- Including a wide range of community voices — especially those most impacted by health disparities
- Focusing on the root causes of poor health, like lack of access to care
- Strengthening the connection between hospitals and community-based services
- Supporting policies and partnerships that lead to long-term change

This implementation plan represents more than a list of programs, it is a shared commitment to improving health for everyone in the communities we serve, with equity and collaboration at the center of our work.

The Communities we Serve

CHRISTUS St. Vincent serves as a vital access point for care in Santa Fe County and extends its reach into neighboring counties, particularly in rural or underserved areas where health care options may be limited, such as Rio Arriba, Los Alamos, San Miguel and Taos. Our service area reflects both our commitment to addressing the most pressing health needs of our patients and our responsibility to support the well-being of the broader region.

Through the CHNA, CHRISTUS St. Vincent has worked with community partners, local organizations and residents to better understand and respond to the unique health needs of the populations we serve. As we move into the 2026–2028 implementation cycle, we remain focused on improving access to high-quality, culturally responsive care and building stronger community connections to ensure every person has the opportunity to live a healthier life close to home.

Systems of Care Principle

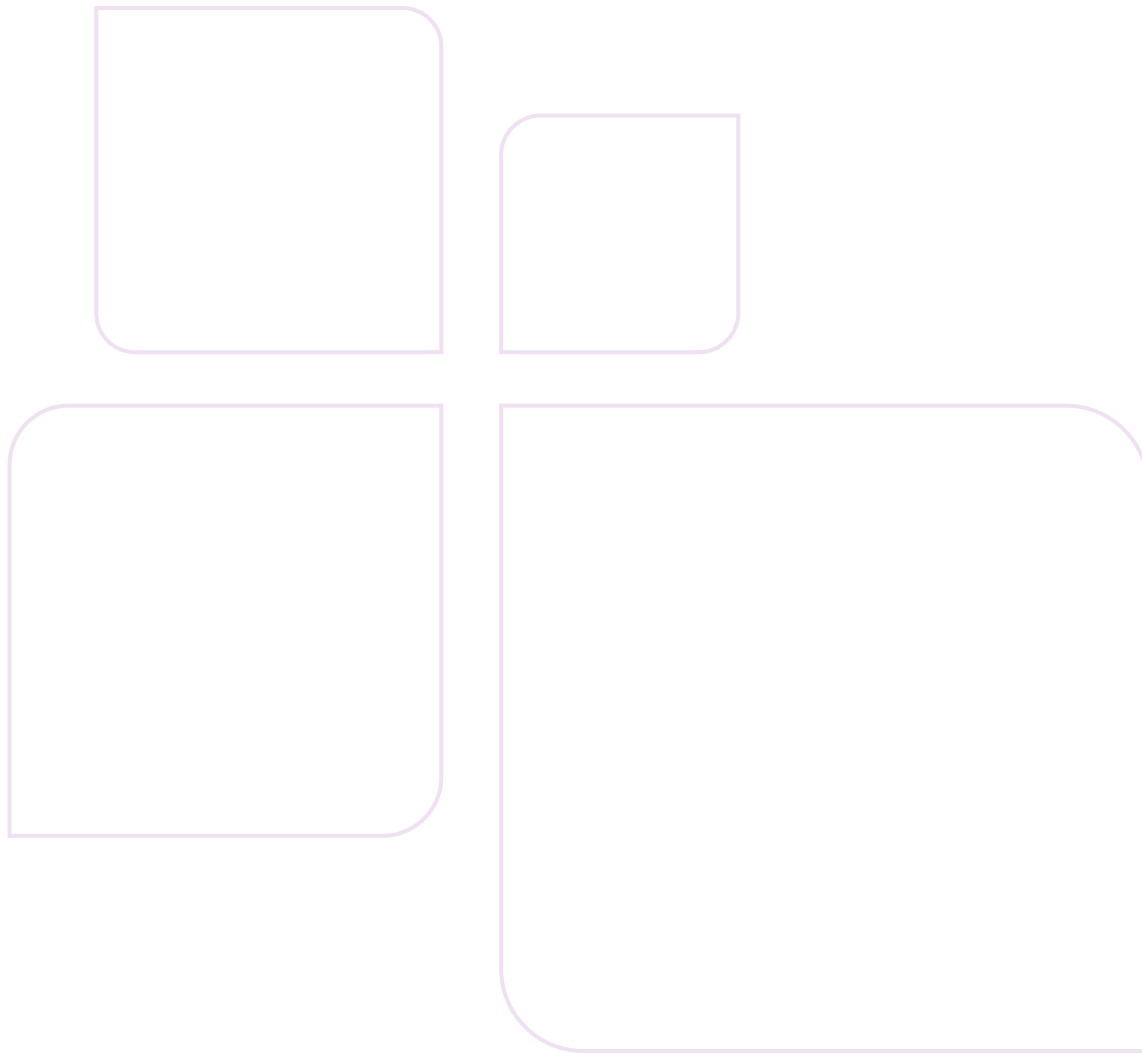
CHRISTUS St. Vincent is one component of a broader *system of care* that supports the health and well-being of individuals and families across Santa Fe and Northern New Mexico. This collaborative network brings together health care providers, local governments, nonprofits, social service agencies and philanthropic organizations working in alignment to address the many interconnected needs that shape a person's health and quality of life.

The system of care model recognizes that the community's health and social needs are complex and cannot be addressed by any one organization. Instead, it organizes services around core life domains, including physical health, mental and behavioral health, housing, food security, transportation, education, employment and meaningful community engagement. This shared philosophy promotes collaboration, resource alignment and person-centered strategies that are responsive to the realities our communities face.

Key Funding Partners

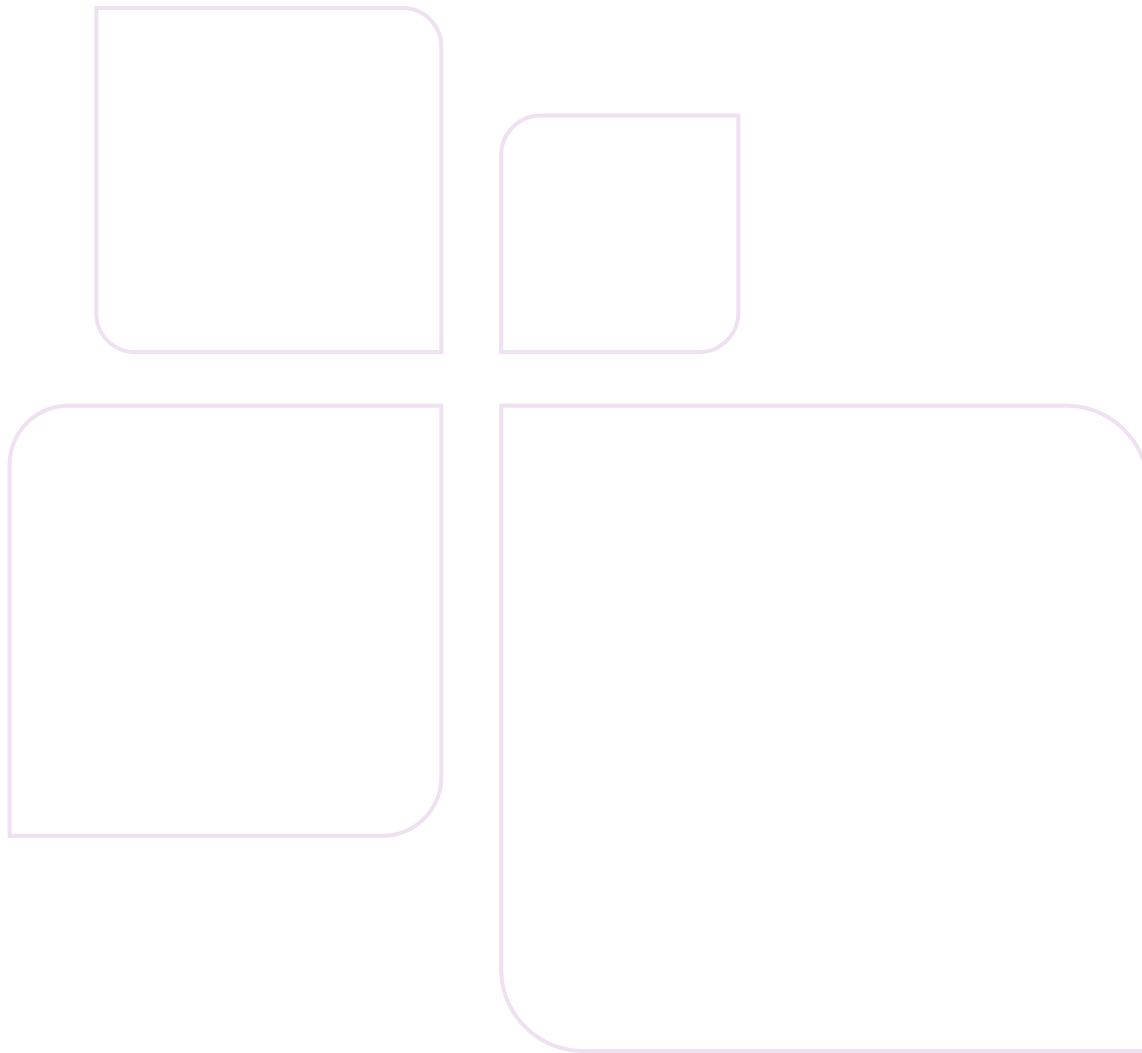
Key funding partners in the local system of care include, but aren't limited to, Anchorum Health Foundation, the City of Santa Fe, Santa Fe County and the State of New Mexico. By working together, these partners co-invest in core services, strengthen social infrastructure and leverage both financial and human capital to advance health equity and improve outcomes across the region.





Chapter 2: Impact





Reflecting on Our Impact

This chapter serves as both a reflection and a celebration of the progress made since the completion of the 2023-2025 Community Health Needs Assessment (CHNA) and its corresponding Community Health Implementation Plan (CHIP). It highlights the impact of our shared efforts to address the most urgent health and social needs identified by our communities and demonstrates how we have turned strategy into action.

Guided by our CHNA priorities, CHRISTUS St. Vincent has made strategic investments to improve health outcomes and advance equity — especially for those who experience the greatest barriers to care. These efforts include targeted community benefit contributions across several key areas: charity care and financial assistance, subsidized health services, as well as community-based programs that address the root causes of poor health, such as food insecurity, housing instability and access to behavioral health services. The following page highlights CHRISTUS St. Vincent's community benefit investments.

This chapter also highlights the CHRISTUS Community Impact Fund (CHRISTUS Fund). An initiative from CHRISTUS Health, the CHRISTUS Fund provides additional strategic grant funds to mission-aligned organizations who are addressing needs identified in the Community Health Needs Assessment.



Community Benefit Investments

As a Catholic, not-for-profit health system, CHRISTUS St. Vincent reinvests its earnings into programs, partnerships and services that improve health outcomes and advance equity for individuals and families across our communities.

Every year, CHRISTUS St. Vincent makes strategic and intentional investments to address the most pressing health and social needs identified in our Community Health Needs Assessment. These Community Benefit activities are rooted in Catholic social teaching and focus on building healthier, more resilient communities by addressing both immediate clinical needs and social determinants of health.

From FY23 through FY25, our community benefit contributions have supported three core categories:

- Charity care and financial assistance
- Unreimbursed Medicaid and means-tested government programs
- Community health improvement services and community-building activities



FY23 Community Benefit Landscape

Community services \$16.3 million		Charity care \$10.2 million		Total community benefits \$26.5 million
\$1.1 million Community health improvements and strategic partnerships	\$1.5 million Health professionals' education and research	\$12.8 million Subsidized health services	\$1 million Cash and in-kind distributions	\$24 thousand Community building activities

FY24 Community Benefit Landscape

Community services \$15.5 million		Charity care \$10 million		Total community benefits \$25.5 million
\$1.4 million Community health improvements and strategic partnerships	\$1.7 million Health professionals' education and research	\$10.7 million Subsidized health services	\$1.6 million Cash and in-kind distributions	\$34 thousand Community building activities

FY25 Community Benefit Landscape

At this time, we are only including data from Fiscal Years 2023 and 2024 in our reporting on community benefit investments. We have chosen not to include FY2025 data as it remains unaudited and therefore subject to change. To ensure accuracy and maintain the integrity of our reporting, we only publish audited financial data. The audited data for FY2025 will be available in June 2026, at which point it will be incorporated into future reports and submissions.

Community Health Funder Alliance

In addition to direct care and access, CHRISTUS St. Vincent invests in programs that address upstream drivers of health, such as food insecurity, housing instability and behavioral health access through outreach, education and partnerships with local organizations. These investments reflect our commitment to equity, stewardship and sustained community impact.

In 2020, CHRISTUS St. Vincent cofounded the Community Health Funder Alliance (The Alliance) with the goals of decreasing administrative burden and strengthening the capacity of nonprofit organizations, so they can focus on their core services to achieve greater impact. The Alliance is dedicated to improving health and wellness in Santa Fe and Northern New Mexico by strengthening the systems of care that address the most challenging health and social needs in our community. The Alliance conducts three-year grant cycles to provide enhanced financial stability to the grantees. The Alliance members for the FY 23-26 cycle were CHRISTUS St. Vincent and Anchorum Health Foundation.

Since 2023, CHRISTUS St. Vincent contributed over \$1.5 million a year to the Alliance's funding. The FY23-FY26 grantees include:



LIFESPAN AREA	ORGANIZATION	FUNDED PROGRAM
Pregnancy & Early Childhood Health	Growing Up New Mexico	Bridges to Opportunity is a family coaching program available to families with young children, prenatal through age five, living in Santa Fe and Rio Arriba Counties.
	La Familia Health: MAT Program	Medication assisted treatment (MAT) for pregnant and reproductive-aged women.
	Las Cumbres: Que Cute	Navigators partner with pregnant individuals to improve maternal and child health, creating a support plan based on each participant's circumstances, values, and culture.
School-Age Children & Adolescent Health	Adelante Program of Santa Fe Public Schools	Services for Santa Fe students PreK-12th grade and their families who are experiencing homelessness or are precariously housed.
	Gerard's House	Grief support programs for youth and families affected by trauma/ grief.
	La Familia Health: Dental for Kids	Preventative oral care, restorative dentistry, & emergency dental services for children.
	Sky Center	Youth suicide prevention, free family counseling services, & Adolescent HUGS.
Adult Behavioral Health	Las Cumbres: Santuario	Bilingual/bicultural therapists support immigrant children and families in Northern New Mexico with trauma-informed mental health services and connections to resources such as transportation, housing, translation service, food assistance, legal support and childcare.
	The Mountain Center	Harm reduction services to prevent overdose deaths and improve health outcomes for individuals using substances. Focus areas in high-needs region of Northern New Mexico - Espanola.
	Santa Fe Recovery Center, Inc.	Detoxification services, enhanced addiction & recovery supports, and capacity building.
Women's Health	Esperanza Shelter	Services include a 24/7 crisis line, emergency shelter, advocacy, community navigation, court advocacy, individual and family therapy and support groups, as well as services for children affected.
	Solace	Strategies to prevent violence, support individuals who have been victims of sexual assault by providing culturally-competent, trauma-informed services; house SANE (Sexual Assault Nurse Examiners); and engage in advocacy work to create policies and programming to make immigrant community safer.

LIFESPAN AREA	ORGANIZATION	FUNDED PROGRAM
Older Adult Health	Kitchen Angels	Healthy, nutritious meals to chronically ill and homebound individuals to improve health outcomes and result in fewer emergency room or hospital readmissions.
	Coming Home Connection	Durable medical equipment loan program, senior health navigation services, and Taking Care of Neighbors program.
	Life Circle Day Services	Programming for those living with dementia as well as older adults who require support services to enhance their daily lives. Services meet the physical, cognitive, emotional, and spiritual needs of aging community members while providing respite for families.
	The Villages of Santa Fe	Free exercise classes (both in person and online) for older adults – goals of fall reduction, decreased pain, increased mobility, improved mood and sense of community.
Homelessness/Housing	Casa Milagro	Permanent Supportive Housing (PSH) for 12 individuals who were previously homeless.
	Dream Tree Project	Compassionate housing and support services for youth, adults, and families experiencing housing instability or homelessness in Taos and Northern New Mexico.
	Española Pathways Shelter	Compassionate housing and support services for adults and families experiencing housing instability or homelessness in Española and surrounding area
	Interfaith Community Shelter Group	Support services, including case management and day services, to those experiencing homelessness.
	St. Elizabeth's Shelter & Supportive Services	Shelter and support services, including medical respite beds; case management, and SOAR Coordination services to fast-track SSI and SSDI applications for social security for those with a disability that are experiencing homelessness.
	Youth Shelters & Family Services	Emergency shelter, independent living opportunities and transitional living programs for youth including case management and support to help youth transition to independent and healthy lives.

Community Impact Fund

Established in January 2011, the CHRISTUS Community Impact Fund is the grantmaking arm of CHRISTUS Health. It was created to support initiatives led by nonprofit community agencies that improve the health and well-being of individuals and families across our ministries. Since its inception, the fund has become a catalyst for equity-driven, community-centered innovation — amplifying the voices of those closest to the challenges and investing in those best positioned to create change.

Each year, the CHRISTUS Community Impact Fund provides grants to organizations that align with the priorities identified through the Community Health Needs Assessment (CHNA). These investments support programs that:

- Expand access to care and essential social services
- Promote mental health and emotional well-being
- Prevent and manage chronic disease
- Address the root causes of poor health, including food insecurity, housing and transportation
- Strengthen community leadership, advocacy and capacity

From FY23 through FY25, CHRISTUS Health awarded Community Impact Fund grants to mission-aligned partners across the CHRISTUS St. Vincent region. These organizations serve as the hands and feet of our shared vision — delivering culturally responsive programs, fostering community trust and driving measurable health improvements where they are needed most.

The following pages highlight the diverse grantees supported over the past three years, underscoring CHRISTUS Health's commitment to sustained and collaborative community impact throughout all of its regions.



FY23 Community Impact Fund

ORGANIZATION	DOMAIN	PRIORITY	PROGRAM NAME	PROGRAM DESCRIPTION
The Memory Care Alliance	Build resilient communities and improve social determinants	Education	Replication and Community Awareness	To reduce social isolation of families living with dementia and to combat caregiver burnout
Youth Shelters & Family Services	Build resilient communities and improve social determinants	Safe housing	Transitional Living Program	To provide a residential setting for youth who are experiencing homelessness or who have an imminent risk of experiencing homelessness and those who are aging out of foster care
Santa Fe Farmers' Market Institute	Advance health and well-being	Chronic diseases	Local Food for All	To educate people in underserved, low-income communities about how and where to access affordable, fresh, nutritious, local foods by encouraging them to visit farmers' markets
Solace Sexual Assault Services	Advance health and well-being	Mental health and well-being	Increasing Service Access for Solace's Clinical Clients	To improve the quality of life for sexual assault survivors by training two heritage Spanish-speakers to provide therapy to Spanish-speaking clients
The Friendship Club of Santa Fe	Advance health and well-being	Mental health and well-being	Expanding our Services with Outreach to the Recovery Community	To provide support for parents, Spanish-speaking individuals, LGBTQ+ folks and young people who need support with substance use and process disorders that interfere with their well-being
The Sky Center	Advance health and well-being	Mental health and well-being	Project AWARE (Accessible Wellness and Resilience Enhancement)	To continue the Project AWARE initiative to address depression, suicide and increase resiliency
Total for CHRISTUS St. Vincent Health System				\$250,000.00

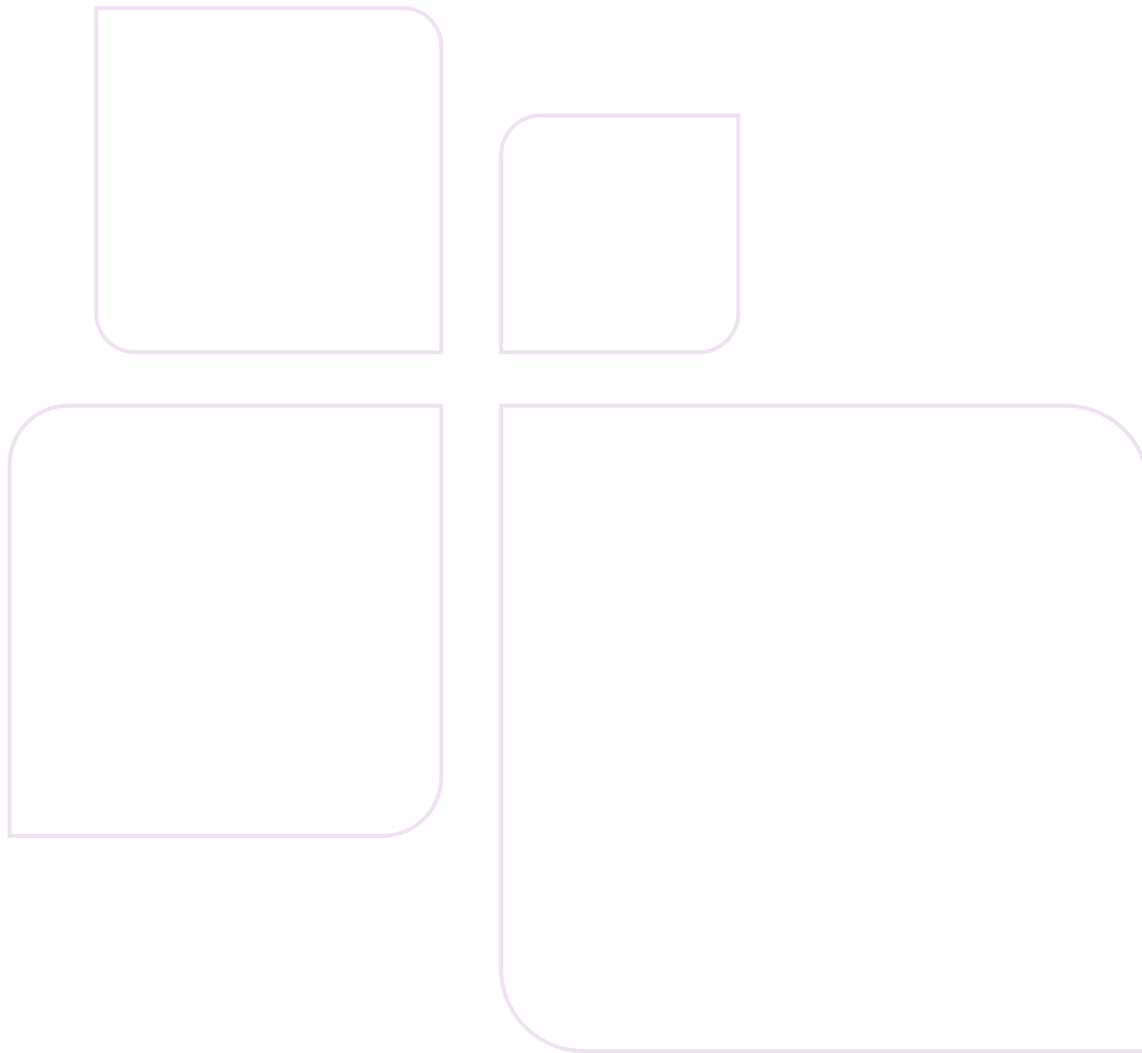
FY24 Community Impact Fund

ORGANIZATION	DOMAIN	PRIORITY	PROGRAM NAME	PROGRAM DESCRIPTION
Many Mothers	Advance health and well-being	Mental health and well-being	Maternal Mental Health Initiative	To alleviate wait time for pregnant and postpartum women to see a mental health provider and provide mental health services in-house
Santa Fe Farmers' Market Institute	Build resilient communities and improve social determinants	Healthy food access	Local Food for All / Comida Local para Todos	To increase equitable access to local, fresh, nutritious food in underinvested communities, as well as supportive resources such as nutrition benefits programs access, educational materials and storytelling from and by the community
The Memory Care Alliance	Advance health and well-being	Mental health and well-being	Culturally Appropriate Caregiver Support	To support caregiver mental health and well-being in culturally appropriate ways
Tierra Nueva Counseling Center	Advance health and well-being	Mental health and well-being	Trauma-Informed Counseling and Art Therapy Services	To help low-income individuals and families achieve greater well-being by reducing problematic mental health symptoms
Villages of Santa Fe	Advance health and well-being	Mental health and well-being	Core Circle - Staying Healthy and Resilient as We Age	To reduce death and injury from falls by increasing the activity level in the older population of northern New Mexico
Total for CHRISTUS St. Vincent Health System				\$295,000.00

FY25 Community Impact Fund

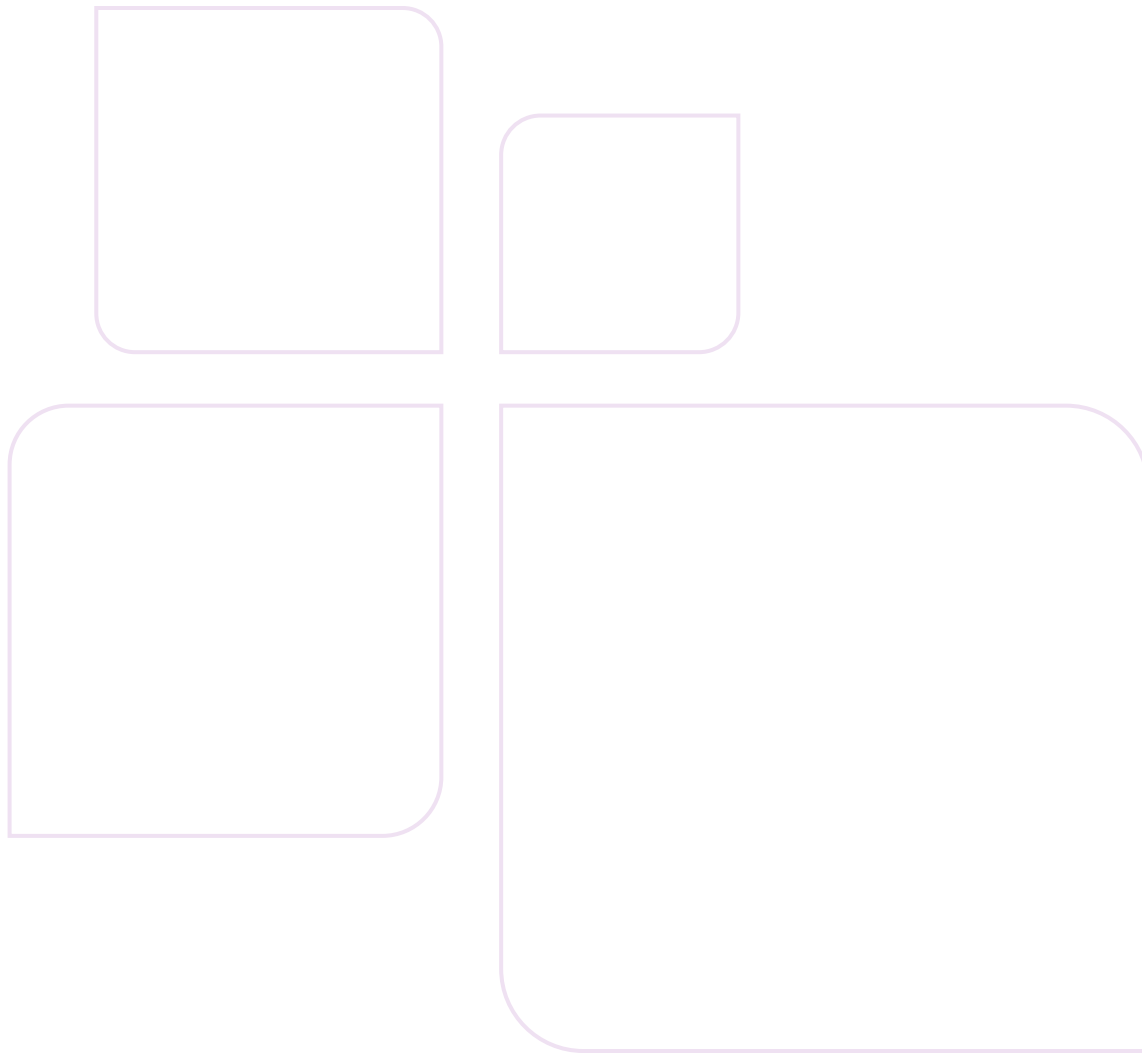
ORGANIZATION	DOMAIN	PRIORITY	PROGRAM NAME	PROGRAM DESCRIPTION
Coming Home Connection	Advance health and well-being	Mental health well-being	Taking Care of Neighbors	To provide basic caregiving, improve access to food security and medical care and combat isolation for older adults
Espanola Pathways Shelter	Advance health and well-being	Mental health well-being	Pathways Case Management	To establish a comprehensive case management initiative to address the mental health and substance use disorder challenges for unhoused individuals in Espanola and the surrounding areas
Gerard's House	Advance health and well-being	Mental health well-being	Off-Site Grief Support Initiative	To provide effective and accessible grief support for children grieving the death of — or a separation from — a parent or other loved one
Consuelo's Place	Build resilient communities and improve social determinants	Safe housing	Consuelo's Place Medical Respite Program	To provide a secure, clean and private setting for homeless individuals recovering from medical conditions that do not require acute care
MoGro Mobile Grocery Store	Build resilient communities and improve social determinants	Healthy food access	Expanding Fresh Food Prescriptions Across Northern New Mexico	To sustainably expand MoGro's produce prescription bag and delivery services into more rural and underserved communities in northern New Mexico
New Mexico Farmers' Marketing Association	Build resilient communities and improve social determinants	Healthy food access	FreshRx at CHRISTUS St. Vincent	To provide patients living with or at risk for diet related conditions with fresh, local produce in order to manage their conditions, address nutrition and food insecurity and support the local food system
Santa Fe Public Schools' Adelante Program	Build resilient communities and improve social determinants	Education	Santa Fe Public Schools Adelante Program	To alleviate the challenges faced by students providing fundamental necessities such as school supplies, hygiene products and clothing

Tierra Nueva Counseling Center	Advance health and well-being	Mental health and well-being	Trauma-Informed Counseling and Art Therapy Services	To help low-income individuals and families improve their well-being by addressing and reducing mental health symptoms such as depression, anxiety and addiction
Villages of Santa Fe	Advance health and well-being	Mental health and well-being	Core Circle - Staying Healthy and Resilient as We Age	To reduce death and injury falls among Northern New Mexico adults 65 and older by offering health and fitness classes
Total for CHRISTUS St. Vincent Health System				\$305,000.00



Chapter 3: Priorities and Focus





Priorities and Focus

Prioritization Process

CHRISTUS St. Vincent (CSV) uses a data-informed, participatory process to engage community members in selecting priority health indicators to better understand and address community health needs. In order to do so, CSV utilizes a lifespan approach:

- Pregnancy and early childhood health
- School-age children and adolescent health
- Adult behavioral health
- Adult physical health
- Women's health
- Older adult health

The CSV process allows for specific priorities to be identified in each area of the lifespan because health needs evolve throughout life. By segmenting our focus in this way, we can ensure that interventions are age-appropriate, culturally relevant and responsive to developmental and social needs unique to each stage. At the same time, we acknowledge that the health and well-being of one life stage can influence and be influenced by another — for example, how early trauma can impact chronic disease in adulthood.

Using Results-Based Accountability (RBA), each potential indicator for our 2026-2028 CHNA was carefully reviewed to ensure it was meaningful, measurable and reflective of the community's priorities. The indicators were selected based on their ability to clearly communicate needs, represent broader health concerns and be backed by reliable data.

This process included tools from the RBA model, including the concept of “Turn the Curve,” which focuses on using trend data to understand if community conditions are improving or declining over time. Rather than focusing on year-to-year fluctuations, this model assesses progress based on shifts in long-term trends. Based on these discussions, three to five priority health indicators were selected in each life stage.



Lifespan Leading Indicators of 2026 – 2028

The following table summarizes the priority indicators selected through the community indicator workgroups and approved by the CHRISTUS St. Vincent’s board of directors.

These leading indicators will serve as a foundation for the 2026–2028 Community Health Implementation Plan (CHIP), guiding program strategies, investments and partnerships that aim to “turn the curve” on

health outcomes across the lifespan. For a detailed explanation of each indicator, including baseline data, trend analysis and community context, please refer to the CHRISTUS St. Vincent Community Health Needs Assessment, available at:
CHRISTUShealth.org/connect/community/community-needs

LEADING INDICATORS		
Pregnancy and Early Childhood Health		Adult Physical Health
<i>All children from birth to five are physically and mentally healthy.</i>		<i>All adults are physically healthy.</i>
Prenatal care		Heart disease death
Preterm births		Cancer death
Babies born with low birthweight		Diabetes diagnosis and death
Neonatal abstinence syndrome (NAS)		Food and nutrition insecurity
School-Age Children and Adolescent Health		Women’s Health
<i>All children are safe and physically and mentally healthy.</i>		<i>All women are safe and healthy.</i>
Depression and self-harm		Sexual assault
Substance use		Domestic violence
Violence		Homelessness
Resiliency		
Adult Behavioral Health		Older Adult Health
<i>All adults are mentally and emotionally healthy.</i>		<i>All older adults are safe, healthy and engaged.</i>
Alcohol-related death		Fall-related deaths
Drug overdose death		Isolation
Suicide death		Cognitive decline

2026 – 2028 Super Priorities

In addition to the lifespan priority health indicators, the CHRISTUS St. Vincent’s board of directors approved three super priorities in the 2026-2028 CHNA. Selecting super priorities allows CHRISTUS St. Vincent to further refine its focus and maximize impact. These super priorities are “cross-cutting” and their impact has significant depth and breadth on both individual and community health. The criteria used to select these super priorities include:

- It has a significant impact on population and patient health, particularly for those most in need and marginalized.
- It affects the level of human suffering and quality of life.
- It is quantifiable through data and/or is supported by additional state or national research.
- It expresses the desires of community and leadership.
- Current efforts are underway between partners and/or funding from other community funders is available.

CHRISTUS St. Vincent 2026 – 2028 *Super Priorities*:
Access to Care and Services
Behavioral Health
Social Isolation

Needs That Are Not Being Addressed

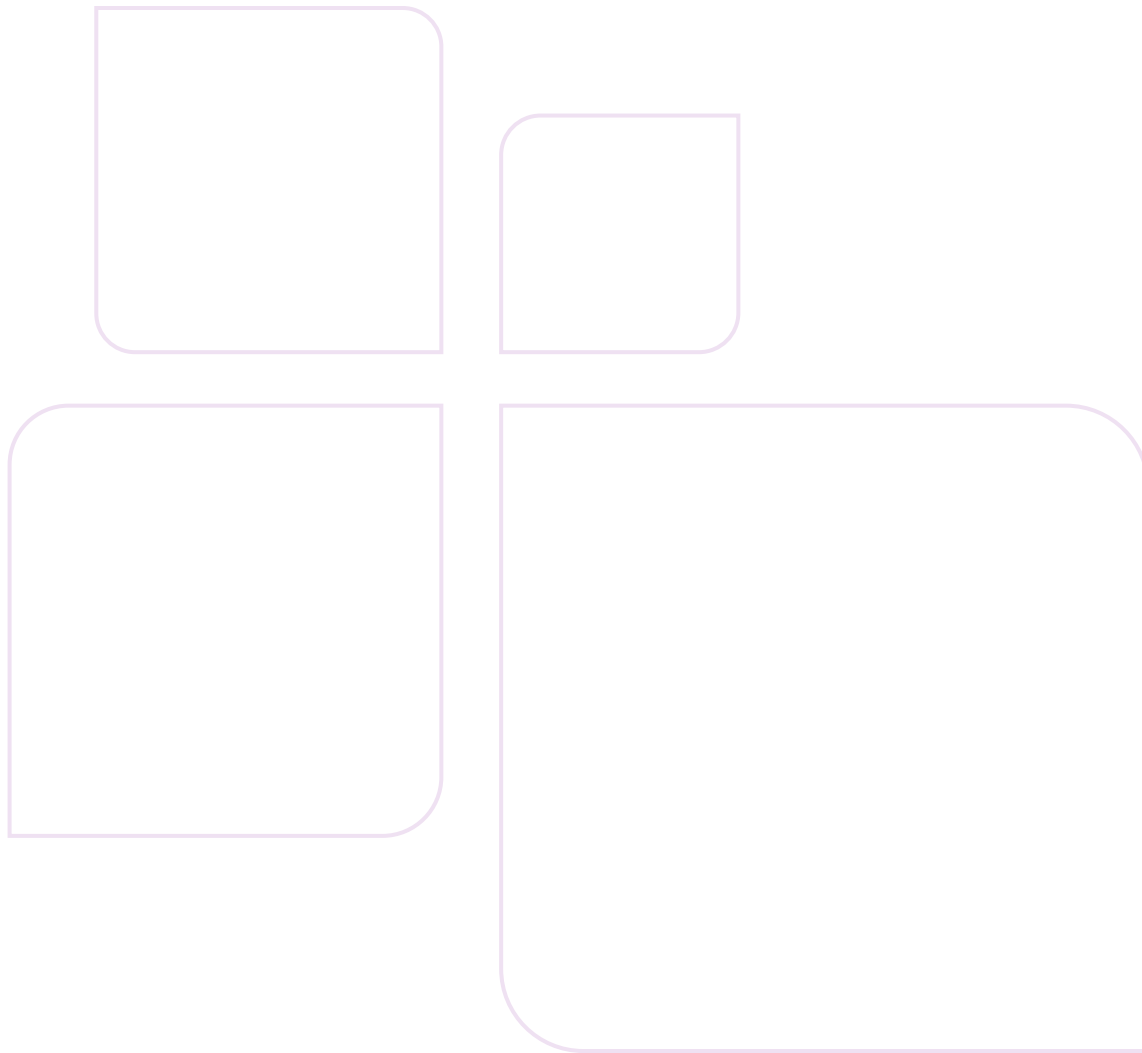
The CHRISTUS St. Vincent 2026–2028 Community Health Needs Assessment (CHNA) identified a broad range of important health and social needs across our service area. However, not all of these needs fall within the direct scope of services or resources that CHRISTUS St. Vincent can lead or sustain independently. Some community issues require the specialized focus, infrastructure or mission alignment of other organizations, agencies or collaborative groups better positioned to lead efforts in those areas.

Examples of these needs may include, but are not limited to:

- Housing and homelessness
- Transportation barriers
- Food insecurity
- Violence

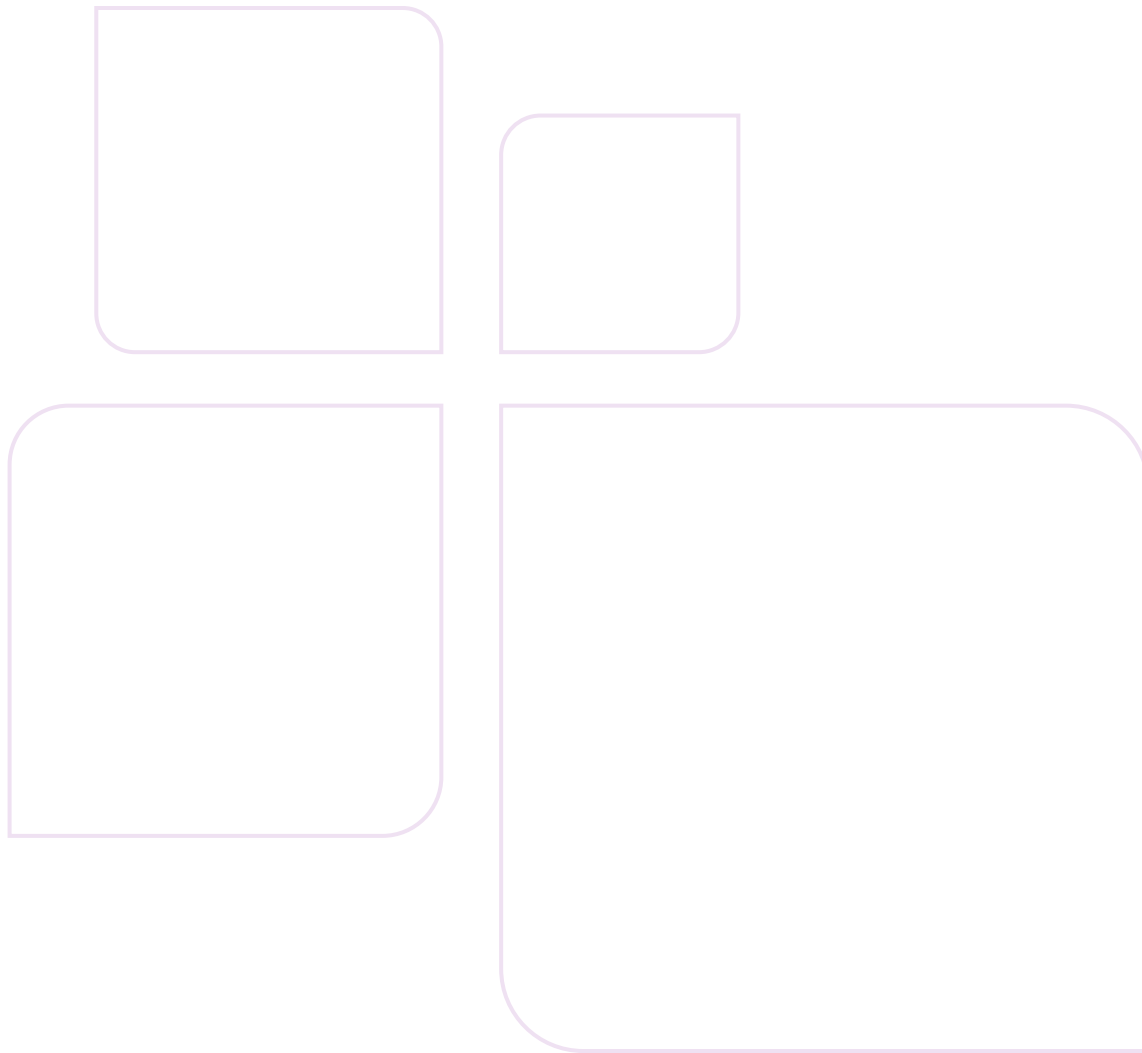
Although CHRISTUS St. Vincent will not serve as the primary lead on these issues, we recognize their direct impact on health outcomes and the overall well-being of our patients and communities. For this reason, we remain deeply committed to collaborating with community partners who address these needs, participating in coalitions, supporting aligned initiatives and ensuring that our strategies complement and enhance their work.

The Strategies section that follows will highlight where CHRISTUS St. Vincent is playing a supportive or collaborative role on these issues, including how we are coordinating with trusted organizations and multi-sector partners. These collaborative efforts are essential to building a more comprehensive, equitable and effective system of care across our region.



Chapter 4: Strategies





Pregnancy and Early Childhood Health

RESULT: All children from birth to five are physically and mentally healthy.

LEAD INDICATORS

- Prenatal care
- Preterm births
- Babies born with low birth weight
- Neonatal abstinence syndrome

DATA MEASURES

- % receiving prenatal care in first trimester
- % initiating prenatal care in the third trimester of pregnancy or did not receive any prenatal care
- % of babies born preterm (less than 37 weeks)
- % of low birthweight babies, under 5.5 pounds (includes multiple births)
- Neonatal abstinence syndrome rate

PREGNANCY AND EARLY CHILDHOOD STRATEGIES

Hospital Direct Care Strategies	Community Funding Strategies	Community Partner Strategies
• Women's Care Specialty Clinic • Labor and delivery unit • Pediatric services: Arroyo Chamiso Pediatric and Entrada Pediatric Clinics • Pediatric hospitalists • Lactation support, both inpatient and outpatient • Screening for social determinants of health • Provide caretaker education and support and referrals to home-based community services • Utilize best practices for managing withdrawal of babies with neonatal abstinence syndrome	• Fund specialized prenatal services, including medication-assisted treatment • Fund home visitation programs	• Participate in Santa Fe CONNECT • Participate in the Santa Fe Early Childhood Steering Committee

School-Age Children and Adolescent Health

RESULT: All children are safe and physically and mentally healthy.

LEAD INDICATORS

- Depression and self-harm
- Substance use
- Violence
- Resiliency

DATA MEASURES

- % of high school students who report being sad or hopeless almost every day for two or more weeks in a row in the past 12 months
- % of high school students reporting self-harm, suicidal ideation and suicide attempts in the past year
- % of high school students reporting substance use — past 30 Days
- % of high school students reporting experiencing violence — past year
- % of high school students reporting experiencing bullying — past year
- High school students with protective factors are less likely
 - to skip school due to safety concerns
 - to have been in a physical fight
 - to use e-cigarettes

SCHOOL-AGE CHILDREN AND ADOLESCENT HEALTH STRATEGIES

Hospital Direct Care Strategies	Community Funding Strategies	Community Partner Strategies
• Pediatric services: Arroyo Chamiso Pediatric and Entrada Pediatric Clinics • Pediatric hospitalists • Prescribing psychologists in primary care clinics • Screening for social determinants of health • Adolescent behavioral health crisis counselor in the emergency department • Emergency department referrals for adolescents with behavioral health issues to family behavioral health provider (Adolescent HUGS)	• Funding for programs that provide behavioral health services • Funding for programs that address basic needs, including shelter, for children and their families and for adolescents	• Participate in Santa Fe CONNECT • Santa Fe County DWI Taskforce member • Santa Fe County Behavioral Health Leadership Council member

Adult Behavioral Health

RESULT: All adults are mentally and emotionally healthy.

LEAD INDICATORS

- Alcohol-related deaths
- Drug overdose deaths
- Suicide deaths

DATA MEASURES

- Alcohol-related death rate
- Drug overdose death rate
- Suicide death rate

ADULT BEHAVIOAL HEALTH STRATEGIES

Hospital Direct Care Strategies

- Provide acute emergency department and inpatient behavioral health care
- Provide outpatient behavioral health care (psychiatry and therapy)
- SBIRT (Screening, Brief Intervention, and Referral to Treatment) in the emergency department
- Prescribing psychologists in primary care clinics
- High Utilizer Group Services (HUGS) – providing individualized, intensive wrap around case management services

Community Funding Strategies

- Fund behavioral health service providers across the community including detoxification and substance use disorder treatment, harm reduction, counseling services and grief support, etc.

Community Partner Strategies

- Participate in Santa Fe CONNECT
- Santa Fe Behavioral Health Leadership Council member
- Santa Fe County DWI Committee member
- Participate in Santa Fe housing and homelessness collaborations

Adult Physical Health

RESULT: All adults are physically healthy.

LEAD INDICATORS

- Heart disease deaths
- Cancer deaths
- Diabetes diagnosis and death
- Food and nutrition insecurity

DATA MEASURES

- Heart disease death rate
- Cancer death rate
- % of adults reporting ever being diagnosed with diabetes by a doctor
- Diabetes death rate
- % of households reporting low and very low food security
- % of adults reporting consuming five or more servings of fruits/vegetables daily

ADULT PHYSICAL HEALTH STRATEGIES

Hospital Direct Care Strategies

- Patient navigation for post hospital discharge by care coordination team
- Adult and family outpatient clinics
- Family Medicine Residency Program with UNM
- Specialized and chronic care management teams (cancer, heart, palliative care and others)
- Screening for social determinants of health
- Diabetes educators — inpatient and outpatient
- \$80 million CHRISTUS St. Vincent Cancer Center opening July 2025 — representing a new level of integrated cancer care delivery in North Central New Mexico
- Native navigation for cancer patients
- Clinical trials to increase the availability of treatment options for patients close to home
- Free Flu Shot Clinics
- Mayo Clinic Network Participant
- Population health programming including Accountable Care Organization and other quality programs.

Community Funding Strategies

- Fund medical respite beds and other shelter services 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
- Fund produce prescription programs

Community Partner Strategies

- Participate in Santa Fe CONNECT
- Santa Fe County Health Policy and Planning Commission participation
- Participate in Santa Fe housing and homelessness collaborations

Women's Health

RESULT: All women are safe and healthy.

LEAD INDICATORS

- Domestic violence
- Sexual violence
- Homelessness

DATA MEASURES

- Domestic violence rate
- Intimate partner violence hospitalization rate
- # of sex crimes reported to law enforcement
- # of women experiencing homelessness

OLDER ADULT HEALTH STRATEGIES

Hospital Direct Care Strategies

- Women's Care Specialty Clinic
- Screening for social determinants of health, including safety in the home
- Violence Response and Resiliency Specialist services
- Sexual Assault Nurse Examiner (SANE) exams
- High Utilizer Group Services (HUGS) – providing individualized, intensive wrap around case management services
- Identify victims of human trafficking in the emergency department and refer to services

Community Funding Strategies

- Fund domestic violence shelter
- Fund sexual assault services program
- Fund shelter services for those experiencing homelessness
- Fund community-based behavioral health programs

Community Partner Strategies

- Participate in Santa Fe CONNECT
- Participate in Domestic Violence Multi-Disciplinary Team (MDT) meetings
- Participate in Santa Fe housing and homelessness collaborations
- Santa Fe Behavioral Health Leadership Council member

Older Adult Health

RESULT: All older adults are safe, healthy and engaged.

LEAD INDICATORS

- Fall-related deaths
- Social isolation
- Cognitive decline

DATA MEASURES

- Fall-related death rate among adults age 65 years and older
- Risk for social isolation score
- Alzheimer's Disease death rate

OLDER ADULT HEALTH STRATEGIES

Hospital Direct Care Strategies	Community Funding Strategies	Community Partner Strategies
• CHRISTUS St. Vincent Center for Healthy Aging • IHI Age-Friendly Designation • Implement American Geriatrics Society CoCare HELP program to prevent both delirium and functional decline • Expand volunteer services to include visitation with patients with prolonged lengths of stay • Senior Chronic Care Management Program for patients of CSV primary care clinics • Continue as a Medicare "Accountable Care Organization" focused on quality and higher value care for seniors throughout the system of care	• Fund older adult service providers across the community including fall prevention, home services, durable medical equipment loan program, adult day services, healthy meal delivery, etc.	• Participate in Santa Fe CONNECT • Santa Fe Eldercare Network Member • City of Santa Fe Age Friendly Advisory Committee Member • Santa Fe Behavioral Health Leadership Council member • Explore opportunities to expand different levels of care in the community (including memory care, day services, skilled nursing, long-term care)

Access to Health Care and Social Services – *Super Priority*

RESULT: All individuals have access to health care and social services.

Access to health care and social services is a broad priority impacted by numerous factors including organizations' abilities to provide services because of workforce shortages; the ability of individuals to access services because of economic constraints, including lack of insurance; and the impact of social determinants of health, including transportation and housing. Additionally, cultural nuances can influence access.

ACCESS TO HEALTH CARE AND SOCIAL SERVICES STRATEGIES		
Hospital Direct Care Strategies	Community Funding Strategies	Community Partner Strategies
• Ongoing provider recruitment and service line expansion • Family Medicine Residency Program • Patient care assistant training • Career pathways with Capital High School • Patient financial assistance • Screening for social determinants of health • Referrals to low-cost, no-cost community programs • Participate in a medical-legal partnership • Staff are trained in cultural competency • Provide patient navigation for Native American patients with a cancer diagnosis	• Fund organizations addressing social determinants of health • Fund organizations providing home visitation services • Fund organization providing medical and behavioral health services	• Participate in community collaboratives including: » City of Santa Fe Age-Friendly Advisory Committee » City of Santa Fe Human Services Committee » Early Childhood Steering Committee » NM Social Drivers of Health Collaborative » Santa Fe CONNECT » Santa Fe County Behavioral Health Leadership Team

Social Isolation – *Super Priority*

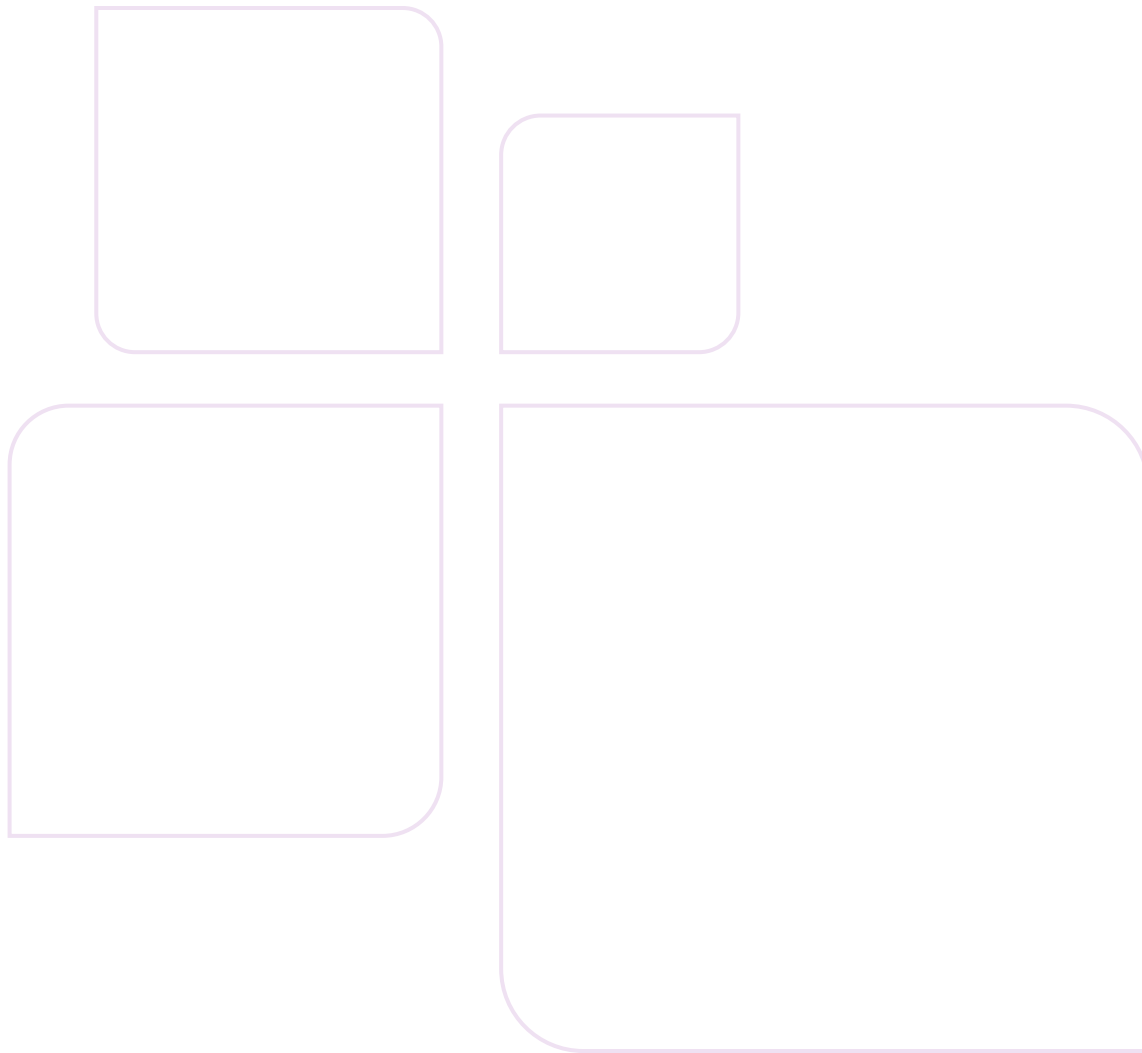
RESULT: All individuals are connected to and engaged in community.

Social isolation has been identified as a leading health concern by the American Medical Association, the American Psychological Association, Centers for Disease Control and Prevention and the U.S. Surgeon General. Social isolation was discussed as a concern among all stages of the lifespan for the significant impact experienced by individuals both mentally and physically.

SOCIAL ISOLATION STRATEGIES		
Hospital Direct Care Strategies	Community Funding Strategies	Community Partner Strategies
• Screening for social determinants of health • Screening for depression at outpatient clinics • HUGS (High Utilizer Group Services) intensive case management services • Chaplaincy services • CHRISTUS St. Vincent volunteer services providing opportunities for community engagement • Emerging CHRISTUS St. Vincent volunteer type to support patients with unavoidable long length of stays who are often without friends or family	• Fund organizations addressing social determinants of health, including those that help provide connection and support • Fund organizations providing home visitation services	• Participate in community collaboratives including: » City of Santa Fe Age-Friendly Advisory Committee » City of Santa Fe Human Services Committee » Early Childhood Steering Committee » Santa Fe CONNECT » Santa Fe County Behavioral Health Leadership Team

Chapter 5: Conclusion





Conclusion

The CHRISTUS St. Vincent 2026 - 2028 Community Health Implementation Plan (CHIP) will guide CHRISTUS St. Vincent's strategies over the next three years. The CHIP aligns the health priorities identified in the Community Health Needs Assessment (CHNA). The triannual CHNA and CHIP provide a routine opportunity for CHRISTUS St. Vincent and its community partners to assess community health needs and identify 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 community where:

- All children from birth to five are physically and mentally healthy.
- All school-age children and adolescents are safe and physically and mentally healthy.
- All adults are physically, mentally and emotionally healthy.
- All women are safe and healthy.
- All older adults are safe, healthy and engaged.
- All individuals have access to health care and social services.
- All individuals are connected to and engaged in community.



Contact Information

To request a print copy of this report, or to submit your comment, please contact:

Leo Almazan, MHA, PhD, HEC-C

Vice President of Mission Integration, CHRISTUS St. Vincent

leobardo.almazan@stvin.org

Kathleen Tunney, MA

Director of Community Health, CHRISTUS St. Vincent

kathleen.tunney@stvin.org

CHRISTUS Health's Community Health Team

communityhealth@christushealth.org

An electronic version of this Community Health Implementation Plan is publicly available at:

CHRISTUS Health's Website

CHRISTUShealth.org/connect/community/community-needs

