

2021

COMPREHENSIVE HEALTH PLAN 2024



Adopted December 19, 2024
By the Los Alamos Council

LOS ALAMOS COUNTY
SOCIAL SERVICES DIVISION

In partnership with the
Los Alamos County Health Council

LOS ALAMOS
where discoveries are made





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SECTION ONE

ACKNOWLEDGMENTS

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And the hundreds of community members who shared their time and stories,
as well as completed surveys.



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SECTION TWO

EXECUTIVE SUMMARY

Over the last several years, Los Alamos County has consistently been regarded as one of the healthiest counties in the country. With opportunities for well-paying and steady employment, numerous outdoor pursuits, a quality public education system for grade K-12, and small neighborhoods with friendly neighbors, it is easy to see why the County consistently ranks at or near the top of the U.S. World News and Report's annual "Healthiest Community in the U.S."

However, those static measures only tell part of the story. There are people in our community that struggle with food insecurity, face homelessness or housing instability, lack a well-paying and meaningful job, and have difficulties with their mental well-being. There are people who remain deeply impacted by the effects of COVID or other illnesses; who need specialty health care not currently available within the County, or whose children require additional care for their mental health or substance use needs. There are older adults who want to remain aging in place, but are facing difficulties in doing so. There are families who move here for job opportunities, but struggle to find ways to fit in and experience social isolation. This report aims to highlight some of the most pressing health-related challenges faced by our community, and offers recommendations in the Action Plan for addressing them.

Los Alamos County routinely develops reports to address issues of importance within the County, such as the recently released Affordable Housing Plan, with accompanying action items to guide our work in the ensuing years. This Comprehensive Health Plan (CHP) is the fourth such health report since 2013, with past reports leading to the creation of the Social Services Division, improvements in services for older adults, and more positive changes for our community. Certainly, no one report can possibly "solve" all of a community's challenges, but it can capture what is currently working well, where there are gaps, and offer recommendations for closing those gaps. Similarly, we don't expect one County department or division to be able to take on all of the recommended actions, but we do envision an Action Plan with many opportunities for collaborations that build towards a shared vision of a healthier Los Alamos County.



This CHP outlines objectives for the next five years through a variety of short, medium, and long-term action items. Some will become the responsibility of the County to enact, including the Social Services Division. Other items will require a regional or state-driven approach that incorporates federal and state funding to carry out, coupled with advocacy initiatives at the state level to enact changes.

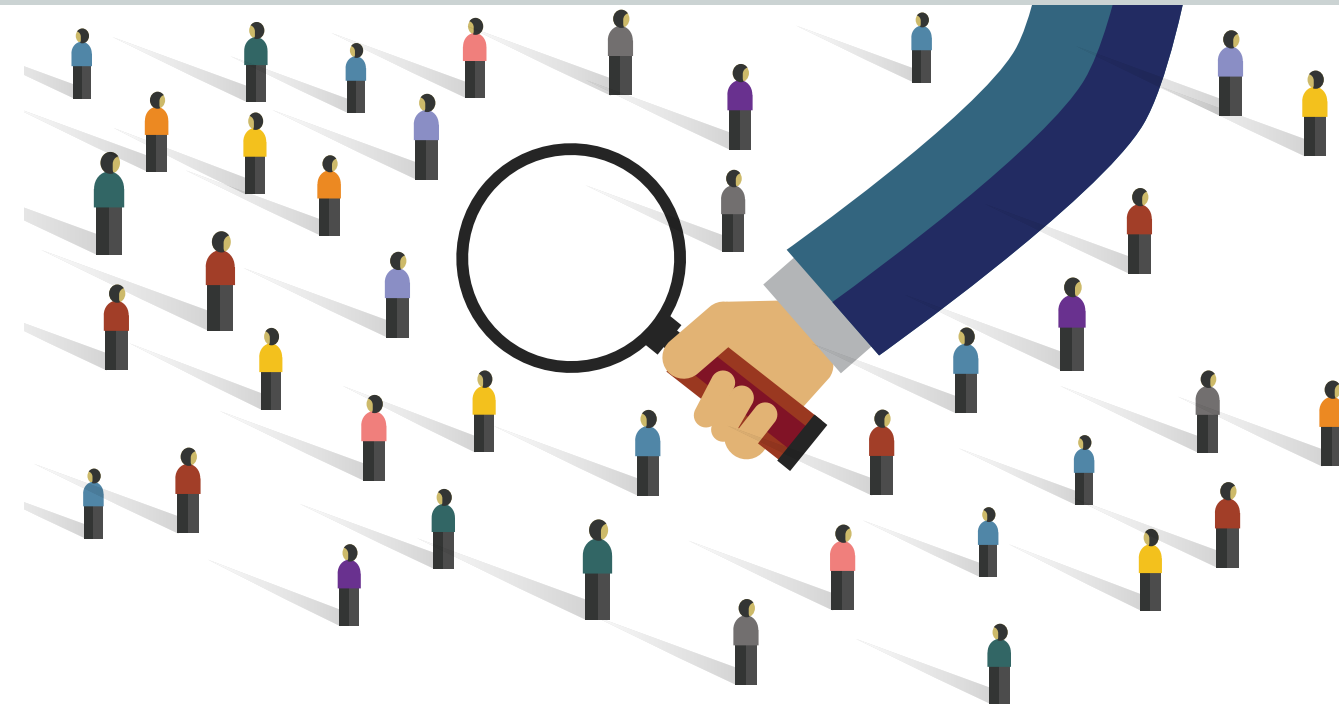
Being a small county in a large rural state means that we face our share of health care-related challenges. There are limited options for receiving physical and behavioral health care, due to infrastructure, as well as staffing and workforce challenges; these may lead to limited service availability, limited or frequently changing operating hours, and difficulty recruiting or retaining staff, which may impact care quality once a trusted patient-provider relationship is established. There may also be stigma felt by some people related to receiving mental health and/or substance use care in a small town, where there may not be anonymity for receiving care for sensitive topics. There also just may not be enough people with any given health care-related need to justify some types of specialty care, leaving an individual to seek care from hospital systems in Española, Santa Fe, or Albuquerque (or in larger metro areas out-of-state, such as Denver or Phoenix).

Los Alamos County is also not immune to the same challenges as faced around the country: many health care staff have retired or left the field altogether post-COVID, there is confusion surrounding which providers accept what insurances, when referrals are needed and how to get them, and what exactly that insurance covers for treatments and procedures. Plus, there are challenges with New Mexico's malpractice laws, as well as low rates of insurance reimbursement. As has been noted in many places, the housing shortage has also impacted the health care field, with provider staff from a wide variety of medical disciplines reporting being impacted by the high cost of living in Los Alamos County, which leads to long wait times for appointments, lack of specialists within the County, and overall negative perception of health care in general in the County.



This CHP has been designed with input from a large number of community members, with primary guidance directed from the Social Services Division staff and the Los Alamos County Health Council. At its core, we seek to answer the following key questions: How do we ensure that all members of our community are able to achieve their ideal health outcomes? Who is currently lacking the resources they need, encompassing physical health, mental health, substance use, and dental care? How can we design solutions to address those gaps? Given the increasing numbers of people who commute to/from our County for work and education, should some of these solutions become regional in design?

In answering these questions related to accessibility and availability, we are proposing an ambitious plan that positions Los Alamos County as the healthiest county for all of our community members. This plan proposes nine key recommendations that will help Los Alamos County achieve this goal. These broad recommendations focus on the Social Determinants of Health and incorporate a regional approach to the largest issues. These action items are designed to be achievable, evidence-based, inclusive, and focused on harm reduction.



SOCIAL DETERMINANT OF HEALTH: **CARE ACCESS AND QUALITY**

1. Co-lead the development of a regional, multi-county plan to address health care needs across northern New Mexico
2. Continue to advocate for ways to expand and support the local health care workforce: increased telehealth and video health options; expanded licensing of medical professionals; increased loan reimbursement; etc.
3. Expand the mental health and substance use continuum of care options available within Los Alamos County
4. Expand outreach and resources to improve community's knowledge of health-related services

SOCIAL DETERMINANT OF HEALTH: **ECONOMIC STABILITY**

5. Expand available services for low-income individuals and vulnerable people in need, through expanded Social Services programming and staffing

SOCIAL DETERMINANT OF HEALTH: **SOCIAL AND COMMUNITY CONTEXT**

6. Improve collaborations and efficiency between organizations by creating a "co-location" Community Action Center that serves as a centralized hub for Social Services and other community organizations that serve low-income/vulnerable people

SOCIAL DETERMINANT OF HEALTH: **NEIGHBORHOODS AND THE BUILT ENVIRONMENT**

7. Support the work of the Community Development Department, other Boards and Commissions, and local and regional partners, on expanding the continuum of affordable housing options
8. Support efforts related to transportation issues that present challenges to people that need to access health care outside of Los Alamos County

SOCIAL DETERMINANT OF HEALTH: **EDUCATION ACCESS AND QUALITY**

9. Continue supporting the mental health and substance use services available at the Los Alamos Public Schools (LAPS) through the prevention specialists, and expand partnerships with other educational entities, including with UNM-LA and with families whose children are not in the formal school system



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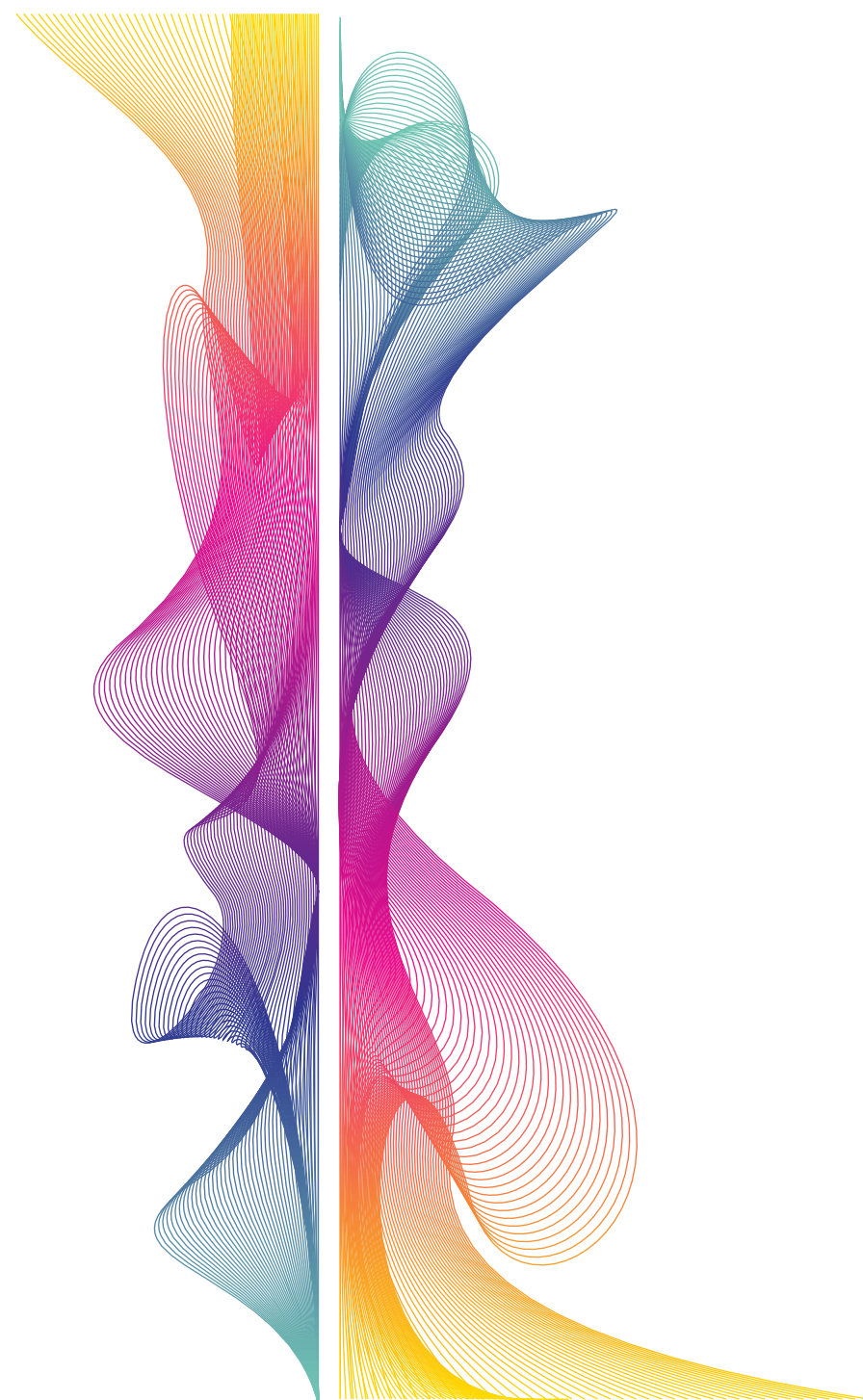
SECTION THREE

INTRODUCTION

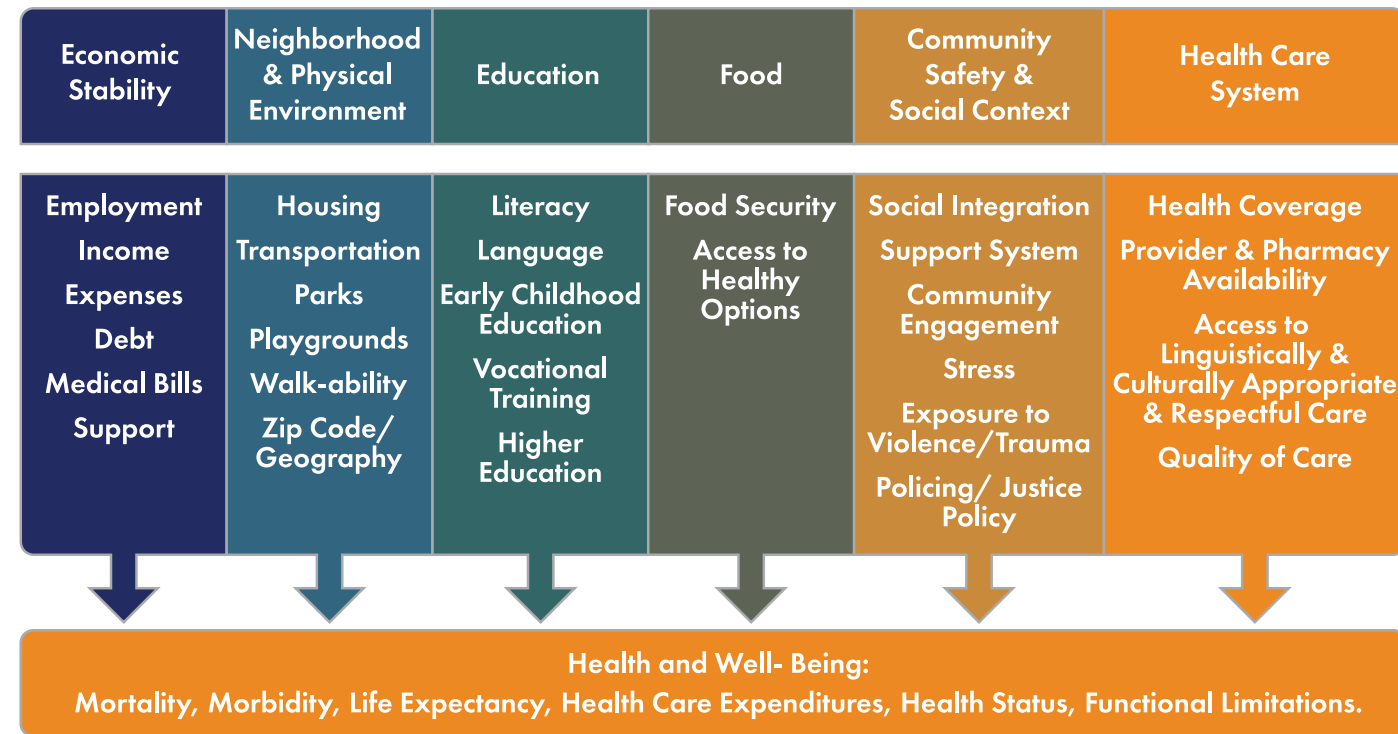
A healthy community is one in which all community members not only survive, but are able to thrive. In a healthy, thriving community, all people can access the health care they need, when they need it, and in a manner that is affordable, timely, safe, effective, and culturally relevant to their needs. In Los Alamos County, there are many organizations dedicated to helping community members live their healthiest lives, including medical facilities, mental health care providers, schools, workplaces, and places of worship. There are many non-profit organizations that impact people across the lifespan, from Babynet to the Los Alamos Retired and Senior Organization (LARSO), including ones that have been developed to help with specific health-related needs. Within the County government, the Social Services Division is responsible for helping address some of the health-related needs of vulnerable community members, such as helping with Medicaid and SNAP enrollment, as well as providing health-related outreach and education (such as opioid overdose prevention). An additional group helping to drive health outcomes is the Los Alamos County Health Council (LACHC), an official Board and Commission of the County in which up to 15 volunteer members help advise the County Council on health-related issues facing the community.

This Comprehensive Health Plan (CHP) serves as the starting point for assessing where we stand as a community across a variety of health measures in 2023-24. We have used the Social Determinants of Health (SDOH) as a lens for ensuring that the many different facets of one's environment that impact health are being examined in conjunction with each other, as it is nearly impossible to examine these in isolation. SDOH are the non-medical factors that influence a person's overall health, and include the following measures:

- Health Care Access and Quality
- Economic Stability
- Social and Community Context
- Neighborhoods and the Built Environment
- Education Access and Quality



Social Determinants of Health

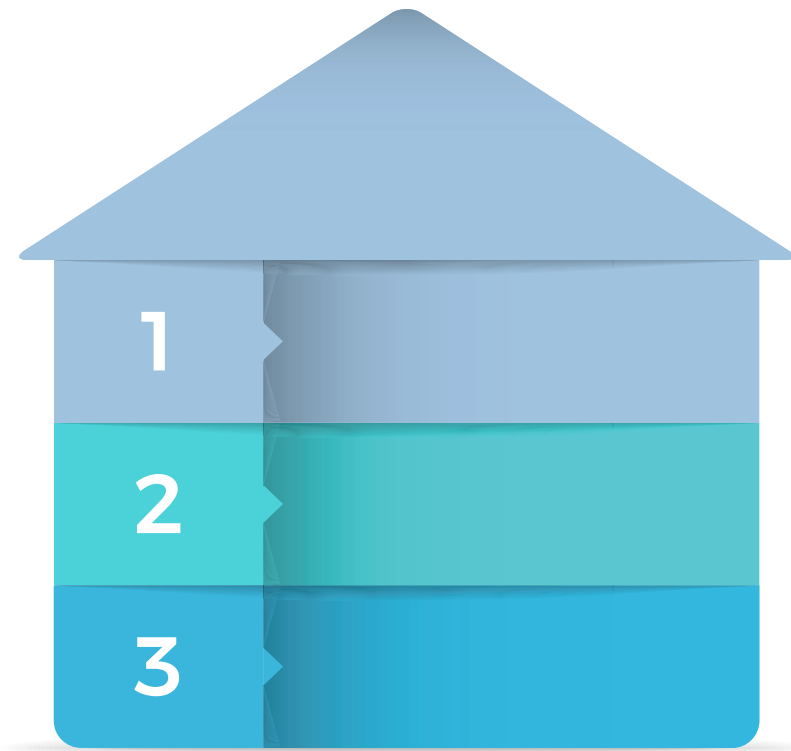


An additional standard we have incorporated when designing this CHP is ensuring that it aligns with other health-related goals throughout the County and the State. Just as the SDOH shows the interconnectedness of various facets impacting one’s health, so too should this CHP interact with other existing documents, frameworks, and work already being implemented to improve health outcomes. We want to ensure that this report is thought of as a “living document” to guide future decision-making, assist with securing adequate funding, and bring together all necessary collaborators to unite towards the same vision. Therefore, we have worked diligently to ensure that all the items proposed within the CHP, as well as the recommendations in the Action Plan, are aligned with the following:

- The New Mexico Department of Health (NMDOH), together with the New Mexico Alliance of Health Councils (NMAHC) helps counties’ Health Councils through establishing key deliverables for enhancing community health outcomes; training for health advocacy and outreach efforts; and opportunities for connecting with health leaders throughout the state. Key deliverables for FY25 includes promoting suicide prevention and awareness of the 9-8-8 crisis line, and reducing opioid overdoses and deaths through trainings, outreach, and distribution of Naloxone. This work is encapsulated in the NMDOH Community Health Improvement Plan (CHIP), which relies on state and local partners, data collection efforts, and quarterly regional gatherings to share and disseminate ideas and information.

- One of the Los Alamos County Council’s strategic priority areas is Quality of Life, which encompasses the Health, Well-being, and Social Services needed for community members. Another priority area is ensuring that activities are equitable, inclusive, and meet the needs of a diverse group of community members (Diversity, Equity, and Inclusivity).
- The Los Alamos County Social Services Division (SSD) is a part of the Community Services Department (CSD), and helps fulfill these priorities through the work performed as described in the Division’s Strategic Plan, and in the overall CSD Integrated Master Plan. CSD’s mission is to “encourage a sense of community by connecting diverse people via positive interactions, inviting and inclusive places, healthy living, and opportunities for personal growth.” This is done by carrying out the Department’s vision, to serve our “diverse community and visitors with integrated recreational, educational, social, mental, physical, economic, environmental, and cultural opportunities.” These statements provided the catalyst for ensuring integration between SSD and the other divisions, as well as throughout County departments, towards a holistic look at our community health.
- National standards such as those being recommended by the National Academy of State Health Policy (NASHP), National Council on Community Health, and more, particularly around the evidence-based practices and emerging best practices for approaching holistic, person-centered care, focusing on harm reduction models that are implemented community-wide.

For additional background information, please see the CHP Interim Report (presented to Los Alamos County Council on March 26, 2024, available in Appendix C) and in the Los Alamos County Health Care Quality and Accessibility Community Survey (HCQA survey, full report available in the Appendices A and B).



The short-term action items as described in the Interim Report have begun to be implemented over the past six months. Notable highlights include:

- Current mental health resources have been updated (<https://ladailypost.com/self-help-launches-los-alamos-mental-health-website-upgrade-on-world-mental-health-day/>);
- An additional Case Coordination Specialist at the Social Services Division has been hired to assist with housing, transportation, and quality-of-life issues facing older adults;
- The opioid settlement funding plan has been developed and approved, and is in process of being implemented;
- Education and outreach activities have increased, including the monthly column in the Los Alamos Daily Post from LACHC members, participation at events such as ScienceFest, and trainings related to opioid overdose prevention.

This 2024 CHP combines the above items with multiple rounds of data gathering from 2022-24, and summarizes all feedback and data into one synthesized document, complete with an Action Plan to guide the next 3-5 years of health care-related programming and resource development to improve health outcomes, accessibility and quality of care in Los Alamos County. The CHP includes recommendations for increased functions to be incorporated into the Social Services Division's work, the work of the LACHC, and additional collaborations with other Los Alamos County departments, as well as other governmental bodies and organizations throughout the county and region.



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SECTION FOUR

METHODOLOGY

We initially identified overall health status information of the Los Alamos County community using national, state, and local data indicators, which are critical for providing a snapshot of macro-level perspectives of a location's overall health. For example, it is these types of health indicators that the U.S. News and World Report uses in their annual rankings of "Healthiest Communities." However, this aggregate data at the macro-level may miss health and wellness issues that impact smaller subsets of the community. Therefore, in planning for how to capture all of the necessary information to inform a comprehensive look at the health of Los Alamos County, we planned several additional outreach efforts to gather both qualitative AND quantitative micro-level data to see what unique health needs exist in our community.

For this secondary data analysis, we undertook assessing the state of health and wellbeing of the Los Alamos County community through interviews and focus groups with a broad swath of community members, identifying the services and resources that contribute to overall health and wellbeing through a Social Determinants of Health lens. These interviews spanned from fall 2022 through summer 2023 and included people from middle and high schoolers to older adults; people who work in a wide variety of settings and representing different income levels; people with physical and/or mental health disabilities, or who are parents/caregivers of people with disabilities; and people for whom English is not their first language. We attempted to include as many diverse perspectives as possible. More than 200 community members were interviewed throughout this process. The interviews were recorded, transcribed, and analyzed through keyword and key theme grouping to determine trends across the interviews.

Following these interviews, a series of three public input sessions were held in order to gather additional feedback about the health care-related needs in our community. In-person, moderated sessions were held in Los Alamos and White Rock, and one session was held via Zoom in order to provide as many accessible options for giving feedback as possible.

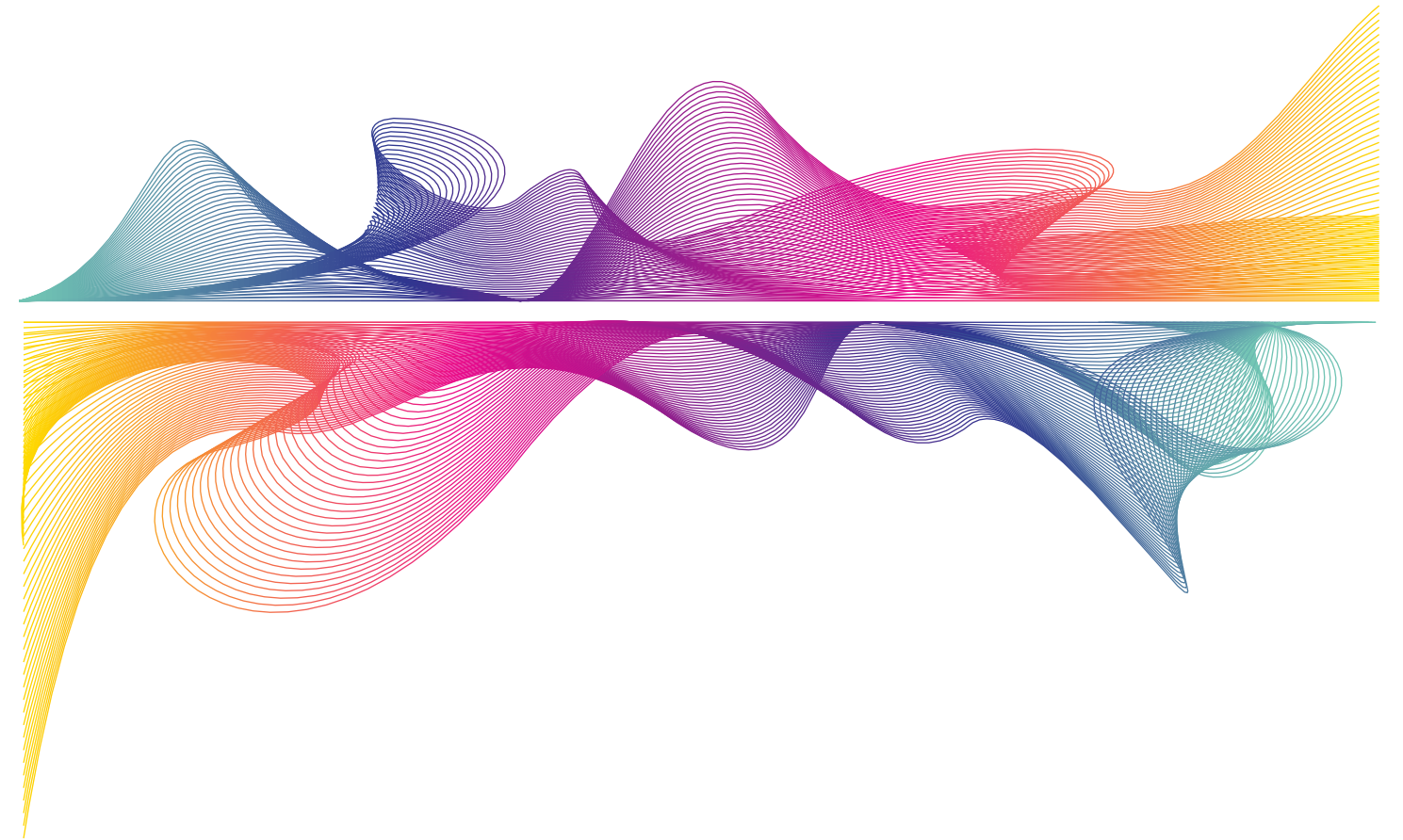
For this final CHP, a key initiative was undertaking a community-wide survey that asked community members to self-report their overall health status, how they perceive the quality and accessibility of various health care needs within the County, and whether they've faced any challenges related to other social determinants of health in the past several years. This was intended to develop a baseline of data separate from interviews and community input sessions, that could be rerun in future years to gauge improvements (or declines) in health-related needs. It was also intended to corroborate the qualitative data from the interviews, giving depth to determine where the County should focus its efforts in the coming years. With more than 1,000 responses submitted, we have been able to garner many insights that have helped shape the recommendations for improving health.

We next worked to identify the extent to which health-related services and resources are available and accessible to everyone in the community, the perceived quality of health care services within the county, and where gaps exist for health care services. We contracted with Southwest Planning and Marketing to design a Health Care Quality and Accessibility Community survey. This paper survey was distributed to all households in Los Alamos County in early fall 2024 (8,500 total mailed), and was made available in both English and Spanish. The survey was also made available electronically through a URL and a QR code that could be scanned and completed by mobile devices. Finally, a somewhat modified version of the survey was made available electronically for individuals that do not live in Los Alamos County, but who do work or spend enough time in the county to receive health-related services here, although not enough responses were received to be statistically valid. The data from this survey provided the most specific level of detail for this report, with individuals reporting why they have needed to delay receiving care; why they have had to travel "off the hill" to surrounding areas to receive care; and where they've experienced gaps in health-related services. There were two open-ended questions included in the survey: "What UNADDRESSED health care (general, mental, substance use disorder, dental) needs do you or any member(s) of your household have right now?" and "What ONE thing would improve health care in Los Alamos County?" A total of 1,034 surveys were completed (both returned via mail and completed online). Key findings are summarized in Section Five, and a full analysis from the survey can be found in Appendices A and B.



We also met with community leaders during the summer and fall of 2024, including with Los Alamos County Police Chief Dino Sgamballone, Los Alamos Medical Center CEO Tracie Stratton, and leaders from local non-profit organizations and faith-based organizations, to gauge their input on health-related trends and projected service/programmatic needs over the next 3-5 years.

Finally, data was gathered from the County's Social Services Division, which includes aggregated information from people seeking services related to income, housing instability, lack of health insurance, and/or needing state and federal benefit program information; from clients who are experiencing homelessness or housing instability; and from quarterly reports from organizations with which the SSD contracts to provide additional services.



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SECTION FIVE

KEY FINDINGS

HEALTH CARE QUALITY AND ACCESSIBILITY SURVEY (HCQA SURVEY) FINDINGS:

The data from this survey provided the most specific level of detail for this report, with individuals reporting why they have needed to delay receiving care; why they have had to travel “off the hill” to surrounding areas to receive care; and where they’ve experienced gaps in health-related services. There were two open-ended questions included in the survey: “What UNADDRESSED health care (general, mental, substance use disorder, dental) needs do you or any member(s) of your household have right now?” and “What ONE thing would improve health care in Los Alamos County?” A total of 1,034 surveys were completed (both returned via mail and completed online). Key findings are summarized in this section, and a full analysis from the survey can be found in Appendices A and B.

**KEY HIGHLIGHTS:**

- 84.8% of respondents self-reported that their overall health is “good” or “excellent”
- 99% of the respondents report having medical insurance, including coverage for their children; 91.3% of people with insurance report that their network covers the specialists they need
- A majority of respondents are satisfied with dental health care available within Los Alamos County (67.9%) and the overall quality of dental care received (76.2%)
- For respondents with children, 62.7% expressed satisfaction with the quality of health care their children received
- A majority of respondents have not needed to delay or avoid receiving physical or dental health care in the past two years (62.7 and 76.4%, respectively), indicating they have been able to get the care they need, when they need it
- 88% of respondents are able to use the internet or apps to find health care services when needed

CHALLENGES:

- 31.6% of respondents to the survey report dissatisfaction with the availability of health care in the county, due to provider shortages, limited clinic hours, lack of timely appointments, and/or geographic barriers.
- 34.7% reported delaying or avoiding seeking medical care when it was needed within the past two years. Reasons cited for this included facing financial difficulties in affording treatment, inability to secure an appointment in a timely fashion, and difficulty finding a provider.
- Black, Indigenous, and People of Color (BIPOC) and respondents who identify as LGBTQ+ reported lower overall health ratings compared to White respondents. This includes lower satisfaction with health care services.
- There was widespread dissatisfaction reported for both the availability and quality of mental health care and care for substance use disorders within the county.
- 66% of respondents have sought physical health care outside of Los Alamos County, with 20.3% seeking care for mental health issues outside of the county, and 27.4% seeking care for dental needs. Of care sought outside the county, the most frequent provider needed was for specialty care (for example, dermatology, orthopedics, oncology, etc).
- More people indicated having difficulties affording health care services (8.8%), accessing affordable housing (9.8%), challenges with affording basic living expenses (9.0%) and accessing affordable food (7.8%) than indicated utilizing Social Services for help (3.3%)

COMMUNITY LEADER INTERVIEW FINDINGS:

As a final piece to compiling the CHP, Social Services staff talked with the executive directors of several human service-related organizations within the county, as well as with the CEO of the Los Alamos Medical Center (LAMC) and the Chief of Police for Los Alamos County. Organizations included L.A. Cares, Self Help, JJAB, Los Alamos Family Council, Las Cumbres, Los Alamos Retired and Senior Organization, Family Strengths Network, and Grandparents and Kin Raising Children. These conversations were intended to make sure their perspectives were included on how to ensure the healthiest community is created for all.

NOTABLE FEEDBACK FROM THESE MEETINGS INCLUDE:

- The ability to recruit and retain quality staff at LAMC and social service-related non-profits in the community is deeply impacted by the lack of affordable housing, low pay, and lack of benefits. This leads to impacts on wait times to be seen, lack of accessible providers, and perceived lack of quality (for example, high turnover of physical and mental health providers).
- There is a perceived lack of communication between providers, with people reporting being unsure or unclear what projects others may be involved in.
- However, there has been an increased interest in collaboration among health- and social service-related organizations within the county, especially in the past two years following the tumultuousness during and immediately after the COVID shutdown.
- There is a wide variety of free programming made available at local non-profits, especially for parents and guardians, as well as older adults, and through support groups. There are also support systems in place through LA Cares and Self-Help, and numerous faith-based initiatives to help people in need.



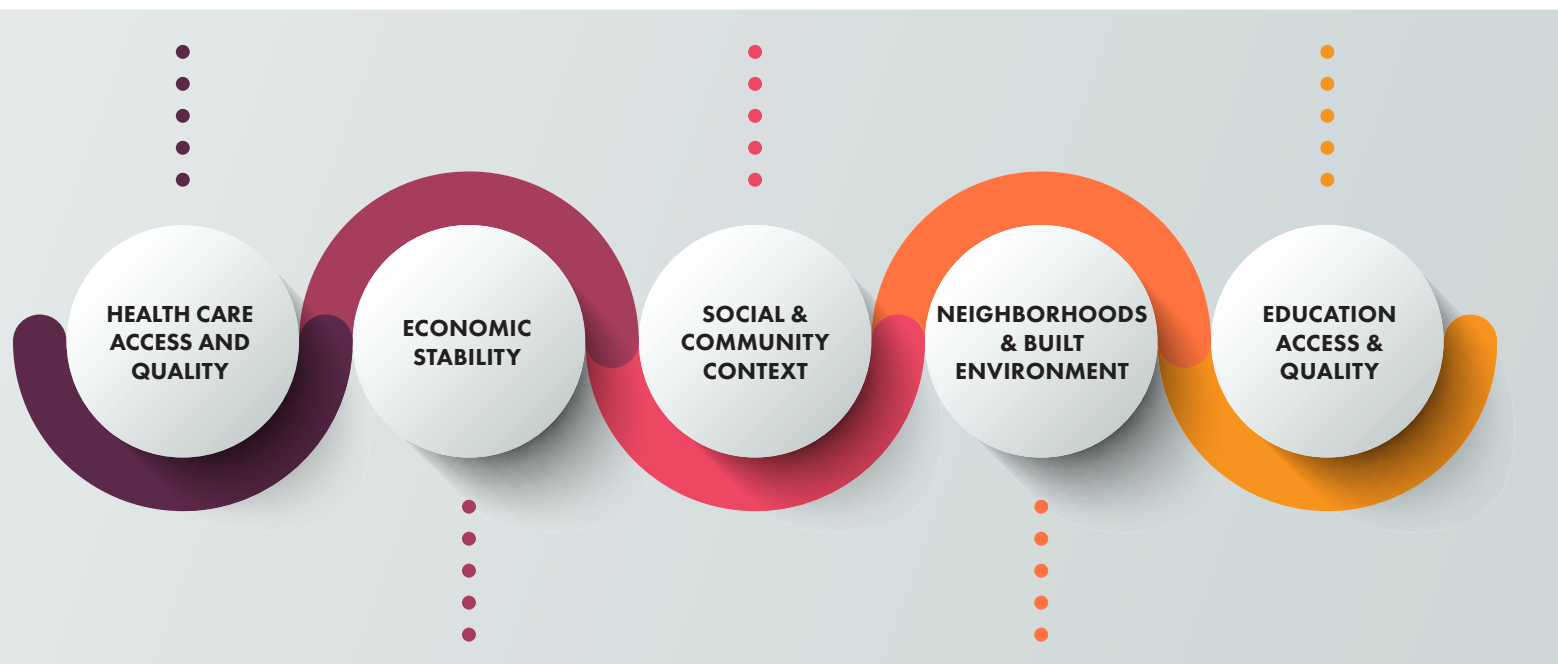
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SECTION SIX

RECOMMENDATIONS

This 2024 Comprehensive Health Plan (CHP) is based on a variety of quantitative and qualitative data gathered over the past two years. Overall, the Los Alamos community remains very healthy, due to a variety of factors: a high percentage of residents have health insurance; a majority of residents are able to access the physical and dental care they need when they need it; and there is also an abundance of external factors positively impacting one’s health, such as a clean environment with largely unpolluted air; access to trails and activities that promote physical and mental wellness; and high satisfaction ratings in the Los Alamos Community Survey related to perceptions of safety and social connectivity.

The Los Alamos County Health Council (LACHC) is tasked with helping to advise the County Council on additional ways to ensure all of our community members can remain as healthy as possible, taking into account both physical and behavioral health factors. Based on all available data gathered during the process of developing this CHP, LACHC presents the following nine key recommendations the County should focus on in the next 3-5 years in order to measurably and positively impact the health of its community members. The Action Plan follows, with a more detailed list of specific steps to achieve these recommendations.



SOCIAL DETERMINANT OF HEALTH: HEALTH CARE ACCESS AND QUALITY

1. Co-lead the development of a regional, multi-county plan to address health care needs across northern New Mexico.

As was mentioned throughout the Interim Report’s interviews, and corroborated by the HCQA survey analysis, many in our community have struggled to find appropriate physical health care within Los Alamos County. However, the LACHC recognizes that as a governmental entity, Los Alamos County may not be able to greatly influence the overall numbers of medical professionals, any particular specialties available here, or impact the overall quality of care delivered. (See Limitations section for additional details). Addressing this need may be primarily in the domain of the state legislature and nationally-serving medical organizations, but nevertheless remains of utmost important in addressing the overall health care needs of the Los Alamos County community. As a small, rural county, we simply may not have the population to support a variety of medical specialists.

What we can do, however, is partner with surrounding counties (Santa Fe, Rio Arriba, and Taos) to pursue a regional health care approach, and determine where combining forces is most appropriate to serving a region of 200,000+ people. From there, it is likely that additional problem-solving to address challenges may occur, such as enhancing transportation options to serve patients needing health care in surrounding counties.

The LACHC recommends that Los Alamos County helps lead the development of a regional, multi-county health plan that takes a comprehensive look at the services and specialties available within a larger geographic catchment area through a coordinated regional approach.

2. Continue to advocate for ways to expand and support the health care workforce, in alignment with the recommendations made by Think New Mexico, the American Medical Association, and other leading medical associations. The American Medical Association, as well as numerous other health advocacy organizations, have been sounding the alarm about the need to invest in increasing number of medical personnel throughout the country, specifically in rural areas, to address the current provider shortages. Within New Mexico, the nonpartisan think tank Think New Mexico recently released a thorough report outlining ten key proposals to help alleviate the provider shortage in the state.

THEIR PROPOSALS INCLUDE:

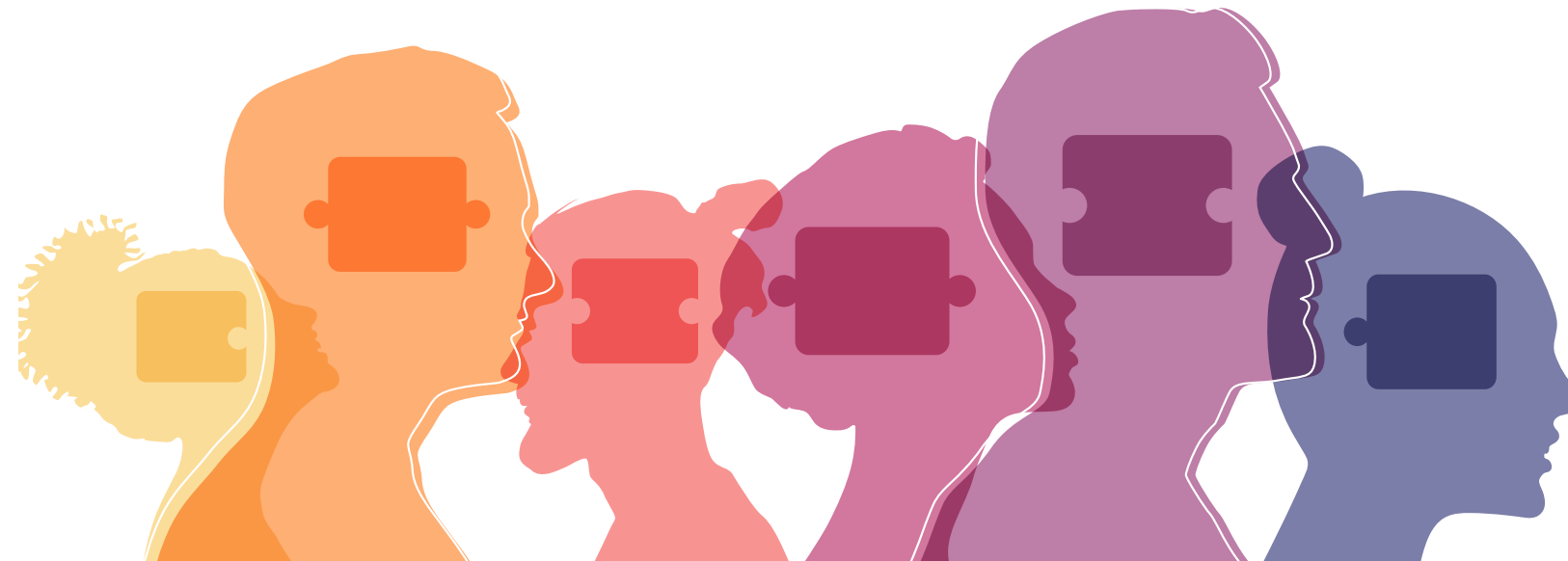
- **Reforming the state’s medical malpractice act**, since New Mexico currently has the second highest number of medical malpractice lawsuits per capita in the U.S. Recommended reforms include capping attorney’s fees; raising the legal standard for awarding punitive damages and capping them; and prohibiting the filing of multiple malpractice lawsuits over a single injury. These and similar reforms have already been implemented by other states from across the political spectrum, as detailed in Think New Mexico’s report.
- **Joining all 10 interstate health care worker compacts** so that doctors, psychologists, and other providers licensed in other states can more easily provide care to New Mexico patients, including via telehealth.
- **Creating a centralized credentialing system** to reduce administrative burdens on doctors and other health care professionals and make it easier for patients to keep their providers when their insurance coverage changes.
- **Making New Mexico’s student loan repayment program for health care professionals more competitive** with the vast majority of other states, including all of New Mexico’s neighbors, which offer higher loan repayment amounts.
- **Making New Mexico’s tax policy friendlier to health care workers** by permanently repealing the state’s Gross Receipts Tax on medical services and increasing and expanding the Rural Health Care Practitioner Tax Credit.

- **Enhancing Medicaid reimbursement rates to health care providers**, since New Mexico has a higher proportion of patients insured by Medicaid than any other state, and Medicaid generally pays less than the cost of providing treatment. The report also recommends reducing the rate of Medicaid claim denials so that health care providers receive the full payment they earn for treating patients insured by Medicaid.
- **Growing more of our own health care workers by expanding access to health care-related career and technical education (CTE) in high school.** Recommended reforms include providing liability protections to employers that offer CTE programs and revising the state’s CTE pathways so more students earn certifications in high school (e.g., as EMTs or nursing assistants).
- **Expanding access to higher education in health care fields by increasing salaries for the faculty training future health care professionals and providing a tax credit for the preceptors** who provide community-based education for doctors, nurses, and others.
- **Importing more international medical graduates into New Mexico** by allowing fully trained and vetted doctors from other countries to apply for a provisional license to practice under supervision in the state for two years, after which they could apply for a full medical license.

The LACHC recommends the County’s Intergovernmental Affairs Manager continue to advocate that state legislators adopt these measures.

¹ Think New Mexico, "How to Solve New Mexico’s Health Care Worker Shortage" (2024) Think New Mexico Releases Policy Report

² Proposing Plan, "Recommendations To Solve Health Care Worker Shortage" press release as reported in the Los Alamos Daily Post, 9/25/24.



3. Expand the mental health and substance use continuum of care options available within the county

Given the data from the individual interviews, the community survey, and conversations with key leaders that work in mental/behavioral health in Los Alamos County, improving the access to, and quality of mental health and substance use services within the county is of utmost importance. This can be done by expanding the continuum of options to assist with prevention efforts, treatment and therapy options, and post-treatment support.

Additionally, given the recent youth suicides and opioid overdoses within Los Alamos, the LACHC feels it is important to highlight the need for further deep-dive work in this area. Utilizing the principles of harm reduction and prevention, we believe it is necessary to focus additional resources on improving access to mental and substance use health care within the county and region, to bolster efforts to encourage strong mental health and well-being among youth and families in our community.

THE LACHC RECOMMENDS THE FOLLOWING:

- a. Address the needs of individuals facing a behavioral health crisis by creating a crisis response program within Los Alamos County
- b. Expand local availability of peer support and community-based mental health and suicide prevention trainings
- c. Partner with regional organizations to expand programming and address barriers to care (such as transportation) for expanded treatment options such as partial hospitalization programs and intensive outpatient treatment options
- d. Co-lead the development of a regional comprehensive community inpatient behavioral health location for the region
- e. Collaborate with the First Judicial District Court to develop and support the regional creation of an Assisted Outpatient Court within the First Judicial District, to provide longer-term support for those with serious mental illness

4. Expand outreach and resources to improve community knowledge of health-related services

The LACHC is encouraged by the increased outreach since the approval of the Interim Report, which concurrently supports the New Mexico Department of Health deliverables. The Social Services Division (SSD) staff have increased outreach at community events (such as Science Fest), while LACHC members have committed to monthly articles in the Los Alamos Daily Post. Following last year's successful Youth Summit, this year saw the immensely popular inaugural Older Adult Summit, which included planning and input from LACHC members and a presentation on preventing an opioid overdose from SSD staff.

However, it remains clear that there is still much work to be done, so that community members know about available physical and behavioral health resources. The LACHC recommends developing and distributing additional print and online materials that help inform community members about available health care resources. We also recommend developing a LACHC subcommittee that meets regularly to help providers establish relationships with each other to collaborate and share information.

An additional recommendation is to increase the outreach and education on mental health and wellness, suicide prevention, and substance use prevention topics in the community. There are many trainings that are considered evidence-based practices that help reduce stigma and increase prevention efforts, and SSD should lead community-wide efforts here.



SOCIAL DETERMINANT OF HEALTH: **ECONOMIC STABILITY**

5. Expand available services for low-income individuals and vulnerable people in need, through expanded Social Services Division (SSD) programming and staffing

In the HCQA survey, there appears to be a gap between the number of people who have accessed Social Services in the past two years (3.3%), and the number of people who conceivably could use the assistance of Social Services staff to help alleviate food instability (7.8% reported challenges accessing affordable food); accessing affordable health care (8.8% reported economic difficulties affording preventative health care services); or help securing affordable housing (9.8% reported challenges with this).

The LACHC recommends SSD embraces a “no wrong door” approach through its work and that of its contractors, by implementing a Multi-Disciplinary Team (MDT) approach to serving clients. This evidence-based model brings together all relevant parties to work concurrently on helping a client reach their goals, with research showing that collaborating with professionals from various disciplines can lead to improved client outcomes, particularly in complex cases. SSD recently implemented closed loop referral software that will greatly enhance their ability to carry out this work.

Given the projected increased demand for assistance from Social Services staff related to proposed changes to Medicaid and other federal benefits, work requirements and housing regulations, as well as additional needs related to community education and outreach, the LACHC also recommends additional staffing and funding resources to support SSD's ability to meet community needs.

Finally, the LACHC recommends expanding service availability for low-income and vulnerable people by improving the safety net systems currently in place in the county. This may include expanding the services that can be covered by the Health Care Assistance Program, bringing mobile services into the county for low-income individuals and families, or working to expand the number of providers that accept Medicaid.

SOCIAL DETERMINANT OF HEALTH: **SOCIAL AND COMMUNITY CONTEXT**

6. Improve collaborations and efficiency between organizations by creating a “co-location” Community Action Center that serves as a centralized hub for Social Services and other community organizations that serve low-income/vulnerable people

Supporting the MDT approach at Social Services would be the creation of a co-location “hub” facility to house multiple human service-related organizations and the SSD staff. This aligns with the existing Infrastructure Capital Improvement Plan which is based on several years of support from LACHC.

A co-location hub model, tentatively named the Los Alamos Community Action Center, follows an established best practice trend seen in many other communities. By co-locating different social service agencies to physically operate in the same location, clients are able to access multiple services in one place on the same day, reducing the amount of time to get help. Co-location also fosters better communication and coordination between providers, a goal expressed by numerous executive directors in the SSD interviews. Clients often report higher satisfaction since receiving services is streamlined. This is also important for clients who may have transportation issues; while public buses are free in Los Alamos County, they may run sporadically given workforce challenges, which poses another barrier to those seeking assistance.

Strengthening collaborations, expanding the resources offered at SSD, and promoting harm reduction and community-wide mental well-being are key approaches that have been successful in other small, rural areas. Of note, the LACHC was one of the organizations involved with showing the Paradise Paradox movie in June 2024 at the SALA Event Center, and the work being done in Eagle Pass, Colorado has helped inform this CHP. The movie's website provides a list to help other communities best determine how they might implement similar initiatives. In addition to the initiatives proposed above and/or already in development (such as a regional behavioral health facility), the movie stresses the importance of communities having more collaborative conversations to develop additional mental health and substance use resources, and working to instill a sense of optimism. This could be greatly enhanced through a joint-use space with multiple providers on-site.

At its current location, SSD has maximized its ability to bring on additional staff in the future, and is currently unable to host meetings larger than eight people given the limited size of its conference room. This greatly limits the ability to help more clients in an efficient manner.

Envisioning an ideal co-location space would include offices to meet the growth of SSD staff; offices for partners that frequently collaborate with SSD (for example, for housing, income/financial assistance, and food-related needs); and could include space for mental/behavioral health groups and/or individual therapy and/or support groups. Other possibilities include building a permanent space for a food pantry that is also based on emerging best practices (such as the “grocery store” model that allows more individual choice in food distribution); a clothing and diaper storage and distribution site; and space for individuals to learn computer and job skills.



SOCIAL DETERMINANT OF HEALTH: NEIGHBORHOODS AND THE BUILT ENVIRONMENT

7. Support the work of the Community Development Department, and local and regional partners, to expand the continuum of affordable housing options.

A lack of affordable housing options was previously mentioned as one of the main barriers to attracting and retaining physical and behavioral health provider staff. LACHC recommends the County continue with the implementation of the recently approved Affordable Housing Plan to help address the need for affordable housing for health care-related staffing, and to help improve recruitment and retention efforts from LAMC to mental health professionals.

The LACHC also recommends the development of specialized housing to support people with mental/behavioral health challenges. This may include a possible regional approach to short-term transitional housing for people with serious mental illness and/or co-occurring substance use disorders; securing funding for longer-term supportive housing with on-site case management for older adults; and innovative approaches to emergency shelters for unhoused individuals.

8. Support efforts related to transportation issues that present challenges to people that need to access health care outside of Los Alamos County

Lack of transportation was not one of the top answers to the survey question, “Why did you avoid or delay health care in the past two years,” but was a barrier cited in the participant interviews from the Interim Report. It also came up as a barrier for members of the Los Alamos Retired and Senior Organization, who often rely on a patchy network of volunteers to help people get to medical appointments “off the hill.” Finally, lack of transportation upon release from LAMC back to one’s residence was also mentioned in the interviews.

Given the large number of people that have sought care outside of Los Alamos, especially for time-sensitive matters involving specialty care, coupled with the aging demographics of our population, we recommend that the LACHC works with the relevant County departments and the Transportation Board to develop a regional health transportation plan, which would identify existing transportation options in Los Alamos County, work with operator/owners to determine the extent of their services, and explore ways to expand them including potential funding options.

Available

Accessible

Affordable

SOCIAL DETERMINANT OF HEALTH: **EDUCATION ACCESS AND QUALITY**

9. Work collaboratively to expand outreach, education, and prevention-related work, both within the Los Alamos Public Schools and with expanded partnerships at UNM-LA, and with families whose children are not in the formal school system (for example, through homeschooling co-ops). There is concern among the LACHC regarding the recent youth suicides and overdoses, that more can be done to support parents, students, and young adults in responding to incidents of bullying, "othering," harmful use of social media, and harm reduction to prevent additional deaths. We recommend increasing these efforts through expanding the partnerships and number of outreach and educational events to a wider audience.

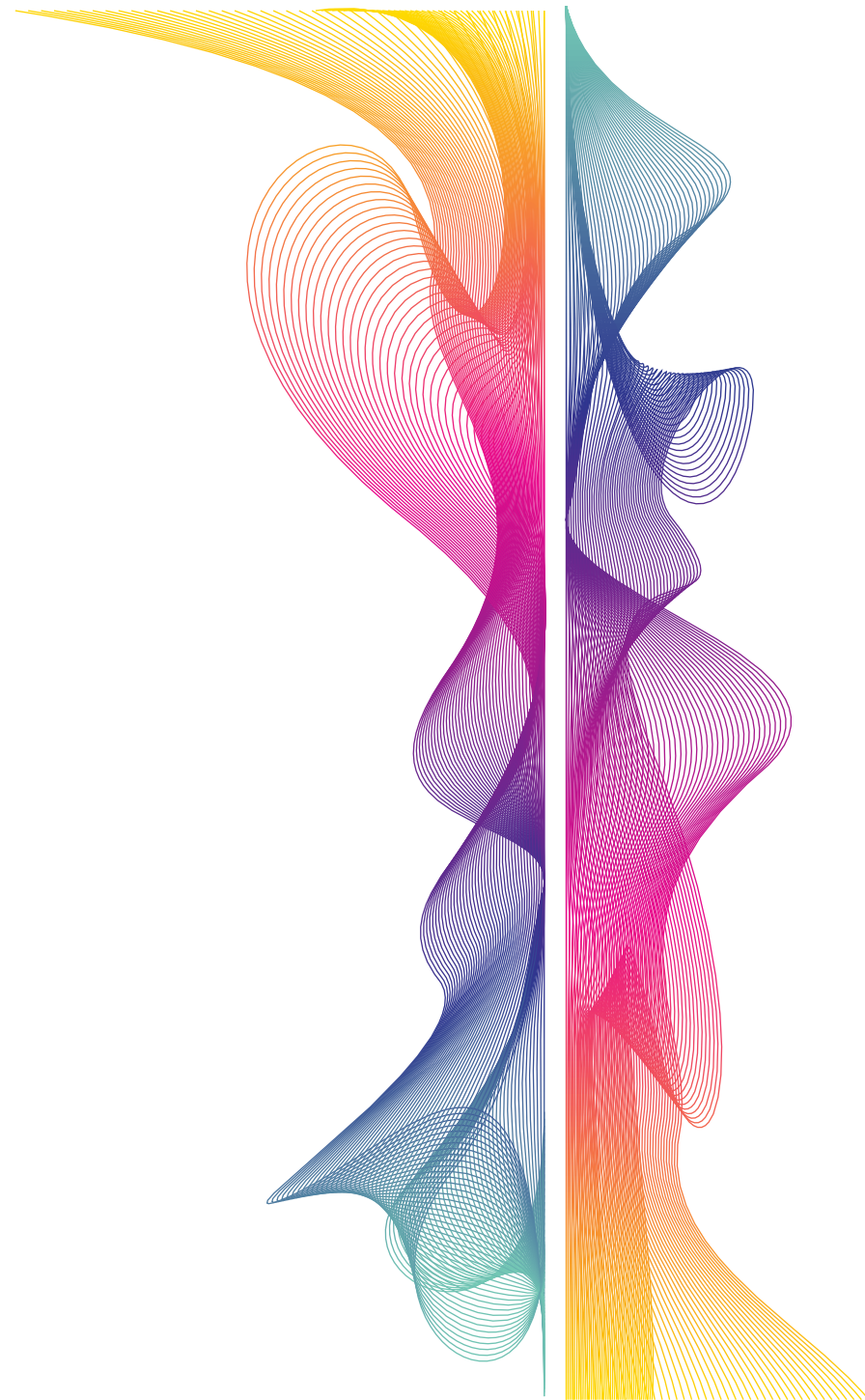
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SECTION SEVEN

LIMITATIONS

It is important to note that some of the health care-related challenges that were reported from the HCQA survey and interviews are beyond the scope of what can be reasonably addressed by Los Alamos County as a single entity. There are numerous reasons for medical and mental/behavioral health provider shortages being experienced throughout the country, which are likely mirrored in Los Alamos County:

- **Financial:** High cost to obtain a medical education, coupled with burdensome malpractice requirements and/or low insurance reimbursement rates
- **An aging workforce:** As providers reach retirement age, there aren't enough younger providers to take their place; coupled with the increasing health needs (such as chronic conditions) of an aging population
- **Reducing stigma:** Higher demand for mental/behavioral health and substance use services as outreach and education campaigns have succeeded, meaning more demand for behavioral health services
- **Burnout:** Many providers have left the medical or mental/behavioral health field during and post-COVID due to burnout, burdensome administrative tasks, and other reasons



It should be noted that in our community in particular, shortages related to health care staffing are exacerbated by the ongoing housing shortage. Leaders from physical and mental health organizations indicated that the lack of available and affordable housing has played a large part in being unable to recruit and retain staff. These shortages have a real effect on health care accessibility and quality, as reported in the Interim Report, as well as the data from the HCQA survey.

Additional limitations to note include the impractical nature of a county government influencing the hiring or retention policies of any private employer, and any ability to impact the types of insurance accepted by providers or to increase the reimbursement rates from insurance providers to medical providers or changing what procedures are covered.

Finally, it is worth emphasizing that no single entity should be responsible for improving the health of a community. Health is impacted by individual choices, as well as federal, state, and local policy decisions, and an infinite number of variables in-between. In the Recommended Action Plan, we discuss ways that Los Alamos County can make an impact on these seemingly intangible factors.



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SECTION EIGHT

LOS ALAMOS COUNTY COMPREHENSIVE HEALTH PLAN (CHP) RECOMMENDATIONS (as selected by the County Health Council)					
NUMBER	CHC IDENTIFIED NEED	RECOMMENDATION	LEAD DEPARTMENT(S)	STATUS	TIMELINE
HEALTH CARE ACCESS AND QUALITY (SDOH1)					
1.1	Community members have challenges accessing physical and behavioral health care services	1.1.a Coordinate community-wide trainings on Social Determinants of Health (SDOH), Diversity, Equity, and Inclusivity (DEI), trauma-informed care and other critical issues	SSD	In process	Short (<6 months)
		1.1.b Update existing mental health and substance use resources, as well as identify gaps/needs	SSD	In process	Short (<6 months)
		1.1.c Los Alamos County helps lead the development of a regional, multi-county health plan that takes a comprehensive look at the services and specialties needed within a larger geographic catchment area	CMO	Not yet started	Short-to-Medium term
		1.1.d Los Alamos County's Intergovernmental Affairs Manager continues to advocate that state legislators adopt state-wide measures to improve availability of medical and behavioral health personnel.	CMO	In process	Short-term
		1.1.e Partner with Los Alamos Police Department (LAPD) to create a mobile crisis outreach/response program within Los Alamos County	SSD	In process	Medium-term

NUMBER	CHC IDENTIFIED NEED	RECOMMENDATION	LEAD DEPARTMENT(S)	STATUS	TIMELINE
HEALTH CARE ACCESS AND QUALITY (SDOH1)					
		1.1.f Expand the continuum of care of behavioral health supports with community-based mental health and suicide prevention trainings	SSD and CHC	In process	Short-term
		1.1.g Partner with regional organizations to expand programming and address barriers to care (such as transportation) for expanded behavioral health treatment options	SSD and CHC	Not yet started	Medium-term
		1.1.h Co-lead the development of a regional comprehensive community inpatient behavioral health location for the region	SSD	Not yet started	Medium-term
		1.1.i Assist with the regional creation of an Assisted Outpatient Court within the First Judicial District, to provide longer-term support for those with serious mental illness	SSD and CHC	In process	Medium-term
		1.1.j Evaluate physical health care challenges and develop next steps for improving accessibility and solving insurance needs	CHC through CHP	Not yet started	Medium-term
1.2	There are gaps in services and programs specifically designed to assist older adults with healthy aging	1.2.a Fund a 1.0 FTE Case Coordination Specialist (CCS) position within SSD with experience working with aging systems/older adult (60+) clients, to serve as a single-point-of-contact, to work with clients on housing, utilities, transportation and other needs, in collaboration with other community partners	SSD	Completed	Short-term
1.3	There are gaps in services and programs to support youth and young adults' mental health and substance use needs	1.3.a Expand mental health and substance use programming offered within the County (ex: Intensive Outpatient Programs, certified peer specialists, post-treatment support)	SSD	In process	Medium-term

NUMBER	CHC IDENTIFIED NEED	RECOMMENDATION	LEAD DEPARTMENT(S)	STATUS	TIMELINE
HEALTH CARE ACCESS AND QUALITY (SDOH1)					
		1.3.b Advocate to expand telehealth and video-health options	CHC	In process	Medium-term
		1.3.c Offer more trainings to providers to build capacity to serve clients' needs	SSD	In process	Short-term
		1.3.d Include cost-of-living increases to maintain provider stability	SSD	Not yet started	Medium-term
1.4	There are gaps in community members' knowledge of where/how to find health care-related services	1.4.a Create a directory of all health care-related providers that is available in print and online and is updated biannually	CHC	Not yet started	Short-term
		1.4.b Increase the outreach and education on mental health and wellness, suicide prevention, harm reduction, and substance use prevention topics in the community	SSD and CHC	In process	Short-term
		1.4.c Conduct a survey of health professionals within the County to determine their service gaps and needs	CHC	Not yet started	Medium-term
EDUCATION ACCESS AND QUALITY (SDOH2)					
2	Students and parents want additional ways to address students' social and emotional needs	2.1 Continue/expand the network of partners, agencies, and collaborators working to address students' social and emotional needs, by increasing outreach, education, and prevention-related work	SSD	In process	Short-term
		2.2 Provide encouragement and support to LAPS to sustain ongoing student health education programs as well as vocational/career education counseling	SSD	In process	Short-term
		2.3 Collaborate with providers and non-profits to come up with a plan for distributing Opioid Settlement Funds and implement effective best practices	SSD, 501c3s	Completed	Short-term

NUMBER	CHC IDENTIFIED NEED	RECOMMENDATION	LEAD DEPARTMENT(S)	STATUS	TIMELINE
ECONOMIC STABILITY (SDOH3)					
3	Low-income individuals struggle with the high cost of living	3.1 Increase Social Services outreach in order to reach more people that may qualify for services	SSD	In process	Short-term
		3.2 Expand collaborations with other health councils, social service divisions, providers, and local and regional non-profits to provide assistance to low-income individuals	SSD, CHC	In process	Short-term
		3.3 Improve data collection and monitoring of key health measures across County departments in order to guide future program development	SSD	In process	Medium-term
		3.4 Implement a "no wrong door" policy by utilizing a Multi-Disciplinary Team (MDT) approach to serving clients at SSD.	SSD	In process	Short-term
		3.5 Improve and expand the safety net systems that are currently in place in the County, to improve coordination, service availability, and service delivery	SSD	In process	Short-term
SOCIAL AND COMMUNITY CONTEXT (SDOH4)					
4.1	Many people report challenges finding timely and accurate health-related information	4.1.a Implement a Communications Plan to compile information from a variety of sources, and then ensure all media sources receive that information in a timely fashion	SSD/CHC	Completed	Short-term
		4.1.b Identify existing local support groups and meeting locations and maintain a master list that is distributed regularly	SSD/CHC	Not yet started	Medium-term
		4.1.c Increase outreach at events, resource fairs, and community locations to educate the community about what resources are available, in conjunction with community partners	SSD/CHC	In process	Short-term
		4.1.d Encourage youth participation in health-related groups	SSD/CHC	Not yet started	Medium-term

NUMBER	CHC IDENTIFIED NEED	RECOMMENDATION	LEAD DEPARTMENT(S)	STATUS	TIMELINE
SOCIAL AND COMMUNITY CONTEXT (SDOH4)					
4.2	Low-income individuals that need assistance struggle to get assistance	4.2.a Create a co-location "hub" facility to house multiple human service-related organizations and the SSD	SSD	Not yet started	Medium-term
		4.2.b Expand collaborations with other health councils, social service divisions, providers, and local and regional non-profits to provide assistance to low-income individuals	SSD and CHC	In process	Short-term
NEIGHBORHOODS AND THE BUILT ENVIRONMENT (SDOH5)					
5	Lack of affordable housing and transportation options negatively impacts health outcomes, for patients and staff	5.1 Collaborate with other County departments and Boards and Commissions to help shape and expand the continuum of affordable housing and transportation solutions (ex: CDD's 2024 Affordable Housing Plan, Public Works Pedestrian Plan)	SSD	In process	Medium-term
		5.2 Participate in regional collaborations to help prioritize expansion and meet development and transportation needs	SSD	In process	Long-term
		5.3 Develop specialized housing to support people with mental health challenges	CDD and SSD	Not yet started	Medium-term
		5.4 Develop a regional health transportation plan, which would identify existing transportation options in Los Alamos County, work with operator/owners to determine the extent of their services, and explore ways to expand them including potential funding options.	SSD	Not yet started	Short-term



2024 SURVEYS

APPENDICES

- a. [2024 Los Alamos County Health Care Quality and Accessibility Survey: Volume I](#)
- b. [2024 Los Alamos County Health Care Quality and Accessibility Survey: Volume II](#)
- c. [2024 Interim Comprehensive Health Report](#)

Adopted December 19, 2024
By the Los Alamos County Council
Los Alamos County
Communications and Public Relations

LOS ALAMOS
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