



Agenda

MUNICIPAL DRUG STRATEGY TASKFORCE MEETING

Thursday, September 5, 2019

Market Station - Conference Room - 500 Market Station

11:00 a.m. - 1:00 p.m.

1. Call to Order
2. Approval of Agenda
3. Approval of Minutes: July 27, 2019
4. Break to get lunch (15 minutes)
5. Presentations:
 - a. Welcome (Emily Kaltenbach, MDST Chair)
 - b. LEAD/THRIVE (Ben Valdez, Deputy Chief of Police/Andres Mercado, Paramedic II, MIHO Program)
 - c. Libraries/ Afterschool/Summer Programming/Community Services Budget (Kyra Ochoa, Community Services Department Director)
 - d. Santa Fe Connect Project (Julie Sanchez, Children and Youth Program Manager)
 - e. Affordable Housing (Alexandra Ladd, Housing Special Project Manager)
 - f. Midtown Campus (Elizabeth Camacho, Economic Development and Communication Administrator)
6. Comments from the Chair and Committee Members
7. Report from Staff
8. Matters from the Floor
9. Adjournment

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RECEIVED AT THE CITY CLERK'S OFFICE

DATE: August 27, 2019

TIME: 2:18 PM

**SUMMARY OF ACTION
MUNICIPAL DRUG STRATEGY TASK FORCE MEETING
MARKET STATION, CONFERENCE ROOM, 500 MARKET STATION
THURSDAY, SEPTEMBER 5, 2019, 11:00 AM**

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**MUNICIPAL DRUG STRATEGY TASK FORCE MEETING
MARKET STATION, CONFERENCE ROOM, 500 MARKET STATION
THURSDAY, SEPTEMBER 5, 2019, 11:00 AM**

1. CALL TO ORDER

The meeting of the Municipal Drug Strategy Task Force was called to order by Emily Kaltenbach, Chair, on Thursday, September 5, 2019, at 11:07 am, at the Market Station Conference Room, 500 Market Station, Santa Fe, New Mexico

ROLL CALL

MEMBERS PRESENT

Emily Kaltenbach, Chair
Laurie Knight
Dr. Tim Condon
Marcela Diaz
Chris Wendel
Larry Martinez
Alex Dominguez
Andres Mercado
Dr. Laura Brown

Sophie Andar
Bernie Lieving
Sue O'Brien
Kathy Armijo-Etre
Dr. Wendy Johnson
Sylvia Barela
Bret Smoker
John Osborn

MEMBERS ABSENT

Tony Dixon, Excused
Denise Herrera, Excused

OTHERS PRESENT

Kyra Ochoa, Director, Community Services, City of Santa Fe
Rich Brown, Economic Development Department, City of Santa Fe
Officer Valdez, City of Santa Fe Police Department
Michelle Lis, Consultant
Elizabeth Martin, Stenographer

2. APPROVAL OF AGENDA

MOTION A motion was made by Ms. Wendel, seconded by Mr. Martinez, to approve the agenda as presented.

VOTE The motion passed unanimously by voice vote.

**3. APPROVAL OF MINUTES
 JULY 27, 2019**

Postponed

4. PRESENTATIONS

A. WELCOME, EMILY KALTENBACH, CHAIR

Chair Kaltenbach welcomed everyone to the meeting and thanked them for coming.

Chair Kaltenbach said we will have some informational presentations and then will talk about updates and next steps.

**B. LEAD/THRIVE, BEN VALDEZ, DEPUTY CHIEF OF POLICE,
 ANDRES MERCADO, PARAMEDIC II, MIHO**

Mr. Mercado gave an overview of the MIHO program and the Connect program.

Mr. Mercado said we checked calls that were received from people before the ended up overdosing. There was an average of 4.5 calls per individual before overdosing. They are going through our system. It is a good place to identify and provide services. 89% of people we respond to with overdoses that we can help have not had 2nd overdoses. 11 % did.

Ms. Wendel said one of her concerns is that we spend a lot of time on opiates. The overdose rate on Meth is going up. Alcohol kills more than either of those. It concerns her that it is opiate outreach and that you are not really distinguishing it to call it alcohol.

Mr. Mercado said we do specify currently.

Mr. Lieving said the thing about the opiate focus is that there is a lay person antidote. There is not a lay person remedy to meth overdose.

Ms. Kaltenbach said it is also where the money is.

Officer Valdez said we are starting to look at that as a City Police Department. We are seeing bleed over. Individuals engaging in that have mental health issues as well. All the funding is for opiate based issues. We do carry Naloxone.

Mr. Lieving said people using opiates to to sleep are on a week long bend.

Mr. Mercado said we report to the Assistant Chief now and are getting case manager positions and an administrative assistant. There is a lot of growth. LEAD prefers arrest diversion to social referrals. We are working on diversion from the 911 scene. We are providing additional training on that and community risk reduction. We are taking over case management and program management for the program known as LEAD. All uniformed employees are EMTs. Everyone is dual trained.

Mr. Smoker said you should change your name from the Fire Department since less than 1% of your calls are for responses to fires and you get 40 calls a day for EMTs.

Mr. Mercado said that is politically charged. Branding is important. Over time he thinks it will change in some ways. It is also about how do we recruit and education and solid structural things.

Dr. Brown said recruitment for police is done with militaristic pictures.

Ms. Barela asked MIHO and LEAD are now combined.

Mr. Mercado said yes.

Officer Valdez said about LEAD, it was initiated in 2014 from a model from the Seattle Police Department to address a certain area of town with a lot of needle use and homeless issues. It was to address all the layers. There was a stigma in being uniformed that kept people from coming to officers. We have a SWAT Team, but we also do a lot of social work in our Department. We have Navigators as well. We had a group of officers who other officers referred people to for pre-arrest assistance. It was a voluntary program and officers had to meet certain criteria to be in program. The offenders have to do certain things to be engaged and receive services. We looked at the challenges the person faced and the cycle.

Dr. Condon asked if an offender is on probation or parole are they accepted into the program.

Officer Valdez said if the offense was nonviolent. It depends on the case. A vast amount of people in our program have prior arrests. We hope to give them a path to getting on track.

Ms. Knight said the issue of probation was a harm reduction program. There was a disconnect with the Probation Department. They can order a random UA. If they were accepted into LEAD they had to have counseling. That did not used to be a goal.

Officer Valdez said it was not a qualifier, but it is a mixed bag. To be engaged is

the goal. Attending counseling to address the basic needs. We had discussions with Probation and Parole and they might be more in at this point in time. They are seeing a revolving cycle. Putting them back in jail exacerbates the issue.

Mr. Lieving said you are a leader in your Department and could be a role model in the Department. Do the new officers get this information from you so they are looking at themselves as quasi social workers.

Officer Valdez said we had initially that group of officers. We want to train all officers for referrals now. Moving forward we have restructures and now we have additional officers in meetings and are addressing issues there such as correct referrals and follow up. Having that is good. We have support from the top down. It is our job today to include the community services.

Ms. Andar said given we have so far to go to make programs comprehensive, are there any simple steps we can take to support our first responders to go a step further. What might be a next step such as giving someone a bottle of water if they are on the street.

Officer Valdez said when we check on people on the street, if they are functional we do a welfare check and go. That is an example of where we could use extra help.

Ms. Andar asked is that encouraged.

Officer Valdez said we would have to stock water. It depends on the situation. We have people we deal with on a regular basis. We give them a card and we don't hear from them.

Ms. Andar asked so there is no standard behavior response.

Officer Valdez said we have improved in behavioral health recognition. We are doing more training and trauma informed care recognition. Recognition for the officers is crucial. We are moving forward into training on the mental health side of it and to whose role it is. Our goal is to recognize drug situations as a mental health issue rather than crime. We are working on diverting people to other resources.

C. LIBRARIES/AFTER SCHOOL/SUMMER PROGRAMING/COMMUNITY SERVICES, KYRA OCHOA

Ms. Ochoa gave an overview of the Community Services Department and their services that might relate to behavioral

Ms. Ochoa said our primary mission is for all Santa Fe County residents,

regardless of income, have resources so that they can live healthy lives and have a good quality of life. We have Youth and Family Services, the Public Defender Department, Senior Services and libraries.

Ms. Andar asked where are CYFD funds allocated.

Ms. Ochoa said intensive case management, adjudicated assistance and educational wrap around services. Some went to Girls Inc and some to Youthworks for diversion from the justice system for youth. We are also moving toward a Community Health Council.

Ms. Andar asked how do you see that syncing up with the core leadership team with the County

Ms. Ochoa said the Behavioral Health Core Leadership Council is a targeted focus approach. It is great and should fit with the Community Health Council and it's recommendations. We will define strategies together to move the curve. It will help us to be targeted and community engaged.

Ms. Ochoa said we provide direct services in our senior programs and libraries and use results based accountability. Through the Office of the Public Defender we provide homeless court, drug court and assist the indigent who have an income of \$12,000 or under.

Ms. Ochoa handed out a summary chart of the Department structure. This chart is herewith attached to these minutes as Exhibit "1".

Ms. Wendel said her concern is how and when and if services are getting to the senior population around substance disorders and mental health. Is there some specific part of the senior section looking at that issue.

Ms. Ochoa said not specifically. The Senior Council works on housing and community issues. It would be cool if we could say are our senior centers are giving that kind of service.

Mr. Martinez said the Aging and Long Term Department has done a number of studies and it is pretty startling around suicide rates, isolation and medicine interactions. We do need to start addressing that. So much of the emphasis is on youth and prevention that the entire senior population is ignored.

Ms. Wendel said part of what the Behavioral Health Services Planning Council does are senior jubilees. They do education for seniors about substance abuse disorders.

Mr. Lieving said he wants to give Kyra and the County credit and to the senior

centers that are really nice and senior focused. Some level of default prevention is rolled into engaging seniors in meeting them where they are.

D. SANTA FE CONNECT PROJECT, Kyra Ochoa

Ms. Ochoa handed out information about the Santa Fe Connect Project. The handout is attached herewith to these minutes as Exhibit "2".

Ms. Ochoa said included in this are grants given out to connect Navigators. Screening is done as they walk into the door. The project is a screening tool. Navigators have the option to ask behavioral health questions. We can get our hands around people and build relationships. We want to create navigation language that will work with the situation. The City and County are working on standardizing that.

Mr. Lieving asked what is the specific role of the jail.

Ms. Ochoa said the jail reentry team is using the screening tool and software program. It allows clients to sign release of information forms to the network and it has a virtual case conferencing tool and you can see where people go in the network. It is a pilot program right now. We have even funded a Navigator at La Familia. At the jails intake and discharge are not in it. Our dream is that the State would get excited about it as a way to measure impact and connectiveness and hopefully start funding in the same way so there are not a million masters to serve.

Ms. Cirrolla said the most exciting thing is the referral process through Unite Us. It creates accountability around referrals and data for our funders as well. She also thinks it is exciting that patient documents that are scanned into the system follow their profile so you don't have to get the documents over and over again. That is a huge cost that we are all paying for.

Ms. Ochoa said we had \$850,000 go out to two tiers of the project for those who step up to do navigation and those already doing that work. Children and Youth funding in the spring will be interesting. They are not thinking so much about navigation. We will work toward that. Thanks to Larry's work on the healthcare exemption the County is now processing these services on a non-competitive process. The City is not there yet. It makes us all act like real partners. The City and County small funders are in all this. Will need to have backup from the State. We do have interest from this Administration and the Public Schools are very interested in this. Navigation is not the answer to all the ills. We need the resources. The people with relationships with the people keep them in the fold. We have Navigators in seniors and veterans and are working on others. The County has Navigators in their direct services. Recently we filled the County Municipal Court Navigator primarily for homeless court. The City has one as well.

Mr. Smoker said thank you very much. This was very helpful. The Community

Health Council he comes from thinks that committees are places where good ideas go to die. He would encourage you to push your idea further and when task forces completed their tasks to disband them.

Ms. Ochoa said that is a process that is slow to change. Boards and Commissions and Committees exist by Ordinance and Resolution. The overall thing you said is that there is redundancy in all the finding and it should come down to the social determinants to health. Education, housing and food safety and access to resources.

Ms. Knight said there is the evaluation piece and your commitment to grow the network. Ongoing evaluation people who are being contacted to see if there are barriers for access have language issues.

Ms. Ochoa said the evaluation for the County is being done by a consultant. We have a data team at the City, Aspen Solutions, and we are working closely with them. The County has an advisory panel for users. It is a very closed network right now. At the City when a case is closed and that issue is closed the Navigator will report the results. We will have hard information about how they did. We need people served to have more of a part in the program. We also have monthly Navigation meetings and training.

Ms. Cirrolla said clinical oversight is awesome. It is support for the Navigators.

Ms. Ochoa said they can also do case conferencing.

Dr. Condon asked is this what the Navigators use.

Ms. Ochoa said it is, up to the last question about interpersonal safety. The behavioral health questions are optional. Within the system we can see the referrals made, but are not able to see the referrals to the Santa Fe Recovery Center. There is some added protection there. The supplemental questions can be asked at the discretion of Navigator during triage.

Chair Kaltenbach said some of our recommendations around the Coordinated Care Model came out of treatment that is already happening. This a great time to think about how we might supplement what is happening.

Mr. Martinez said what is pushing us so hard to bring about coordination is that a growing population is falling through the cracks. Elderly people are in inappropriate homes at a high cost and cannot maneuver their way through the assistance programs. They are dying in there homes isolated. It is forcing us to coordinate and case manage folks through the system.

Ms. Ochoa said we got an Americorp Planning Grant in our Department this

year. We will be working that in.

Ms. Andar asked what is the reason why it is stopped at the interpersonal safety questions.

Ms. Ochoa said we do ask those questions. The stop is after the interpersonal questions.

Chair Kaltenbach said the libraries are also a place for overdose prevention education. Do they have Naloxone on site.

Ms. Ochoa said they do not yet. We need them to and that is a goal. We have a new Library Director who is addressing years of deferred maintenance, not just in buildings, but in staffing and training.

Chair Kaltenbach said thank you so much.

E. AFFORDABLE HOUSING, ALEXANDRA LADD

Ms. Ladd was unable to attend the meeting.

F. MIDTOWN CAMPUS, RICH BROWN

Mr. Brown said he wanted to thank his fellow City employees for the fantastic work they are doing. He is from the Office of Economic Development. He is the Opportunity Zone Ambassador for the City of Santa Fe. There are five zones in the City. His job in this process is to educate the development community and people with funds and the business community what can we do to uplift these census tracts with high employment and low income. Midtown in one of the opportunity zones. It is a three phase process. We have an economic analysis RFP to help the City understand the value of the property if it is redeveloped. The second phase is community engagement. An RFP went out that will revisit the RFP again for that. The third is a request for expressions of interest. That was sent to 250 business developers and investors interesting in looking at redevelopment ideas for the Campus. It is 64 acres. This RFP does not ask for a proposal, just interest and ideas. Friday and Monday we are having a prebid conference at the Campus where those folks can come in and learn about the Campus and what we are looking for. We do have another meeting with the folks doing the economic analysis and getting information on what the City has to offer and what the community wants to see from the property standpoint.

Mr. Smoker asked is the meeting tomorrow open to public.

Mr. Brown said yes, from 9:00 am to 1:00 pm.

Mr. Lieving asked what sort of things are being talked about for the property.

Mr. Brown said the request for interest includes three scenarios. One is a mass developer. Second is film development. Third is UNM for an education scenario. If we do not have overall development, some group of developers will work with local businesses etc.

Ms. Ochoa said can you clarify what things are hard wired and required.

Mr. Brown said the anchors include the film studio, the library anchor, Brindlis Hall, the sound studio, Greer Garson and the Screen. Affordable housing is inside the request as a requirement. He is the intermediary between people with ideas and developers with shovel ready ideas.

Chair Kaltenbach said what you have shared with us is helpful for us to put a recommendation in our plan. How can some of us get involved.

Mr. Brown said through the community engagement process. Be a voice there. If any organization would like to be part of the Campus submit a proposal for the Expression of Interest. You are a local preference.

Chair Kaltenbach asked the anchor points, are there any City services being considered.

Mr. Brown said the library.

Chair Kaltenbach said thank you Rich. This has been really helpful. At our next meeting we will bring back our next version of recommendations and will go through a process of reviewing them and voting on priorities.

Ms. Ochoa said she will send out information about our Built for Zero project. It is the City's approach to addressing chronic homelessness and affordable housing.

5. COMMENTS FROM THE CHAIR AND COMMITTEE MEMBERS

None

6. REPORT FROM STAFF

None

7. MATTERS FROM THE FLOOR

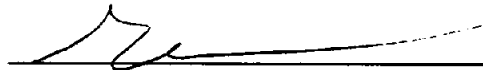
None

8. ADJOURNMENT

There being no further business before the Task Force the meeting adjourned at 1:10 pm.



Emily Kaltenbach, Chair



Elizabeth Martin, Stenographer



LIFE LINK



LAS CUMBRES
UNITED WAY OF SF COUNTY

SANTA FE CITY FIRE DEPARTMENT

Mobile Integrated Health Office

Literacy Volunteers



COMING HOME CONNECTION

ESPERANZA SHELTER



ST. ELIZABETH SHELTER
INTERFAITH SHELTER

SANTA FE PUBLIC SCHOOLS

Adelante

Teen Parent



SANTA FE
CONNECT



YOUTHWORKS

SANTA FE CITY & COUNTY
SENIOR SERVICES

SANTA FE COUNTY
DWI COMPLIANCE

SANTA FE COUNTY TEEN COURT

NM IMMIGRANT LAW CENTER

SANTA FE DREAMERS PROJECT



SANTA FE RECOVERY

SANTA FE COUNTY
DETENTION



THE LIFELINK



FOOD DEPOT

LA FAMILIA MEDICAL CENTER

FEEDING SANTA FE FIRST CHOICE CLINIC



SANTA FE COUNTY
HOUSING AUTHORITY

PECOS VALLEY MEDICAL CLINIC

KITCHEN ANGELS

Exhibit "1"



The Accountable Health Communities Health-Related Social Needs Screening Tool

What's the Accountable Health Communities (AHC) Health-Related Social Needs (HRSN) Screening Tool?

We at the Centers for Medicare & Medicaid Services (CMS) Center for Medicare and Medicaid Innovation (CMMI) made the Accountable Health Communities (AHC) Health-Related Social Needs (HRSN) Screening Tool to use in the AHC Model.¹ We're testing to see if systematically finding and dealing with the health-related social needs of Medicare and Medicaid beneficiaries has any effect on their total health care costs and makes their health outcomes better.

Why is the AHC HRSN Screening Tool important?

Growing evidence shows that if we deal with unmet HRSNs like homelessness, hunger, and exposure to violence, we can help undo their harm to health. Just like with clinical assessment tools, providers can use the results from the HRSN Screening Tool to inform patients' treatment plans and make referrals to community services.

What does the AHC HRSN Screening Tool mean for me?

Screening for HRSNs isn't standard clinical practice yet. We're making the AHC HRSN Screening Tool a standard screening across all the communities in the AHC Model. We're sharing the AHC HRSN Screening Tool for awareness.

What's in the AHC HRSN Screening Tool?

In a National Academy of Medicine discussion paper,² we shared the 10-item HRSN Screening Tool. The Tool can help providers find out patients' needs in these 5 core domains that community services can help with:

- Housing instability
- Food insecurity
- Transportation problems
- Utility help needs

¹ United States, U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services. (2017, September 05). Accountable Health Communities Model. <https://innovation.cms.gov/initiatives/ahcm>.

² Billieux, A., MD, DPhil, Verlander, K., MPH, Anthony, S., DrPH, & Alley, D., PhD. (2017). Standardized Screening for Health-Related Social Needs in Clinical Settings: The Accountable Health Communities Screening Tool. National Academy of Medicine Perspectives, 1-9. <https://nam.edu/wp-content/uploads/2017/05/Standardized-Screening-for-Health-Related-Social-Needs-In-Clinical-Settings.pdf>.



- Interpersonal safety

In the final version below, we made small revisions to the original 10 questions based on cognitive testing we did since we shared the first version. In the final version we also included questions in 8 supplemental domains that we haven't shared before:

- Financial strain
- Employment
- Family and community support
- Education
- Physical activity
- Substance use
- Mental health
- Disabilities

Who should use the AHC HRSN Screening Tool?

The questions in the AHC HRSN Screening Tool are meant to be used for individual respondents who answer the questions themselves. A parent or caregiver can answer for an individual, too, if that makes more sense. Clinicians and their staff can easily use this short tool as part of their busy clinical workflows with people of all different ages, backgrounds, and settings.

In the next 5 years, hundreds of participating clinical delivery sites across the 32 AHCs will screen over 7 million Medicare and Medicaid beneficiaries using the 10 core domain questions. The AHCs can also choose to add any of the supplemental domain questions into their standard screening processes.

Who made the AHC HRSN Screening Tool?

We made this tool with a panel of experts from around the country including:

- Tool developers
- Public health and clinical researchers
- Clinicians
- Population health and health systems executives
- Community-based organization leaders
- Federal partners

We got permission from the original authors of the questions to use, copy, modify, publish, and distribute the questions for the AHC Model and for our use only.



AHC HRSN Screening Tool Core Questions

If someone chooses the underlined answers, they might have an unmet health-related social need.

Living Situation

1. What is your living situation today?³

- ☐ I have a steady place to live
- ☐ I have a place to live today, but I am worried about losing it in the future
- ☐ I do not have a steady place to live (I am temporarily staying with others, in a hotel, in a shelter, living outside on the street, on a beach, in a car, abandoned building, bus or train station, or in a park)

2. Think about the place you live. Do you have problems with any of the following?⁴

CHOOSE ALL THAT APPLY

- ☐ Pests such as bugs, ants, or mice
- ☐ Mold
- ☐ Lead paint or pipes
- ☐ Lack of heat
- ☐ Oven or stove not working
- ☐ Smoke detectors missing or not working
- ☐ Water leaks
- ☐ None of the above

Food

Some people have made the following statements about their food situation. Please answer whether the statements were **OFTEN**, **SOMETIMES**, or **NEVER** true for you and your household in the last 12 months.⁵

3. Within the past 12 months, you worried that your food would run out before you got money to buy more.

- ☐ Often true
- ☐ Sometimes true
- ☐ Never true

³ National Association of Community Health Centers and partners, National Association of Community Health Centers, Association of Asian Pacific Community Health Organizations, Association OPC, Institute for Alternative Futures. (2017). PRAPARE. <http://www.nachc.org/research-and-data/prapare/>

⁴ Nuruzzaman, N., Broadwin, M., Kourouma, K., & Olson, D. P. (2015). Making the Social Determinants of Health a Routine Part of Medical Care. *Journal of Healthcare for the Poor and Underserved*, 26(2), 321-327.

⁵ Hager, E. R., Quigg, A. M., Black, M. M., Coleman, S. M., Heeren, T., Rose-Jacobs, R., Frank, D. A. (2010). Development and Validity of a 2-Item Screen to Identify Families at Risk for Food Insecurity. *Pediatrics*, 126(1), 26-32. doi:10.1542/peds.2009-3146



4. Within the past 12 months, the food you bought just didn't last and you didn't have money to get more.

- ☐ Often true
☐ Sometimes true
☐ Never true

Transportation

5. In the past 12 months, has lack of reliable transportation kept you from medical appointments, meetings, work or from getting things needed for daily living?⁶

- ☐ Yes
☐ No

Utilities

6. In the past 12 months has the electric, gas, oil, or water company threatened to shut off services in your home?⁷

- ☐ Yes
☐ No
☐ Already shut off

Safety

Because violence and abuse happens to a lot of people and affects their health we are asking the following questions.⁸

7. How often does anyone, including family and friends, physically hurt you?

- ☐ Never (1)
☐ Rarely (2)
☐ Sometimes (3)
☐ Fairly often (4)
☐ Frequently (5)

⁶ National Association of Community Health Centers and Partners, National Association of Community Health Centers, Association of Asian Pacific Community Health Organizations, Association OPC, Institute for Alternative Futures. (2017). PRAPARE. <http://www.nachc.org/research-and-data/prapare/>

⁷ Cook, J. T., Frank, D. A., Casey, P. H., Rose-Jacobs, R., Black, M. M., Chilton, M., . . . Cutts, D. B. (2008). A Brief Indicator of Household Energy Security: Associations with Food Security, Child Health, and Child Development in US Infants and Toddlers. *Pediatrics*, 122(4), 867-875. doi:10.1542/peds.2008-0286

⁸ Sherin, K. M., Sinacore, J. M., Li, X. Q., Zitter, R. E., & Shakil, A. (1998). HITS: a Short Domestic Violence Screening Tool for Use in a Family Practice Setting. *Family Medicine*, 30(7), 508-512



8. How often does anyone, including family and friends, insult or talk down to you?

- ☐ Never (1)
- ☐ Rarely (2)
- ☐ Sometimes (3)
- ☐ Fairly often (4)
- ☐ Frequently (5)

9. How often does anyone, including family and friends, threaten you with harm?

- ☐ Never (1)
- ☐ Rarely (2)
- ☐ Sometimes (3)
- ☐ Fairly often (4)
- ☐ Frequently (5)

10. How often does anyone, including family and friends, scream or curse at you?

- ☐ Never (1)
- ☐ Rarely (2)
- ☐ Sometimes (3)
- ☐ Fairly often (4)
- ☐ Frequently (5)

A score of 11 or more when the numerical values for answers to questions 7-10 are added shows that the person might not be safe.



AHC HRSN Screening Tool Supplemental Questions

Financial Strain

11. How hard is it for you to pay for the very basics like food, housing, medical care, and heating? Would you say it is:⁹

- ☐ Very hard
- ☐ Somewhat hard
- ☐ Not hard at all

Employment

12. Do you want help finding or keeping work or a job?¹⁰

- ☐ Yes, help finding work
- ☐ Yes, help keeping work
- ☐ I do not need or want help

Family and Community Support

13. If for any reason you need help with day-to-day activities such as bathing, preparing meals, shopping, managing finances, etc., do you get the help you need?¹¹

- ☐ I don't need any help
- ☐ I get all the help I need
- ☐ I could use a little more help
- ☐ I need a lot more help

14. How often do you feel lonely or isolated from those around you?¹²

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Often
- ☐ Always

⁹ Hall, M. H., Matthews, K. A., Kravitz, H. M., Gold, E. B., Buysse, D. J., Bromberger, J. T., . . . Sowers, M. (2009). Race and Financial Strain are Independent Correlates of Sleep in Midlife Women: The SWAN Sleep Study. *Sleep*, 32(1), 73-82. doi:10.5665/sleep/32.1.73

¹⁰ Identifying and Recommending Screening Questions for the Accountable Health Communities Model (2016, July) Technical Expert Panel discussion conducted at the U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services, Baltimore, MD.

¹¹ Kaiser Permanente. (2012, June). Medicare Total Health Assessment Questionnaire. Retrieved from https://mydoctor.kaiserpermanente.org/ncal/Images/Medicare%20Total%20Health%20Assessment%20Questionnaire_tcm75-487922.pdf

¹² Northwestern University. (2017). PROMIS Item Bank v. 1.0 – Emotional Distress - Anger - Short Form 1



Education

15. Do you speak a language other than English at home?¹³

- ☐ Yes
☐ No

16. Do you want help with school or training? For example, starting or completing job training or getting a high school diploma, GED or equivalent.¹⁴

- ☐ Yes
☐ No

Physical Activity

17. In the last 30 days, other than the activities you did for work, on average, how many days per week did you engage in moderate exercise (like walking fast, running, jogging, dancing, swimming, biking, or other similar activities)?¹⁵

- ☐ 0
☐ 1
☐ 2
☐ 3
☐ 4
☐ 5
☐ 6
☐ 7

18. On average, how many minutes did you usually spend exercising at this level on one of those days?¹⁶

- ☐ 0
☐ 10
☐ 20
☐ 30
☐ 40
☐ 50
☐ 60

¹³ United States, US Census Bureau. (2017). American Community Survey. Retrieved from <https://www.census.gov/programs-surveys/acs/>

¹⁴ Identifying and Recommending Screening Questions for the Accountable Health Communities Model (2016, July) Technical Expert Panel discussion conducted at the U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services, Baltimore, MD.

¹⁵ Coleman, K. J., Ngor, E., Reynolds, K., Quinn, V. P., Koebrick, C., Young, D. R., . . . Sallis, R. E. (2012). Initial Validation of an Exercise "Vital Sign" in Electronic Medical Records. *Medicine and Science in Sport and Exercise*, 44(11), 2071-2076. doi:10.1249/MSS.0b013e3182630ec1

¹⁶ Ibid



- ☐ 90
- ☐ 120
- ☐ 150 or greater

Follow these 2 steps to decide if the person has a physical activity need:

1. Calculate ["number of days" selected] x ["number of minutes" selected] = [number of minutes of exercise per week]
2. Apply the right age threshold:
 - Under 6 years old: You can't find the physical activity need for people under 6.
 - Age 6 to 17: Less than an average of 60 minutes a day shows an HRSN.
 - Age 18 or older: Less than 150 minutes a week shows an HRSN.

Substance Use

The next questions relate to your experience with alcohol, cigarettes, and other drugs. Some of the substances are prescribed by a doctor (like pain medications), but only count those if you have taken them for reasons or in doses other than prescribed. One question is about illicit or illegal drug use, but we only ask in order to identify community services that may be available to help you.¹⁷

19. How many times in the past 12 months have you had 5 or more drinks in a day (males) or 4 or more drinks in a day (females)? One drink is 12 ounces of beer, 5 ounces of wine, or 1.5 ounces of 80-proof spirits.

- ☐ Never
- ☐ Once or Twice
- ☐ Monthly
- ☐ Weekly
- ☐ Daily or Almost Daily

20. How many times in the past 12 months have you used tobacco products (like cigarettes, cigars, snuff, chew, electronic cigarettes)?

- ☐ Never
- ☐ Once or Twice
- ☐ Monthly
- ☐ Weekly
- ☐ Daily or Almost Daily

¹⁷ United States, U.S. Department of Health and Human Services, National Institutes of Health. (n.d.). Helping Patients Who Drink Too Much: A Clinician's Guide (2005 ed., pp. 1-34).



21. How many times in the past year have you used prescription drugs for non-medical reasons?

- ☐ Never
- ☐ Once or Twice
- ☐ Monthly
- ☐ Weekly
- ☐ Daily or Almost Daily

22. How many times in the past year have you used illegal drugs?

- ☐ Never
- ☐ Once or Twice
- ☐ Monthly
- ☐ Weekly
- ☐ Daily or Almost Daily

Mental Health

23. Over the past 2 weeks, how often have you been bothered by any of the following problems?¹⁸

a. Little interest or pleasure in doing things?

- ☐ Not at all (0)
- ☐ Several days (1)
- ☐ More than half the days (2)
- ☐ Nearly every day (3)

b. Feeling down, depressed, or hopeless?

- ☐ Not at all (0)
- ☐ Several days (1)
- ☐ More than half the days (2)
- ☐ Nearly every day (3)

If you get 3 or more when you add the answers to questions 23a and 23b the person may have a mental health need.

¹⁸ Kroenke, K., Spitzer, R. L., & Williams, J. B. (2003). The Patient Health Questionnaire-2: validity of a two-item depression screener. *Medical Care*, 41(11), 1284-1292.



24. Stress means a situation in which a person feels tense, restless, nervous, or anxious, or is unable to sleep at night because his or her mind is troubled all the time. Do you feel this kind of stress these days?¹⁹

- ☐ Not at all
- ☐ A little bit
- ☐ Somewhat
- ☐ Quite a bit
- ☐ Very much

Disabilities

25. Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?²⁰ (5 years old or older)

- ☐ Yes
- ☐ No

26. Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?²¹ (15 years old or older)

- ☐ Yes
- ☐ No

¹⁹ Elo, A.L., Leppänen, A., & Jahkola, A. (2003). Validity of a Single-Item Measure of Stress Symptoms. *Scandinavian Journal of Work, 29*(6), 444-451.

²⁰ United States, U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation (n.d.). Implementation Guidance on Data Collection Standards for Race, Ethnicity, Sex, Primary Language, and Disability Status. Retrieved from <https://aspe.hhs.gov/basic-report/hhs-implementation-guidance-data-collection-standards-race-ethnicity-sex-primary-language-and-disability-status>

²¹ Ibid.