



HUMAN  
SERVICES  
DEPARTMENT



# GRANULE BY GRANULE, BRICK BY BRICK: NM HUMAN SERVICES DATA

DECEMBER 1, 2021 ALEX CASTILLO SMITH

*INVESTING FOR TOMORROW, DELIVERING TODAY.*

# BEFORE WE START...

On behalf of all colleagues at the Human Services Department, we humbly acknowledge we are on the unceded ancestral lands of the original peoples of the Apache, Navajo and Pueblo past and present.

With gratitude we pay our respects to the land, the people and the communities that have contributed to what today is known as the State of New Mexico.



PHOTO COURTESY: HSD Employee

# SESSION OUTLINE

- Making the case: evidence-based policymaking
- HSD's Data Tools:
  - Data Book
  - HSD Online Performance Scorecard
  - Social Impact Measures
  - Quarterly Performance Measure Review Meeting
- Discussion



**Alex Castillo Smith**


Manager, Strategic Planning & Special Projects

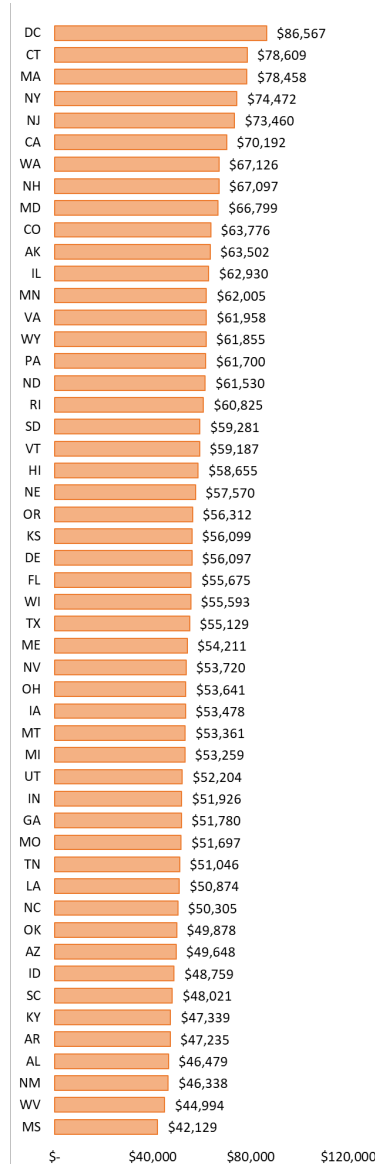
[Alex.CastilloSmith@state.nm.us](mailto:Alex.CastilloSmith@state.nm.us)

505-629-8652

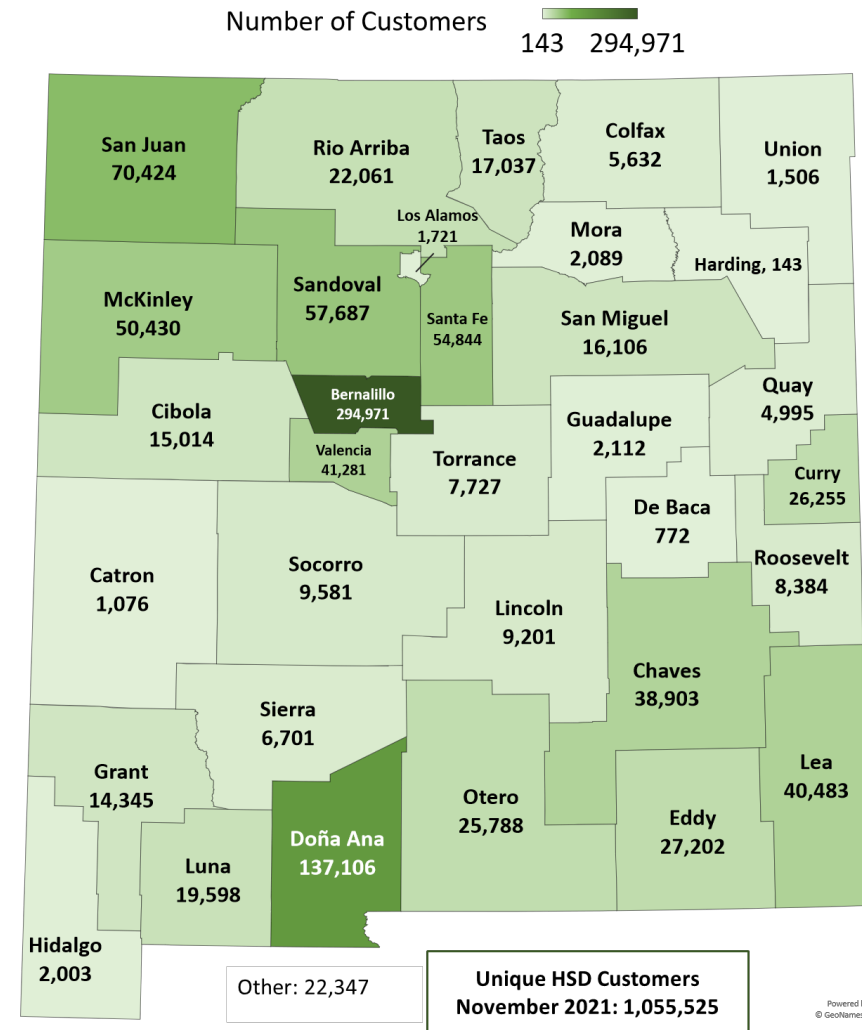
# HSD SERVES 50% OF NEW MEXICANS

“Poverty is the worst form of violence.” - Mahatma Ghandi

U.S. Per Capita Personal Income by State, 2020 (NM 3<sup>rd</sup> lowest at \$46,338) 



Unique HSD Customers, November 2021





# MISSION

*To transform lives. Working with our partners, we design and deliver innovative, high quality health and human services that improve the security and promote independence for New Mexicans in their communities.*

## GOALS



### We help NEW MEXICANS

1. Improve the value and range of services we provide to ensure that every qualified New Mexican receives timely and accurate benefits.



### We communicate EFFECTIVELY

2. Create effective, transparent communication to enhance the public trust.



### We make access EASIER

3. Successfully implement technology to give customers and staff the best and most convenient access to services and information.

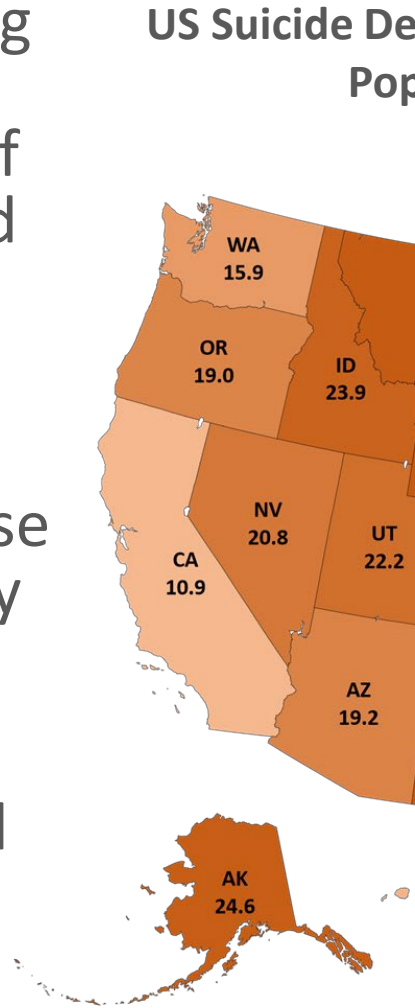


### We support EACH OTHER

4. Promote an environment of mutual respect, trust and open communication to grow and reach our professional goals.

# EVIDENCE-BASED POLICYMAKING

- Complex issues and challenges facing New Mexicans must be met with urgency and doing so requires use of facts arrived at through rigorous and systematic analysis, governed by principles of scientific integrity.
- Ensure, protect, and institutionalize the collection, dissemination, and use of high-quality evidence informed by diverse viewpoints and methods.
- HSD should use evidence whenever possible to further both mission and operations and commit to build evidence where lacking.



## Policymaking in 5 Steps

### 01 Identify and Define Needs

Understand the purpose of policies and recognise problems that can be effectively handled by the new policy. Delegate responsibility to an individual, sub-committee or staff members, to to the policy development process.

### 02 Gather Information and Draft a policy

What are legal responsibilities? Can you use existing templates? Who will guide you? Prepare a draft policy with appropriate wording, length and complexity.

### 03 Consult with Stakeholders

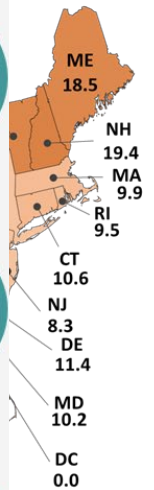
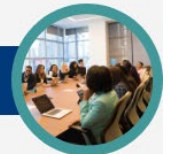
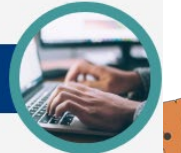
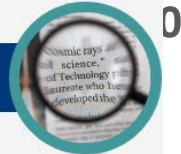
Discuss the potential implications of the policy with supporters, staff, volunteers, management committee and service users. Review and get the policy approved by the Management Committee.

### 04 Implementing Policies

Where will the policy be implemented? Who will implement the policy? Who will develop implementation procedures. How will the policy be communicated and to whom? Does it require any training to support the implementation?

### 05 Monitor, Review, Revise

What reporting and monitoring systems are needed to implement and assess the policy.



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# ANALYTICAL LEVELS



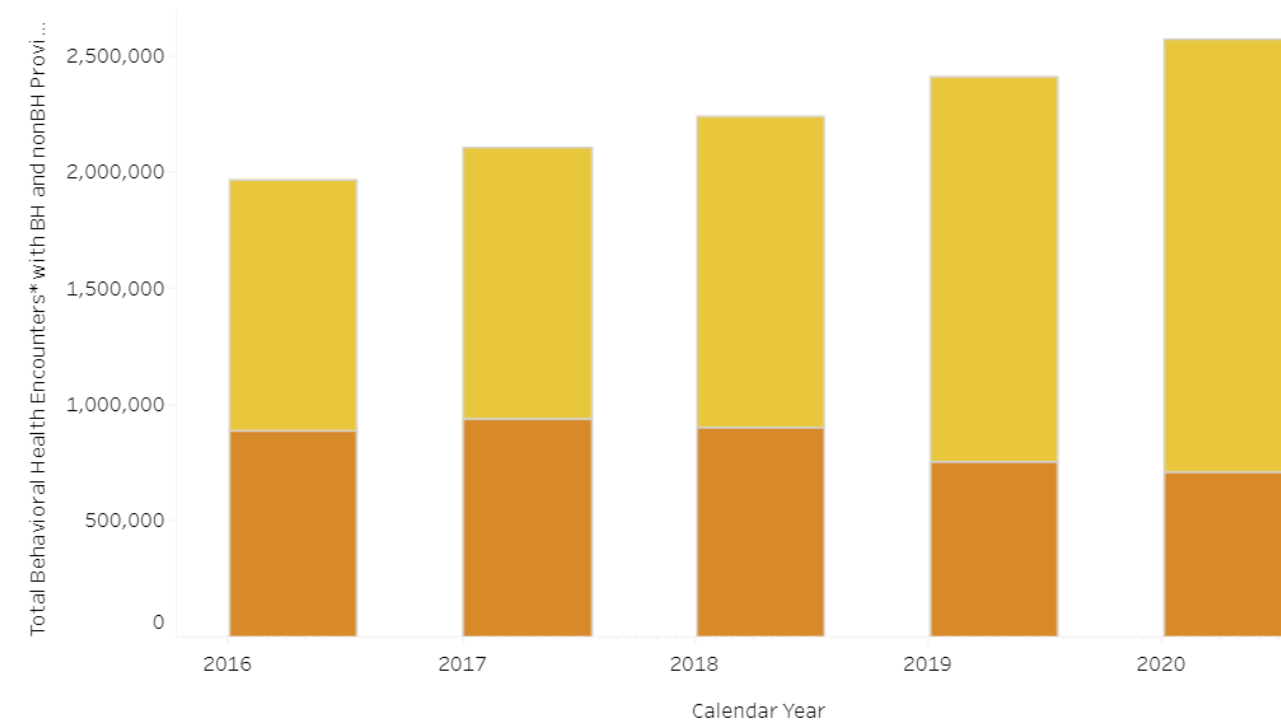
We help **NEW MEXICANS**

1. Improve the value and range of services we provide to ensure that every qualified New Mexican receives timely and accurate benefits.

# PERFORMANCE MEASUREMENT

- Performance measures may address:
  - Type or level of activities conducted (process);
  - Direct products and services delivered (outputs); and,
  - Results of those products and services (outcomes).
- HSD should commit to building evidence where it is not existing and to use existing evidence, sometimes in new ways and contexts.
  - Support agency operations, grantmaking, human capital management, administration, and strategic goals.

How good is my Managed Care Organization (MCO) at working with providers to ensure I have a behavioral health (BH) visit with a BH or non-BH provider?



Last updated: 5/11/2021

Measure Names

- BH Provider
- NonBH Provider

# EQUITY IS FOUNDATIONAL

- Early, active, and consistent engagement with stakeholders who represent diverse perspectives and experiences critical, so evidence yields high-quality insights and do not inadvertently perpetuate underlying biases.
- When priority questions identified, HSD should ensure full range of perspectives and voices gathered to inform and refine those questions.
- Equity should be considered as HSD designs and implements evidence-building activities (e.g. methods, data collection, analysis, dissemination and reporting).



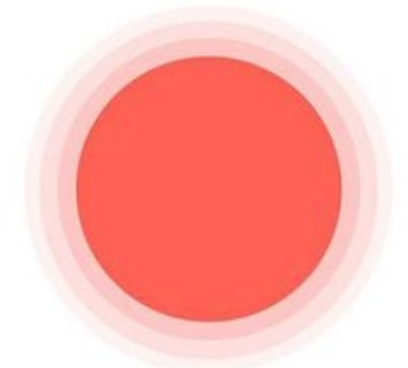
envision it



refine it



create it

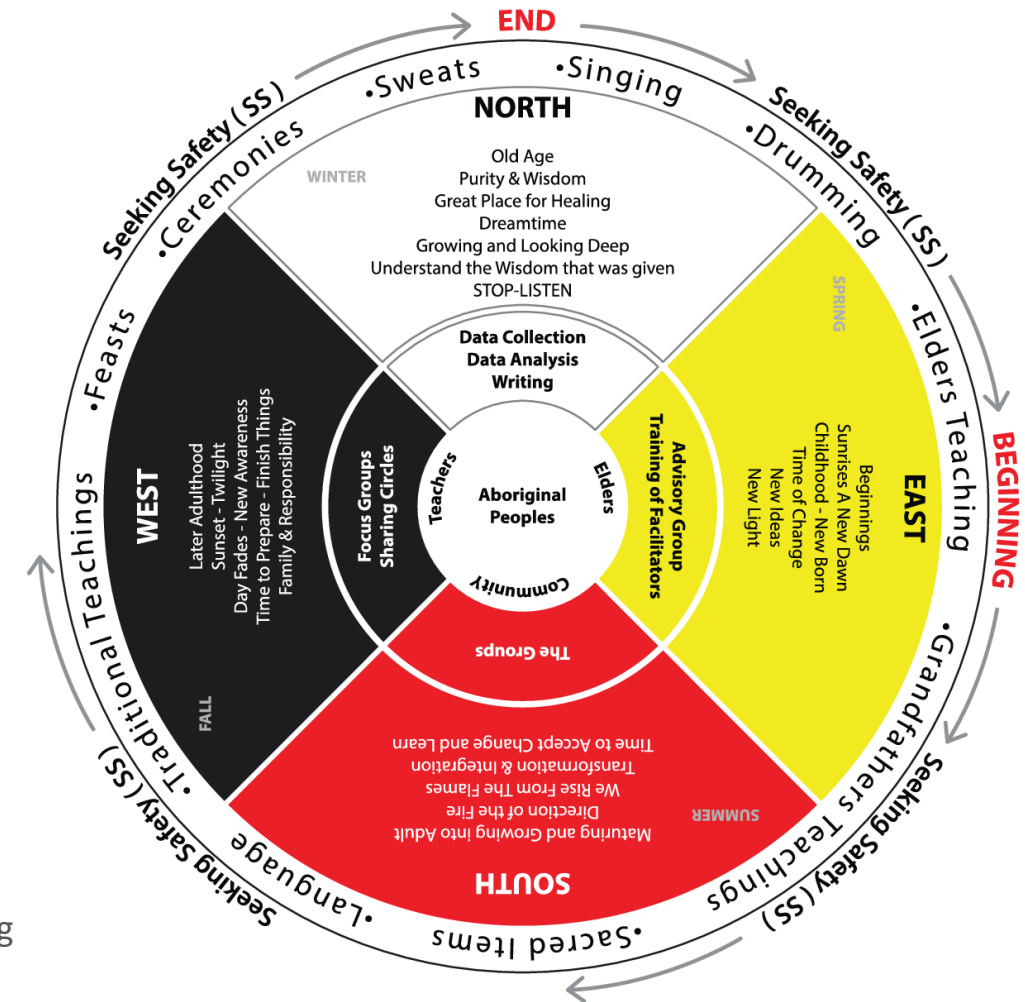


share it

# DECOLONIZING RESEARCH AND EVIDENCE

- For those oppressed by colonization and oppression, much Western research is viewed as conducted through Imperial Eyes as it often:
  - Perpetuates inaccurate stereotypes;
  - Focuses on negative social issues; and,
  - Adopts a pathologizing lens.
- Decolonizing research** means centering concerns and world views of non-Western and marginalized individuals, and respectfully knowing and understanding theory and research from previously “Other(ed)” perspectives.

Research Process for Treatment of Intergenerational Trauma and Substance Use Illustrated through Medicine Wheel (Aboriginal peoples in N. Ontario)

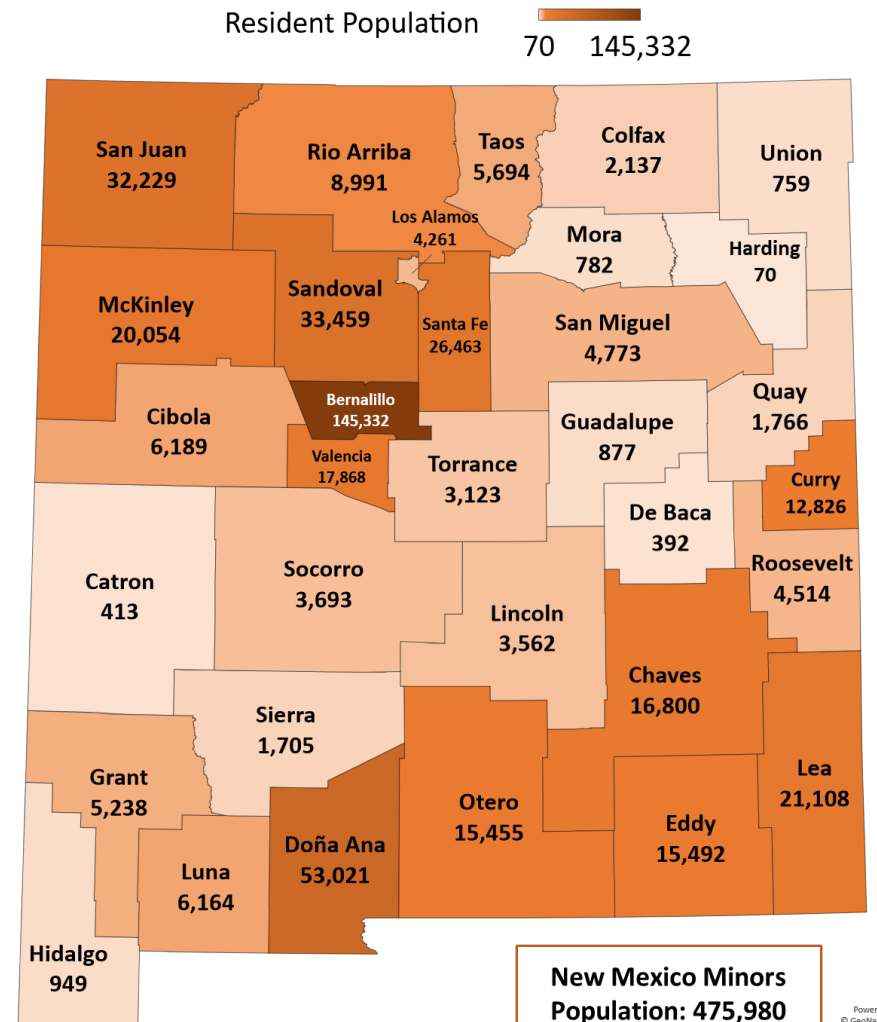


Sources: <https://journals.sagepub.com/doi/full/10.1177/16094069211014766>;  
<https://www.semanticscholar.org/paper/The-Application-of-Two-Eyed-Seeing-Decolonizing-in-Marsh-Cote-Meek/b1f93c1205f789be630161297bd785d7ba28454a#paper-header>; Decolonizing Methodologies: Research and Indigenous People (Linda Tuhiwai Smith)

# NM BEHAVIORAL HEALTH COLLABORATIVE: BUILDING COMMUNITY BASED SERVICES FOR KIDS AND FAMILIES

- How will we know that we have enough community based services for kids and families?
- How will we know our residential treatment centers are producing the outcomes we want to see?
- What will the system of care for children and youth look like if there enough and the right kind of prevention services?

Minors (Under 18 Years) Resident Population by County as of 2019



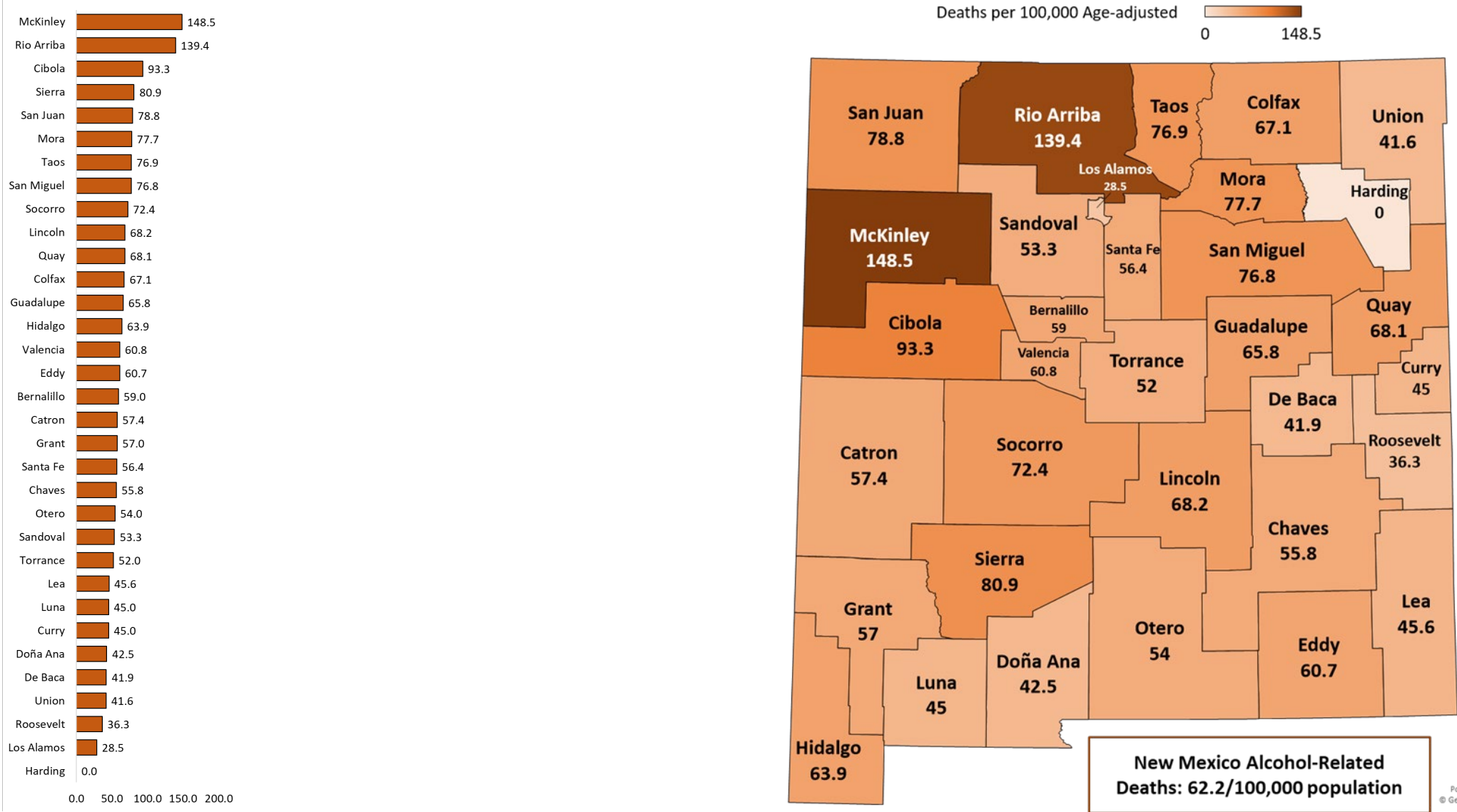


HUMAN SERVICES  
DEPARTMENT  
DATA BOOK



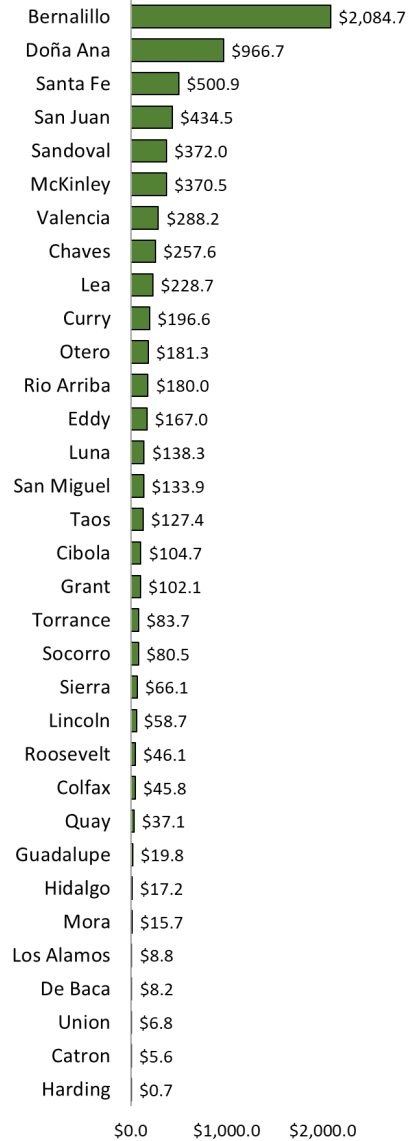
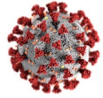
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# New Mexico Alcohol-Related Deaths by County per 100,000 Population, 2013-2017

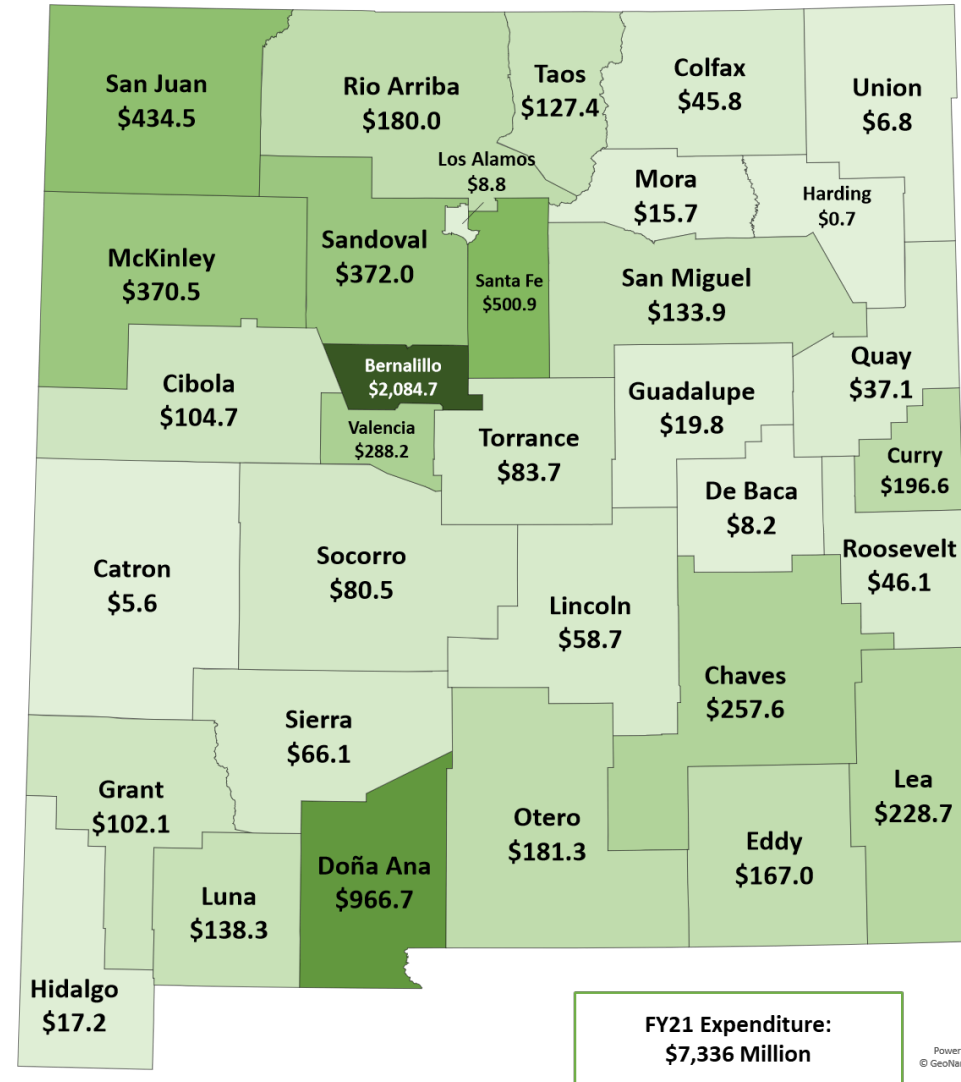


Source: Data obtained from NM-IBIS: <https://ibis.health.state.nm.us/indicator/view/AlcoholRelatedDth.Cnty.html>. New Mexico Death Data: Bureau of Vital Records and Health Statistics (BVRHS), New Mexico Department of Health. New Mexico Population Estimates: University of New Mexico, Geospatial and Population Studies (GPS) Program, <http://gps.unm.edu/>. U.S. Data Source: Centers for Disease Control and Prevention, National Center for Health Statistics, <http://www.cdc.gov/nchs/>

# State Fiscal Year (SFY) 21 Medicaid/CHIP Expenditures for New Mexico, Pro-rated by County



FY 2021 (in Millions) \$0.7 \$2,084.7



**FY21 Expenditure:**  
**\$7,336 Million**

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Source: HSD Budget Planning and Reporting Bureau, FY 2021 Medicaid/CHIP Budget Projection, September 2020.

# SIERRA COUNTY



Data Table for Sierra County

	U.S. #	N.M. #	N.M. % of US	County #	County % of NM	County Rank (1=high, 33=low)
<b>Demographic and Economic Data</b>						
Population*	328,239,523	2,096,829	0.6%	10,791	0.5%	25
White	250,446,756	1,716,516	0.7%	9,906	0.6%	25
Native American	4,267,114	229,393	5.4%	335	0.1%	24
Black/African American	43,984,096	55,107	0.1%	86	0.2%	28
Asian, Pacific Islander and Other Race	29,213,318	95,233	0.3%	475	0.5%	24
Hispanic/Latino	60,724,312	1,032,897	1.7%	3,345	0.3%	28
Minor (under 18 years) Population	73,197,414	475,980	0.7%	1,705	0.4%	26
Per Capita Personal Income as of 2019	\$54,420	\$43,326	79.6%	\$42,255	97.5%	15
			<b>N.M. rate</b>		<b>County rate</b>	
Unemployment Rate as of October 2020	22,648,527	169,843	8.1%	1,004	9.3%	7
Poverty Rate as of 2019	40,373,461	406,785	19.4%	2,881	26.7%	5
Poverty Rate of Minors (Under 18 Years) as of 2018	73,197,414	137,082	28.8%	4,295	39.8%	3
Food Insecure Children as of 2018	12,377,330	113,220	23.8%	610	33.7%	4
Single Parent Households with Children as of 2018	106,677,845	853,409	40.7%	6,550	60.7%	2
Children raised by Grandparents – 2011-2015	N/A	51,882	10.9%	101	5.9%	30
Elderly (65+ years) Population, 2019	54,159,521	377,429	18.0%	4,036	1.1%	20
Elderly (65+ years) Population, Projected 2030	68,564,129	2,308,475	42.0%	6,728	71.9%	3
Poverty Rate Elderly (65+ years) as of 2019	N/A	49,443	13.1%	541	13.4%	16
Number of Individuals Dually Eligible for Medicare/Medicaid	N/A	87,896	4.2%	1,269	11.8%	20
Percent Adults with Disabilities Population as of 2019	34,465,150	492,755	23.5%	3,302	30.6%	4
Poverty Rate Adults with Disabilities	N/A	150,783	30.6%	1,377	41.7%	4
Number of Veterans as of 2018	N/A	175,052	10.8%	1,726	19.0%	1
			<b>Per Population</b>		<b>Per Population</b>	
Alzheimer's Disease Deaths per 100,000 population	N/A	354	17.6	85	12.5	17
Unintentional Injury Deaths per 100,000 population, 2013 - 2017	N/A	1,328	66.1	587	86.8	8
Alcohol-Related Deaths per 100,000 population, 2013 - 2017	N/A	1,250	62.2	549	80.9	4
Drug Overdose Deaths per 100,000 population, 2016 - 2018	N/A	508	25.3	286	42.1	5
Suicide Deaths per 100,000 population, 2013- 2017	N/A	440	21.9	245	36.1	3
Primary Care Physicians Full-Time Equivalent per 10,000 population, 2018	N/A	34,157	162.9	412.3	6.1	10
Psychiatrists Full-Time Equivalent per 10,000 population, 2018	N/A	125.8	0.6	0.0	0.0	-
Core Mental Health Professionals Full-Time Equivalent Count, 2018	N/A	1,901	N/A	8	0.4%	23

**Legislative Districts**

**HOUSE**

- Dist 38 – Rebecca Dow
- Dist 39 – Luis M. Terrazas

**SENATE**

- Dist 35 – Crystal R. Diamond

Source: <https://nmlegis.gov>

\*Individuals of Hispanic or Latino ethnicity may identify with multiple races, therefore the race and ethnicity data will not add up to 100%



# SIERRA COUNTY

Data Table for Sierra County

	N.M. #	County #	County % of NM	County Rank (1=high, 33=low)	Race				Ethnicity
					White	Native American	Black/ African American	Asian, Pacific Islander and Other Race	Hispanic / Latino*
<b>Program Enrollment (number of individuals)</b>									
Medicaid & CHIP Recipients	889,973	8,619	1.0%	20	8,177	106	65	271	4,666
SNAP Recipients	474,797	4,670	1.0%	21	4,430	63	44	133	2,520
Cash Assistance Recipients	33,282	235	0.7%	24	219	2	8	6	131
TANF Recipients	29,421	195	0.7%	23	181	1	8	5	118
General Assistance Program Recipients	1,986	30	1.5%	18	28	1	0	1	9
LIHEAP Recipients	159,674	2,304	1.4%	20	2,191	25	23	65	1,270
Commodity Supplemental Food Program Participation January 2020 – August 2020	94,153	872	0.9%	23					
Emergency Support Function (ESF6) Food Served By Pound through November 2020	2,608,435	0	0.0%	-					
Emergency Support Function (ESF6) Total Non- Congregate Sheltered through November 2020	3,446	0	0.0%	-					
Child Support Number of Children Enrolled	91,590	493	0.54%	23					
New Mexico Human Services Department Employees as of October 1, 2020	1,665	17	1.0%	19					
<b>Program Information</b>									
	NM \$	County \$	%Total	Rank					
SNAP Benefit Spending as of October 2020	\$119,801,302	\$1,286,262	1.1%	19					
Medicaid/CHIP Expenditures FY21	\$7,336,127,000	\$66,138,229	0.9%	21					
Child Support Collections as of July 2020	\$159,797,910	\$702,450	0.4%	24					
Child Support Collections per Child as of July 2020	\$136.72	\$118.75	86.9%	23					
New Mexico Projected Child Support Collections per Child Increase by County as of October 2020	\$145.36	\$126.26	86.9%	23					

\*Individuals of Hispanic or Latino ethnicity may identify with multiple races, therefore the race and ethnicity data will not add up to 100%

# NEW MEXICO HUMAN SERVICES DEPARTMENT PERFORMANCE SCORECARD

*Investing for tomorrow, delivering today.*



# HSD'S SOCIAL IMPACT: NM BENEFITS FROM MODERN AND RESPONSIVE SOCIAL SAFETY NET

HSD's Programs have had the following social impact:

**434,378,108 meals** provided to New Mexicans through Supplemental Nutrition Assistance Program (SNAP) since January 2021



last updated: 11/15/2021

**950,575 individuals** provided the ability to visit a doctor, afford medication and immunizations through Medicaid in October 2021



**30,185 homes** heated and cooled for New Mexico families through Low Income Energy Assistance Program (LIHEAP) in Federal Fiscal Year 2022



**12,977 families** provided shelter and necessities through Temporary Assistance for Needy Families (TANF) Program in October 2021



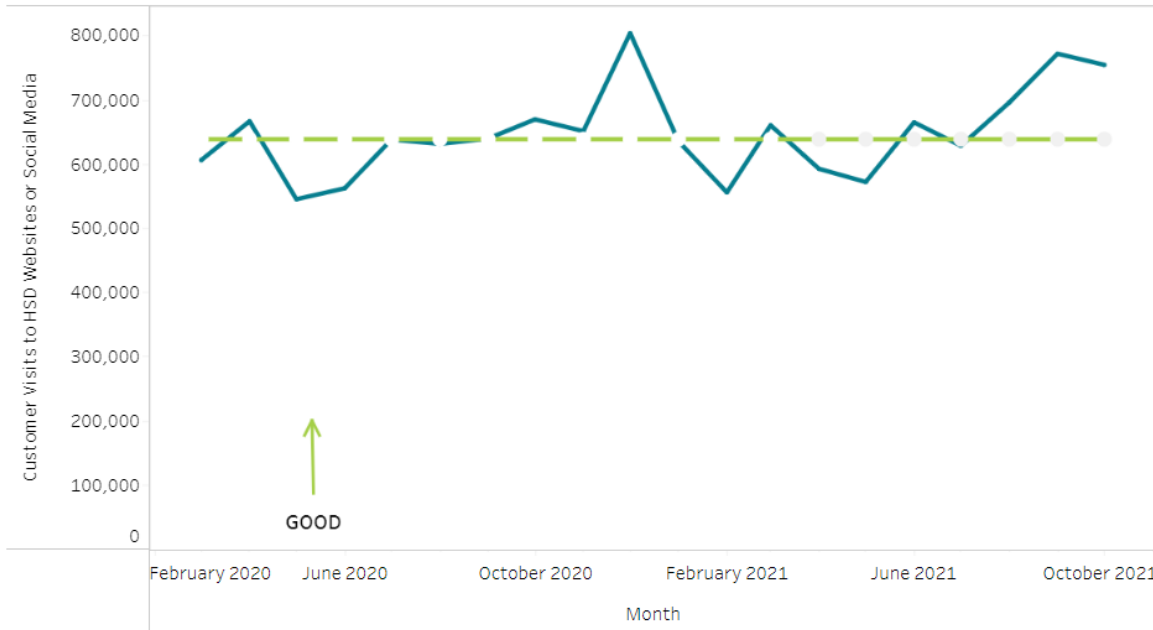
**\$134.35\*** per month on average through child support to help kids be happy and healthy **over the last 12 months**



\*collections include current support and arrears debt to the custodial parent and/or the state.

# HSD QUARTERLY PERFORMANCE MEASURE MEETING

How many contacts with HSD do people like me make via websites and/or social media?



Last updated: 11/15/2021

Measure Names  
■ Target  
■ Total

**Description:** The total number of visits across the HSD website, the NM Medicaid Portal, the Yes New Mexico Portal, the Child Support web Portal, and Facebook and Twitter messages.

**Reports:** Monthly (by the 20th of the month).

**Numerator:** Number of customer contacts via online platforms (HSD Website, NM Medicaid Portal, YesNM Portal, Child Support, Facebook, Twitter).

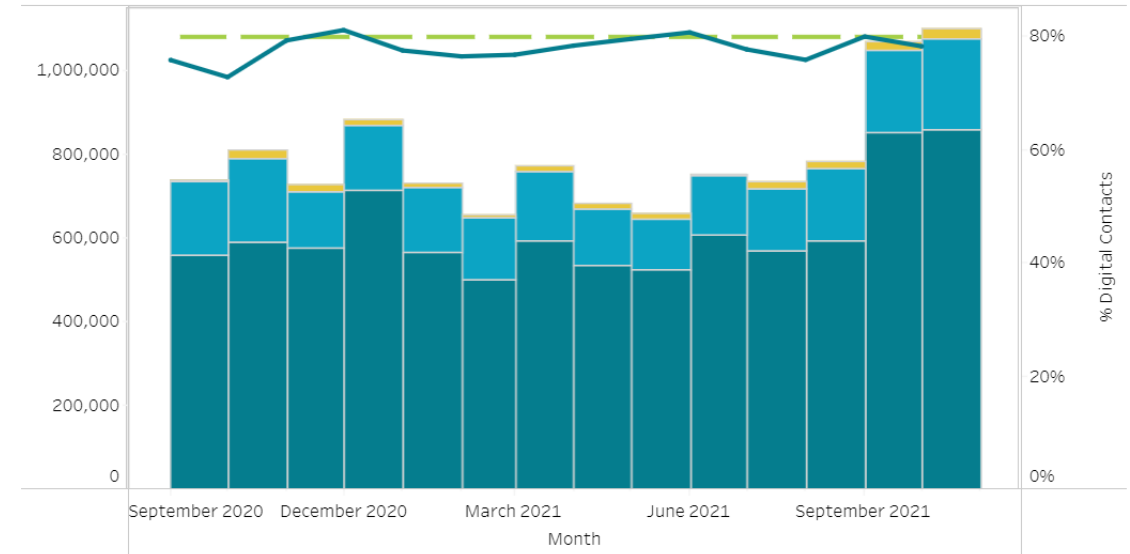
**Denominator:** No denominator.

**Target:** 638550 - This is the average of March - August 2020 + 5%.

**Data Source:** Twitter, Facebook, Google analytics via RealTime Solutions, Conduent, Server Logs.

**Comments:** This measure counts an individual each time they visit a site, it does not measure unique customers.

How often are people like me contacting HSD digitally, via a phone call, and in person or by mail?



Data updated: 11/10/2021

Measure Names  
■ In Person/Mail  
■ Digital (chat, text, email, online)  
■ Phone Call  
■ % Digital Contacts  
■ Target: % Digital Contacts

**Description:** This measure shows HSD customer contacts by channel (digitally, in person/mail, or by phone call). Digital contacts include online chat, text, email, and portal visits. The graph on the left shows total contacts by channel and the graph on the right shows the percentage of total contacts that are made digitally.

**Reports:** Monthly.

**Numerator:** Bars (left axis): total customer contacts made with HSD in a digital format, in person or by mail, and by phone call; Line (right axis): total customer contacts made with HSD in a digital format.

**Denominator:** Left: no denominator; Right: total contacts made with HSD.

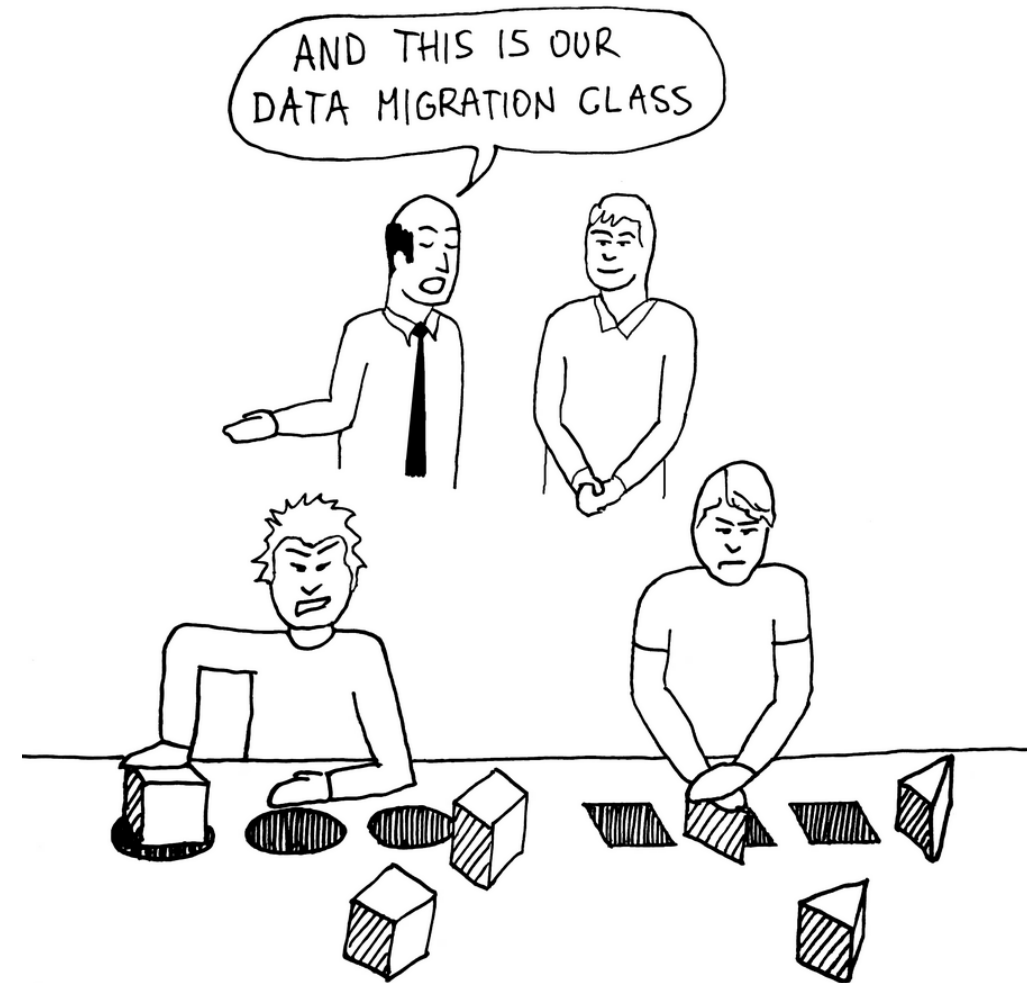
**Target:** 80% digital (80% of New Mexico counties have access to 100mbps internet)

**Data Source:** Consolidated Customer Service Center

**Comments:**

# CLOSING THOUGHTS

- Move to evidence-based data-driven culture at HSD takes years, is iterative, and requires patience.
- Using data to make decisions makes the work easier.
- We have a long way to go..
  - Equity
  - Accessibility
  - Shifting from outputs to outcomes
  - Shifting from descriptive to predictive
  - Communicating data effectively



Dataedo /cartoon

Piotr@Dataedo



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GRACIAS!

*INVESTING FOR TOMORROW, DELIVERING TODAY.*