

Proposed Asset Inventory for International District Project (10.30.19)

Overview/Introduction

Effective community development efforts are contingent upon a basic understanding and documentation of community assets, capacities and abilities. Thus, the key to enhancing community capacity is to locate all local assets and begin connecting them with one another in a manner that greatly improves their power and effectiveness (Kretzmann and McKnight 1996). Asset mapping is a fundamental part of community engagement and development, whether related to crime prevention or economic development (Aigner, Raymond, and Smidt 2002; Beaulieu 2002; Berkowitz and Wadud 2003; Roehlkepartain 2001). As Kerka (2003) with Ohio State University's Center on Education and Training for Employment describes "asset mapping involves documenting the tangible and intangible resources of a community, viewing it as a place with assets to be preserved and enhanced, not deficits to be remedied."

Using the UCLA Center for Health Policy Research Asset Map ([Section 1: Asset Mapping - healthpolicy.ucla.edu](#)) we propose to undertake a community-involved asset mapping process. The UCLA framework defines a community asset or resource as anything that improves the quality of community life.

These assets might include:

- The capacities and abilities of community members.
- Physical structures or places such as schools, hospitals, churches, libraries, or community centers.
- Local businesses that provide jobs and support the local economy.
- Neighborhood or civic organizations
- Local private, public, and nonprofit institutions or organizations.

Community Assets as Capital

Emory and Flora (2006) discuss the importance of various forms of capital in community development – including human capital, social capital, political capital and physical capital. For example, the list of public and private facilities in a community is an important measure of community assets. However, the number of active and supportive public officials is another asset and form of capital. In addition, the cultural and demographic diversity of a community, like the International District, could and should be viewed as an asset.

Steps for Creating Asset Map

The UCLA framework recommends the following steps to create an asset map:

1. Define community boundaries: attached is the City of Albuquerque's International District Sector Development Plan Map, with the current boundaries. <https://www.cabq.gov/planning/documents/internationaldistrict11X17.pdf/view>
2. Identify and involve partners: the key partners represented in the CBCR group are a vital part of this process, with more groups to be determined – some of which are mentioned in draft Asset Map.
3. Determine what type of assets to include: the draft ID Asset Map includes some of the key groups, facilities, institutions, organizations and individuals in the community. The CBCR group should determine what other assets we should include.
4. List the assets of groups: an exercise identifying the assets of each CBCR member group and other groups should be undertaken at a future meeting.
5. List the assets of individuals: in addition to the elected officials listed in the draft Asset Map, other key leaders and community members should be identified and their assets related to this project. These might include faith leaders, neighborhood association leaders, business owners and non-profit and social service agency directors.
6. Organize assets on a map: finally, working with research and data team, the assets should be mapped using the International District Sector Development Plan Map. The UNM GPS team could support this mapping effort.

International District Asset Map

We have included in the following “International District Asset Map” a preliminary list of as many of the above assets as possible. We look forward to working with community members to further flesh out the list.[1]

International District -- Preliminary Draft Asset Inventory

Community Safety Mapping

Communal sharing of perceptions on safety and security is essential for providing intel between community members, organizations, and local-level officials. In efforts to alert local-level officials on the perceived target areas that need revitalization, an interactive Safety Map was created and displayed during the October CiQlovia event. Attendees were asked, “Where do you feel safe?” Participants placed pins on a map of the International District that portrayed the following: blue pins representing places they go often, green pins representing places they feel safe, yellow pins representing areas where folks feel kind of safe, and red pins signifying areas that feel unsafe. Please see the picture below.



The findings illustrate that largely, places where most community members go often aren't places where they always feel safe. In addition, some participants did not choose their home as the place they felt safest, as youth overwhelmingly felt the safest at school. Overall, schools (Highland High School, Van Buren High School), parks (Phil Chacon Memorial Park), and local food stores (El Mesquite, Sonic Drive In, and Circle K) were designated as frequented locations. Here are a few areas many participants marked as unsafe that also correspond with high rates of violent and property crime:

- The intersection of Wyoming and Central that are home to businesses such as McDonalds/Circle K and Pizza Hut
- The intersection of Louisiana and Central that are home to businesses such as Albuquerque Downs, the closed CVS store, and a major bus stop
- The Walmart located at 301 San Mateo SE—a place where many community residents say they go often.

Human Capital – The People of the District

- <https://statisticalatlas.com/zip/87108/Overview>
- https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_15_5YR_DP02&src=pt

The most vital resource within any community is its people, and the literature makes clear that building on existing assets within the community is efficient. While the district faces many challenges, there are several strengths that if cultivated properly could generate economic development and well-being. Below are some examples:

- **Bilingualism:** The international district has one of the highest concentrations of New Mexicans who are fluent in a language other than English. For example, language diversity in the international district is twice that of Bernalillo County residents, as 40 percent of residents speak a language other than English at home. Our Center's research has identified that the STEM industries are in need of bilingual employees, who even with a high school diploma, can make a significantly higher income than in other sectors. Providing focused training opportunities in these areas could have a high return on investment.
- **Cohesiveness:** Group identity and resiliency are resources that can be vital for communities facing socio-economic challenges. There is a real sense of community in the district, and with success in the community policing and community building efforts associated with this project, can be enhanced and utilized to generate stronger social networks. Furthermore, it contributes to economic growth and investment, good governance, health, social security and childhood outcomes. Ultimately, having a high degree of social cohesion leads to a greater adherence to norms of behavior, cooperation, and reduced transaction costs for participating in civil society (Knack and Keefer 1997; Stanley 2003).
- **Racial and Ethnic Identity:** The International District is one of the most diverse areas in the state of New Mexico with 17 percent of its residents identifying as foreign born, and 52 percent of residents identifying as Hispanic. In addition, the District has a higher population of both Blacks and Asians compared to the state population.
- **Education:** College and/or Graduate School enrollment is higher for the District than the County at 6.2 percent. Residents of the District are also more likely to graduate from high school at roughly 25 percent, which is slightly higher than the County at large.

Existing Groups

Active community and faith-based organizations are an important community asset. They pull together neighbors and community leaders to try to address problems and improve communication and cooperation. Some of the more active groups in the International District include:

International District Healthy Communities Coalition

East Central Ministries

Fair West Neighborhood Association

Siesta Hills Neighborhood Association

Elder Homestead Neighborhood Association

South San Pedro Neighborhood Association

District 6 Coalition of Neighborhood Associations

Facilities/Institutions

Physical assets or capital are fundamental to growing a community's ability to connect and meet the needs of its residents. Below are some of the physical assets in the International District.

Law Enforcement Locations

Educational

The International District has several schools and education-related entities within its boundaries that support children and families in the area, as well as citywide. They include:

La Mesa Elementary
Van Buren Middle School
Highland High School (one block west of ID line but serving area)
NM Parent Teacher Association
APS Food and Nutrition Facility
All Seasons Day School
APS La Mesa Headstart
Headstart Center
Albuquerque GED Inc.
Mesa Verde Community Center

After School Programs

The ABC Community Partnership-La Mesa Elementary
Day Care Community College After School Program
Emerson Child Development Ctr
Somebody Loves ME After School Program
All Faiths After School Program
Medina Daycare After School Program
All Seasons Day School After School Program
Stepping Stones After School Program
Albuquerque's Finest's and Most Affordable Learning Center
Alvarado After School Program
Worldplay
Save the Children
Busy Bees Child Care After School Program
Earth Child Creations After School Programs

Head Start Sites

<http://nmcde.maps.arcgis.com/home/webmap/viewer.html?webmap=afeac7db53f649be9260c1a53a52eb0a>

City of Albuquerque Early Head Start
Eastern Child Development Center
Happy Feet Child Care
Hope Head Start and Nursery
River Medina, Eglys
Plaza Feliz Child Development Center
Medina Perez, Oleidys
CABQ Trumbull Child Development
Alvarez-Rodriguez, Niurka
Vigil-Otano, Iradia
Robert Hawk PB & J Family Services
Kingdom Builders Preschool
Marin, Norma
CABQ La Mesa Child Development Center
Pinon, Ana
Del Rosario, Leonor
YDI, Mesa Verde Head Start

Licensed Childcare Provider Sites

Eastern Child Development Center
Bright Day Preschool
Emerson Child Development
Alvarado Day School
Busy Bees Childcare Center
Somebody Loves Me Learning Center
Garcia Sanchez
All Faiths Receiving Home Day Care
Medina Perez
Hutchins

Public Facilities

The International District is home to several important public facilities including libraries, cultural centers, community and senior centers, as well as the NM State Fair. These facilities provide places for the children and families to meet, to organize and many can serve as anchors to the redevelopment and stability of the area. They include:

Cesar Chavez Community Center
Mesa Verde Community Center
San Pedro Public Library

New International District Public Library
New Police SubStation
NM State Fair
African American Performing Arts Center

Veterans

Albuquerque and the International District has a rich history and population of military veterans. Several key facilities cater to veterans including:

NM Veteran's Memorial
Department of Veteran Affairs Helpline
VA Hospital Campus
New Mexico Department of Workforce Solutions (Hearing Impaired Veterans)
New Mexico VA Homeless Veterans
American Legion
Veterans Procurement Association
Veterans Crisis Line

Faith/Religious

Faith-based and religious organizations have played an important role in the International District and continue to be part of efforts to make the area safer and more inclusive. They include:

La Mesa Presbyterian Church
Our Lady of the Assumption Church
East Mesa Church
Ballut Abyad Shriners
Wat Buddhamongkolnimit
Van Hanh Temple (Chùa Vạn Hạnh)
Iglesia La Luz del Mundo
Morningstar Baptist Church
Restoration Ministries Church
Highland Baptist Church
Desert Lights Church
Holy Ghost Church
RigDzin Dharma Foundation
Unification Church
Sandia Church
Holy Ghost Church
Hindu Temple Society of NM

Exalting Jesus Fellowship
Azusa Christian Faith
Under HIS Construction
East Central Ministries (also mentioned above)
Living Water Church
Faith Tabernacle Baptist Church
Sagebrush Highland Campus
Metropolitan Community Church Emmanuel
Grace Temple Missionary Baptist Church
Crestview Baptist Church
Bethel Baptist Church
The Potter's House Christian Center
Hiland Baptist Church on ACOMA S.E.

Health/Social Services

Given its needs and history, the International District is also home to numerous public, non-profit and private health and social services organizations. They provide residents with everything from behavioral and physical health, to homeless, women and youth services, economic self-sufficiency and other support to community members. They include:

East Central Health and Social Services Center
UNM SE Heights Clinic
First Nations Community Health
Bernalillo County Metropolitan Assessment and Treatment
Endorphin Power Company
One Hope Centro de Vida Health Center
Piggy's Squeakeasy
PB&J Family Services
All Faiths Receiving Home
NM Health Resource
Albuquerque Treatment Services
Planned Parenthood of New Mexico
Esperanza USA
Women Infants and Children (WIC) Office
Adult & Child Abuse, Neglect and Exploitation
UNM Milagro Program
Dress for Success
Jóvenes New Mexico
UNM Young Children's Health Center
NM Young Fathers Project

Albuquerque Indian Center
Albuquerque Women EARN
Maya's Place
Albuquerque Family Mental Health Clinic
New Mexico AIDS Services
Universal Behavioral Health
Turquoise Lodge Hospital
Dragonfly Counseling Associates Inc.
From the Heart Foundation
Haven Behavioral Health
Therapeutic Living Services
The Hopkins Center
Transgender Resource Center of New Mexico
Haggerty Dental
NM DOH (New Mexico Department of Health) Southeast Heights PHO

Behavioral Health Initiatives

Healthcare Facilities

[U.S. Department of Health & Human Services Healthcare Facilities](#)

First Nations Community Healthsource
Princeton Place
Villa De Paz

Support Groups

Al-Anon Alateen Hotline
American Cancer Society Support Groups
American Diabetes Association
Diabetes Support Groups
Autism Support Group
Disaster Distress Helpline
The Trevor Project
Veterans Crisis Line
National Hopeline Network
People Living Through Cancer
Breast Helpline
Arts in Medicine at UNM
HIV + Support Groups UNM Truman Health Sciences Center
HIV + Support Groups
La Leche League

MOMS

MADD

National Osteoporosis Foundation of NM

PFLAG- Parents, Families, and Friends of Lesbians and Gays

Prostate and Prostate Partners

S- Anonymous

Sexaholics Anonymous

Smoke Cessation Group American Cancer Society

Women, Money and Divorce

Housing/Assisted Living

The International District is also home to several public, non-profit and private housing facilities for seniors, those with special needs and supportive care. They include:

Community Housing Resources

Encino House East Apartments

Gray House

Brookdale Place Valencia

Casa De Palomas Inc.

Georgia House Group Home for People with Mental Disabilities

NewLife Homes

Therapeutic Living Services Inc.

Princeton Place Nursing Home

Affordable Housing

Aspen Ridge Apartments

Brandon Tree Apartments

Las Brisas Apartments

Brentwood Apartments

Cinnamon Tree Apartments

Portals Apartments

Somerset Park Apartments

Patios Apartments

Lido Apartments

Desert Park Apartments

The French Quarter Apartments

Villa Apartments

Brandywood Apartments

Sunrise Villa Apartments

Valencia Court Apartments

Lujan Apartments
Cesa Mesilla Apartments
New Life Homes
Therapeutic Living Services

Financial Institutions

Credit Unions

Nusenda Credit Union
Kirtland Federal Credit Union

Banks

Wells Fargo Banks

Licensed Small Lenders

<https://nmcrc.maps.arcgis.com/home/webmap/viewer.html?webmap=ae1afbf72c6b44b09ccd6a45d7308359>

Courtesy Loans
Checkmate
Cash Store

Inmate & Ex Offender Support

East Nest Reintegration Center
Amos de Amistad

Parks

Public parks are important to health and wellness, as well as community building. The International District has several public parks where residents can come together including:

Marion L. Fox Memorial Park
Jack and Jill Park
Wilson Park
Phil Chacon Park
Trumball Park
Trumball Children's Park

Bus Routes and Stops

<http://nmcrc.maps.arcgis.com/home/webmap/viewer.html?useExisting=1&layers=2b3209c3ee1f4005a2e2206500905da7>

Bicycle Routes

<http://nmcdc.maps.arcgis.com/home/webmap/viewer.html?useExisting=1&layers=b086f298cf7b41169dc7430334660298>

Community Food Services

<http://nmcdc.maps.arcgis.com/apps/MapSeries/index.html?appid=2088cfcae5e84568bee211db7e226c28>

Farmers Markets and Double up Food Bucks Locations

https://farmersmarketsnm.org/find-a-market/?_sf_s=87108

<http://www.doubleupnm.org/locations/>

Healthy Here Mobile Farmers' Market- Van Buren Middle School

Healthy Here Mobile Farmers' Market- UNM Southwest Mesa Clinic

Healthy Here Mobile Farmers' Market- First Nations Community Healthsource

Food Banks and Pantries

<http://www.nmfoodbanks.org/get-help/find-help-in-your-area/>

East Central Health and Social Service Center

La Mesa Presbyterian Church

SVDP Our Lady of Assumption

Visions Unlimited Ministries

SVDP Holy Ghost

God Cares About You

Christ United Methodist Church

Community Projects

The International District in an active place for community-based initiatives and projects that try to improve the lives and health of community members. Some of those are:

Growing Awareness Community Farm

Rey and Ilsa Garduño Community Farm

The Outpost Greenhouses

La Mesa Neighborhood Garden Park

NM Teen Project

International District Economic Development Center

New Pop-Up Park

Albuquerque Public Schools Homeless Project

Individuals

One of the forms of capital discussed by Emory and Flora (2006) and others is political capital. Having active and supportive elected officials at all levels of government is important to addressing the needs of communities. The International District is fortunate to have a number of city, county and state elected officials who work closely with the community. They include:

Elected Officials

City Councilor Pat Davis

County Commissioner Maggie Hart Stebbins

State Representative Sheryl Williams Stapleton (D-19)

State Representative Andres Romero (D-10)

State Representative Debbie Sariñana (D-21)

State Senator Mimi Stewart (D-17)

State Senator Antoinette Sedillo Lopez (D-16)

Businesses

A vibrant business community is vital to having a safe and healthy community. The International District is home to many local businesses, especially in the food sector. Some of the more prominent businesses include:

El Mezquite Market

Tau Lin Market

May Café

Cervantes Salsa Company

Lousiana Meat Market

Sacco's Automotive

Family Appliances

APACA Moving and Storage

Koenig's Metalmorphosis

NM Bakery and Restaurant Supply

Organizations Working in District

There are several organizations that do not have their offices in the International District, but have nevertheless been active in the community for many years. They include:

Southwest Organizing Project (SWOP) – School/Community Gardens

Artful Life – Community Engagement and Organizing

NM Asian Family Center – Community Engagement and Organizing

Homewise – Affordable Housing/Home Ownership

Youth Development Incorporated – Head Start, Youth Development

Together 4 Brothers- Youth Support and Development

Bernalillo County Community Health Council
 United Way of Central New Mexico: Mission Families
 Spread Love ABQ
 Arts Hub
 Albuquerque Interfaith
 Project for New Mexico Graduates of Color (UNM PNMGC)
 LMG consulting
 KWH Law Center for Social Justice and Change
 NAACP - National Association for the Advancement of Colored People
 Presbyterian Healthcare Services
 Hope Initiative
 Parks & REC - District 6
 Manzano del Sol - Good Samaritan Society
 Black Caucus ABQ Chapter
 Greater ABQ Chamber of Commerce

International District Current Funding/Projects

An important element in mapping community assets are public investments in new facilities and infrastructure. Below are some recent investments in projects in the International District.

2019 State Capital Major Outlay Projects[2]

ABQ Asian And Pacific Islander Shelter Facility Plan	\$507,000
ABQ International District Library Construction	\$1,916,000
ABQ SE Police Department Substation Construction	\$359,166
VIDA CAPITAL OUTLET	
Bernalillo County GreenPrint- Community Driven Conservation Plan	
International District Urban Agriculture Project	

NM State Fair/Festivals

NM State Fair African American Performing Arts Center	\$100,000
NM State Fair Alice K. Hoppes Pavilion Booths	\$160,000
NM State Fairground African American Performing Arts	\$500,000
NM State Fairgrounds Infrastructure Improvements	\$4,500,000

2019 CABQ Capital Outlay Projects[3]

International District Library	\$5,500,000
SE Area Command	\$1,500,000
Zuni Road Improvements	\$200,000

Other Community Initiatives and Research

In addition to the current CBCR project, there have been numerous recent community-based initiatives that have taken place in the International District that should be considered in the asset-mapping process. The 2012 Health in All Policies Study made several recommendations to improve pedestrian safety and walkability in the International District. The 2017 International District Action Plan made several recommendations about potential redevelopment opportunities in the area. The Artful Life Community Development Project brought together International District residents to create opportunities to improve the community using visual and performing arts projects. Below are reports on a few of those recent initiatives.

- 2012 Health in All Policies Study. <http://www.nmpa.org/Resources/Documents/HIAP-ABQ-Central-Ave-BCPlaceMatters-NM.pdf>
- 2017 International District Action Plan and Forum Notes https://abqfairwest.files.wordpress.com/2017/11/central-9-focus-areas_international-lr.pdf
- Art-based Community Development Project. <https://www.artful-life.org/international-district>
- International District profile in Durose, C., & Richardson, L. (2016). *Designing public policy for co-production: Theory, practice and change*. Bristol: Bristol University Press. doi:10.2307/j.ctt1t896qg
- Asian Community Initiative 2014. <http://nmafc.org/wp-content/uploads/2014/07/final-Strive-Success-story.pdf>
- Stories of Rt. 66: International District. <http://nmafc.org/wp-content/uploads/2014/07/final-Strive-Success-story.pdf>

[1] Mary Emery & Cornelia Flora (2006) Spiraling-Up: Mapping Community Transformation with Community Capitals Framework, *Community Development*, 37:1, 19-35,

[2] These are major projects within the ID. Several other projects will affect infrastructure within the ID.

[3] These are in addition to several citywide capital projects that will also benefit International District, including \$1,000,000 Council District 6 set aside.

Kretzmann, J., & McKnight, J. P. (1996). Assets-based community development. *National Civic Review*, 85(4), 23-29.

Morgan, A., & Ziglio, E. (2007). Revitalising the evidence base for public health: an assets model. *Promotion & Education, 14*(2_suppl), 17-22.

Stanley, D. (2003). What do we know about social cohesion: The research perspective of the federal government's social cohesion research network. *Canadian Journal of Sociology/Cahiers canadiens de sociologie, 5*-17.

Albuquerque International District: Community Asset Inventory

The People of the District

Bilingualism Translates to Opportunity

The International District has one of the **HIGHEST** concentrations of **bilingual speakers in New Mexico**.

40.10% of residents **speak a language other than English** at home. Compared to only 29.9% of Bernalillo County residents.

Area of Opportunity
Research shows there is a growing need for bilingual speakers in STEM industries. Even with a high school diploma, bilingual STEM employees can make **SIGNIFICANTLY** more income than other sectors.

That's OVER 6,800 households.

A District Built on Diversity

The International District is one of the **MOST DIVERSE** areas in the state of New Mexico.

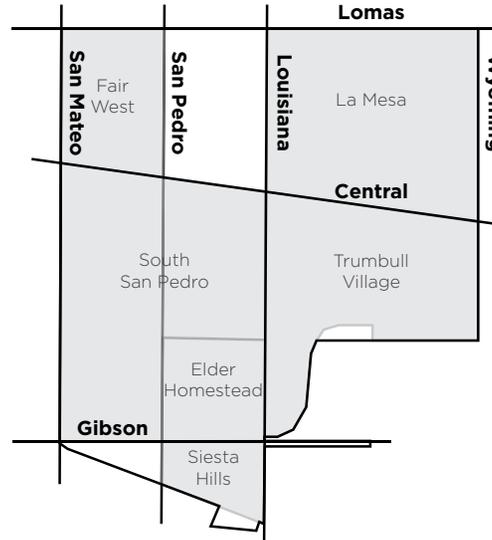
17% of residents in the District are foreign-born.

The District has a **higher population** of both Blacks and Asians compared to the state.

52% of residents in the District are Hispanic.

A Community for ALL to Call Home

The International District is also home to several public, non-profit, and private housing facilities for seniors, those with **special needs and supportive care**.



Education in the International District is a Major Asset

College and/or Graduate School enrollment for the district is **6.2% HIGHER** than Bernalillo County.

Residents of the District are **MORE LIKELY** to have graduated from high school (24.6%) than residents of the County overall (23.2%).

The International District is Comprised of Hard Working Families

The **Employment Rate** for the District is **55%**.

The **Labor Force Participation Rate** for the District is **OVER 60%**.

BOTH District rates are **HIGHER THAN** New Mexico overall *across both indicators*.

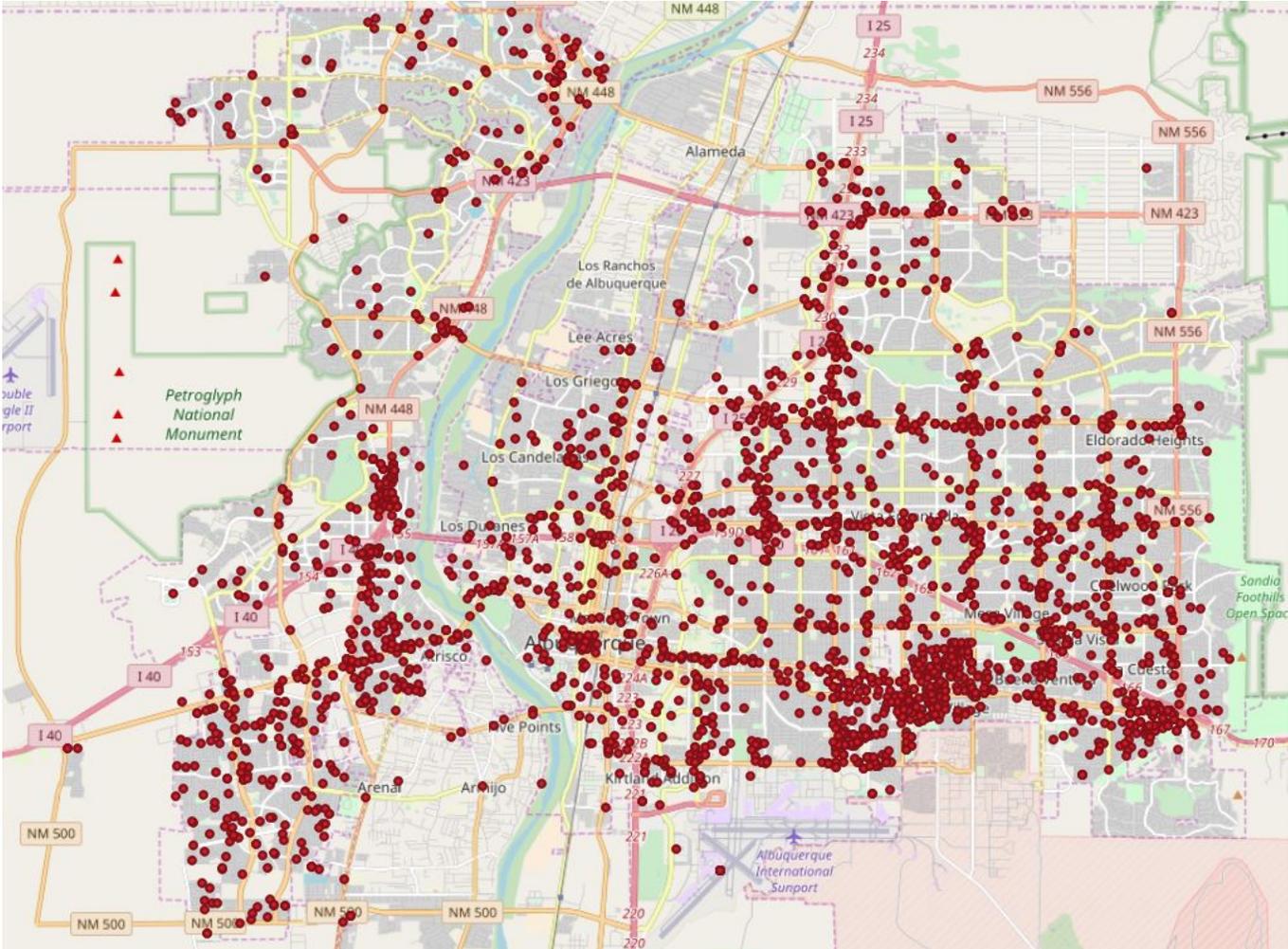
Project Partners:

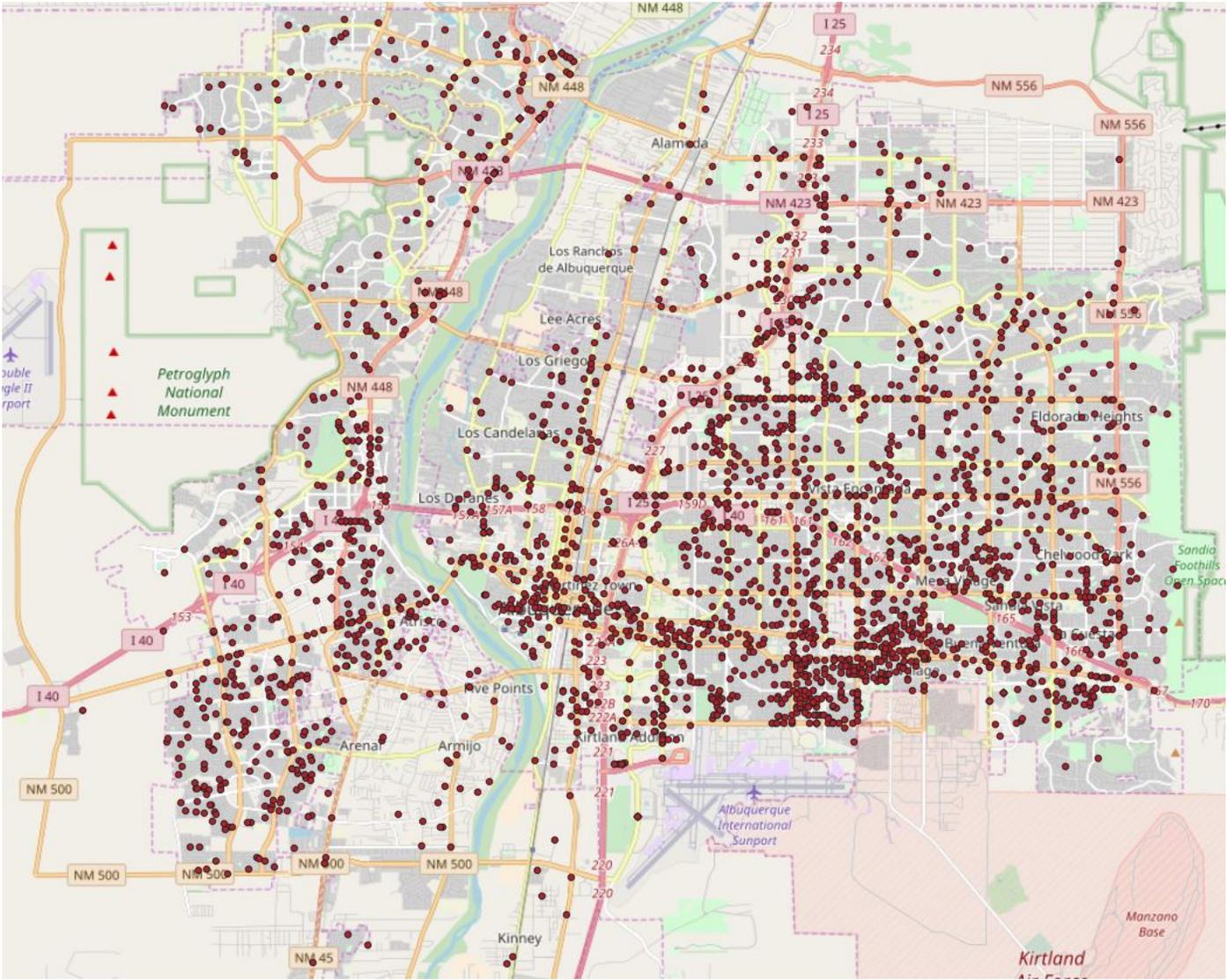


Sources:

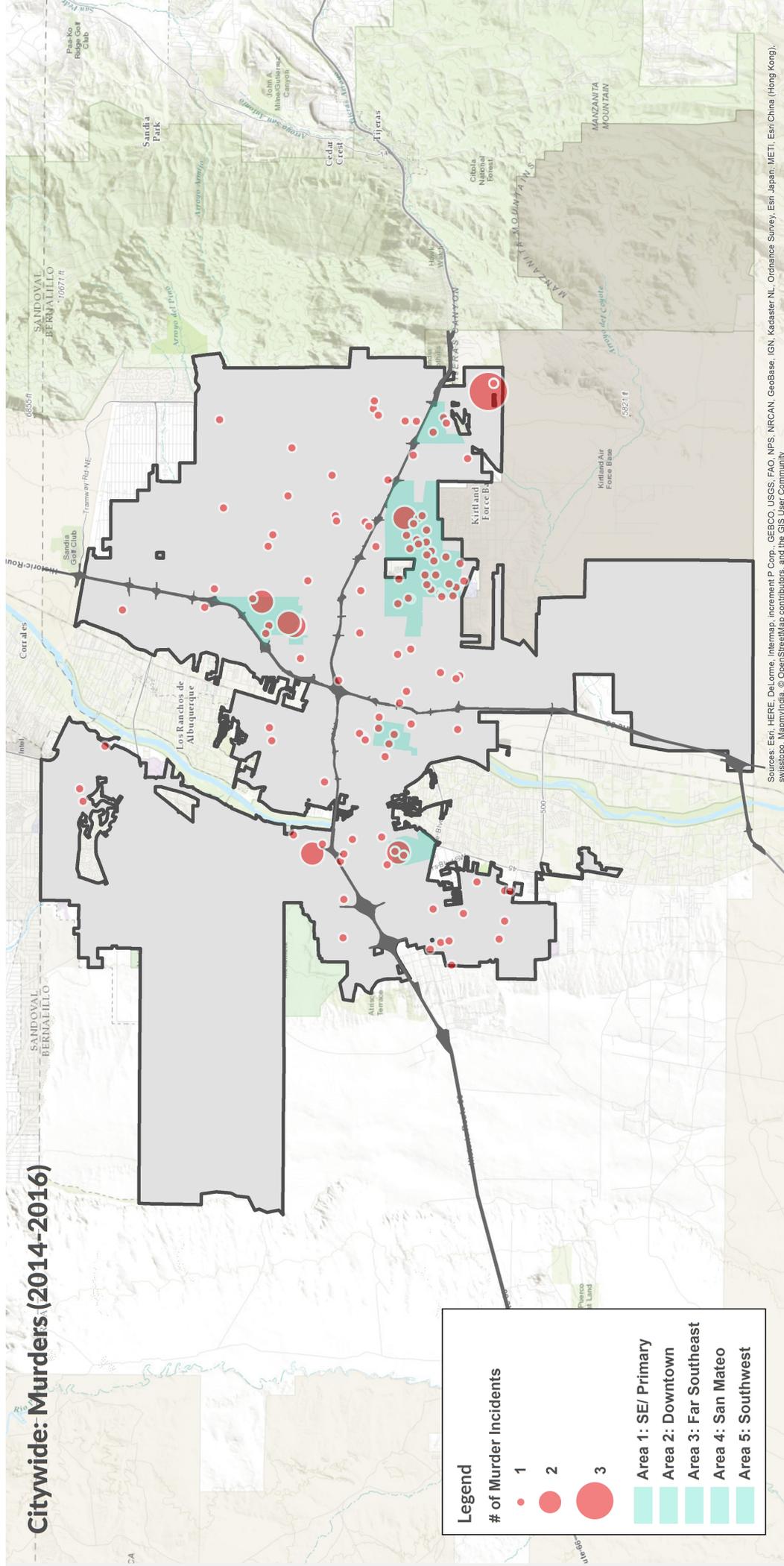
Overview of ZIP Code 87108, New Mexico
<https://statisticalatlas.com/zip/87108/Overview>

US Census Bureau: American FactFinder
https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_15_5YR_DP02&src=pt





Citywide: Murders (2014-2016)



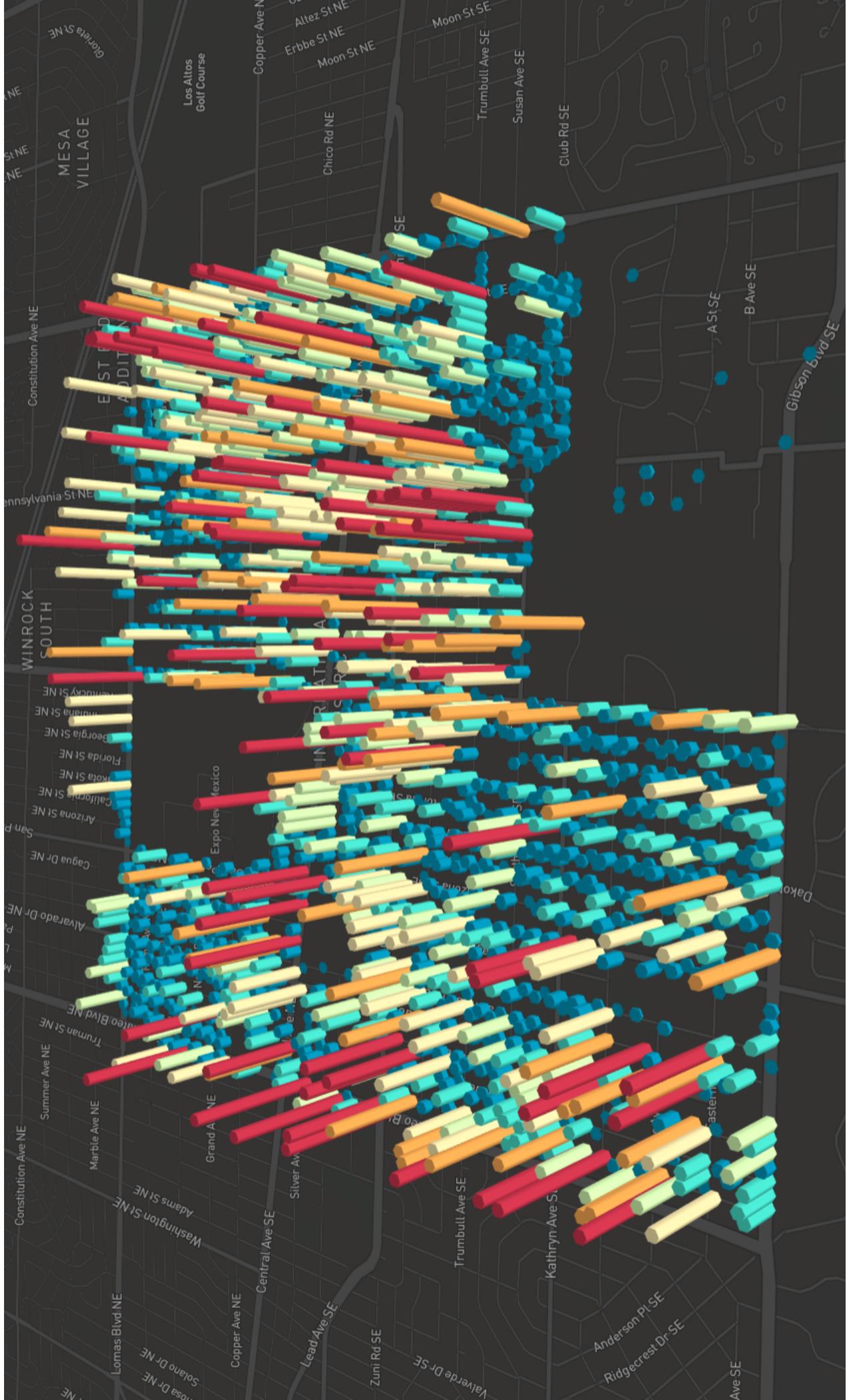
Legend

of Murder Incidents

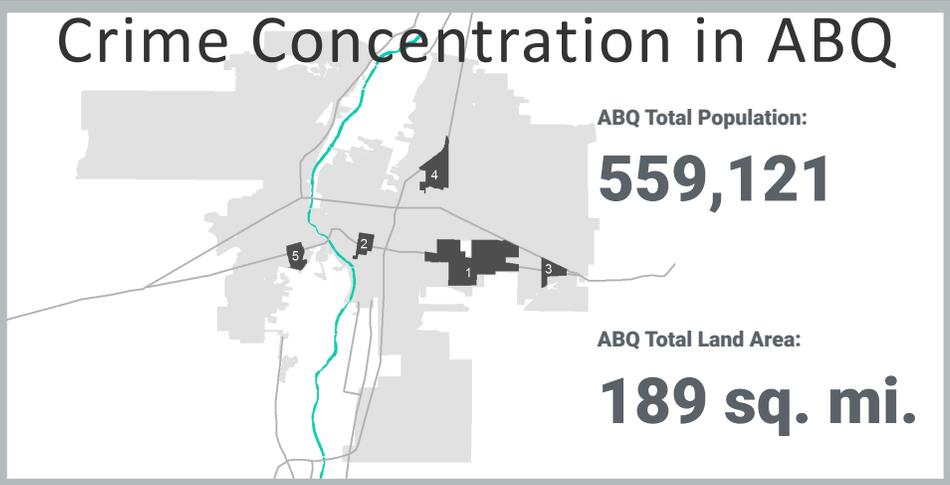
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- 2
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Area 1: SE/ Primary
 Area 2: Downtown
 Area 3: Far Southeast
 Area 4: San Mateo
 Area 5: Southwest

Sources: Esri, HERE, DeLorme, Intermap, increment P Corp., GEBCO, USGS, FAO, NPS, NRCAN, GeoBase, IGN, Kadaster NL, Ordnance Survey, Esri Japan, METI, Esri China (Hong Kong), Swisstopo, MapmyIndia, © OpenStreetMap contributors, and the GIS User Community



Crime Concentration in ABQ



4.98% of Albuquerque's total land area

10.23% of Albuquerque's total population

57,292 Total population in these cluster areas

20.9% of calls for service in ABQ come from these cluster areas

	Population	Percent of City	Area (sq. mi.)	Percent of City
Area 1 : SE/Primary	37,631	6.73%	5.54	2.93%
Area 2 : Downtown	2,597	0.46%	0.69	0.37%
Area 3 : Far Southeast	4,945	0.88%	0.75	0.39%
Area 4 : San Mateo	6,419	1.15%	1.74	0.92%
Area 5: Southwest	5,700	1.02%	0.69	0.37%
Total	57,292	10.23%	9.41	4.98%

Crime Concentration in ABQ

Violent Crime

Is heavily concentrated in these cluster areas.

43.6% of murders **29.4%** of non-fatal shootings without injury **34.5%** of aggravated assaults **19.7%** of commercial robberies

49.0% of non-fatal shootings with injury **39.2%** of robberies of an individual **27.0%** of carjackings **26.3%** of home invasions

Property Crime

Is highly prevalent in these areas as well, but more diffusely spread throughout the City.

22.3% of auto thefts **14.3%** of auto burglaries **16.6%** of residential burglaries

23.7% of commercial burglaries **17.5%** of larcenies

Arrestee Addresses

Are heavily concentrated in these areas for violent AND property crime categories*

42.3% of carjackings **23.5%** of commercial robberies **30.8%** of aggravated assaults **34.0%** of general robberies

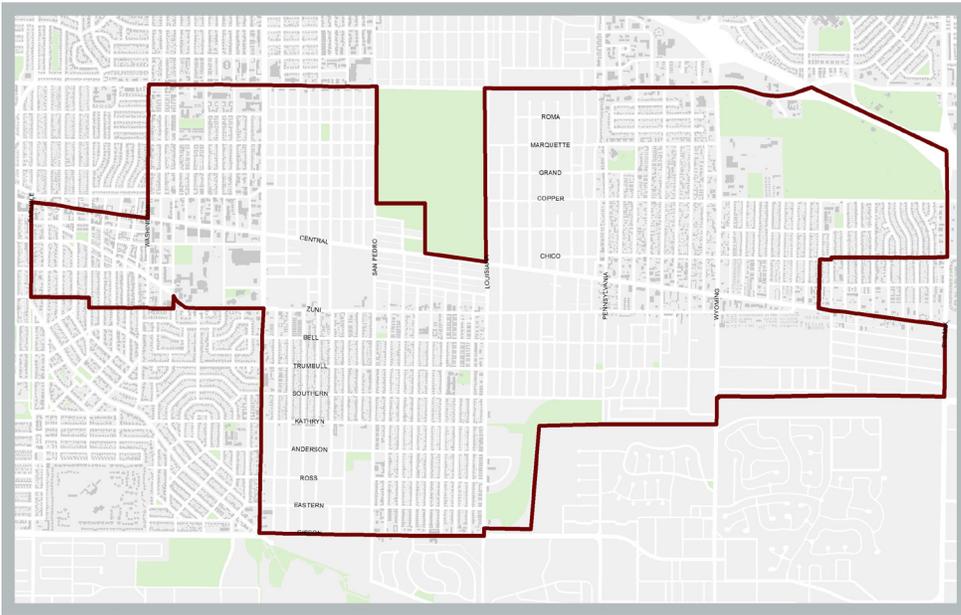
42.3% of home invasions **39.1%** of robberies of an individual **26.0%** of auto burglaries **28.5%** of larcenies

23.4% of auto thefts **33.1%** of residential burglaries **31.3%** of commercial burglaries

* percentages reflect portion of those Albuquerque arrestee addresses that are within these cluster areas for each category of crime

NOTE: crime concentration data is from APD records from 2014-2016, except shootings data, which run from June 2016 to March 2017

Area 1 : SE/Primary



Snapshot

108: No. of addresses in this area where 5 or more violent crime incidents occurred in the past three years (<1% of total addresses)

172: No. of addresses in this area where 5 or more property crime incidents occurred in the past three years (1.4% of total addresses)

1 in 10: Approx. proportion of addresses where a violent crime occurred in the past three years

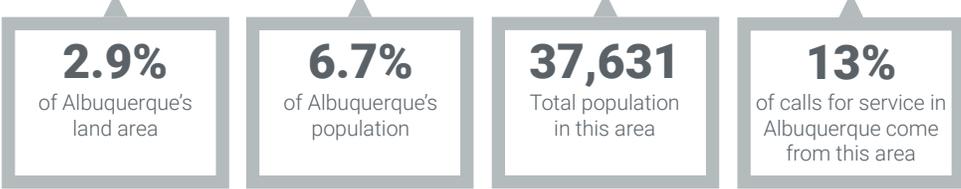
1 in 4: Approx. proportion of addresses where a property crime occurred in the past three years

42: Percentage of commercial and individual robberies in this area that occurred along Central Avenue

50: Percentage of aggravated assaults in this area at or near multi-family housing

66: Percentage of residential burglaries AND shootings in the area at or near multi-family housing

79: Percentage of home invasions in this area at or near multi-family housing



Crime Concentration in Area 1

Violent Crime

Is heavily concentrated here.

3-5.5x population share
7-12x area share



Property Crime

Is highly prevalent here, but less heavily concentrated.

Up to 2x population share
2.5-5x area share



Arrestee Addresses

Are heavily concentrated in this area for violent AND property crime categories.*

2.5-5x population share
5.5-11x area share



* percentages reflect portion of those Albuquerque arrestee addresses that are within this cluster area for each category of crime

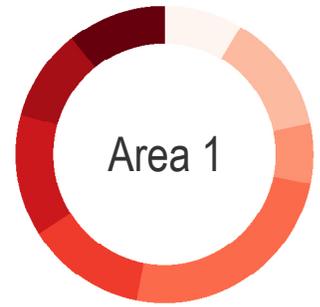
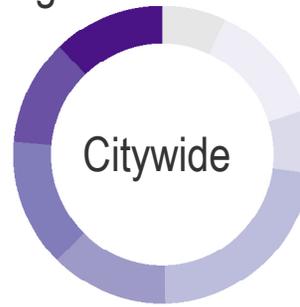
	Total in City	% in City	Total in Area 1	% in Area 1
Age Distribution				
< 5 years	42,747	6.95%	3,186	8.56%
5-14 years	81,362	13.24%	4,897	13.16%
15-19 years	42,254	6.87%	2,412	6.48%
20-34 years	139,276	22.66%	9,243	24.84%
35-44 years	78,646	12.79%	4,831	12.98%
45-54 years	85,454	13.90%	4,959	13.32%
55-64 years	70,963	11.54%	3,725	10.01%
65 years <	74,019	12.04%	3,964	10.65%

Education Distribution				
Did not finish high school	49,927	11.98%	6,103	22.49%
High school or equivalent	98,723	23.69%	7,242	26.68%
Some college	100,079	24.01%	6,495	23.93%
Associate's degree	32,940	7.90%	2,029	7.48%
Bachelor's degree	74,635	17.91%	2,821	10.39%
Master's degree	41,376	9.93%	1,719	6.33%
Professional degree	9,333	2.24%	348	1.28%
Doctoral degree	9,748	2.34%	384	1.41%

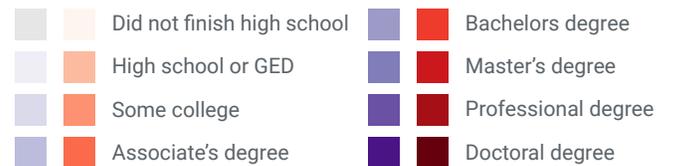
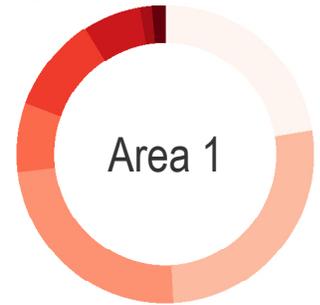
Race and Ethnicity Distribution				
White	424,420	69.04%	22,111	59.41%
Black	19,250	3.13%	1,905	5.12%
American Indian	29,518	4.80%	2,918	7.84%
Asian	15,140	2.46%	921	2.47%
Other	126,393	20.56%	9,362	25.16%
Hispanic	295,667	48.10%	21,576	57.97%

Income Distribution				
Less than \$10,000	22,734	9.26%	3,161	20.26%
\$10,000 to \$19,999	29,744	12.12%	3,611	23.14%
\$20,000 to \$29,999	29,011	11.82%	2,515	16.12%
\$30,000 to \$39,999	25,411	10.35%	1,728	11.07%
\$40,000 to \$49,999	21,818	8.89%	1,275	8.17%
\$50,000 to \$59,999	19,086	7.78%	897	5.75%
\$60,000 to \$99,999	51,232	20.87%	1,541	9.88%
\$100,000 to \$199,999	38,220	15.57%	739	4.74%
\$200,000 or more	8,217	3.35%	137	0.88%

Age Distribution



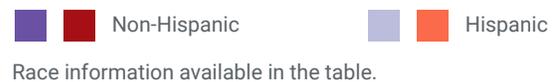
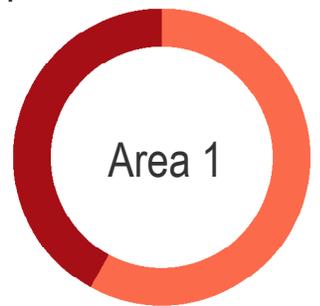
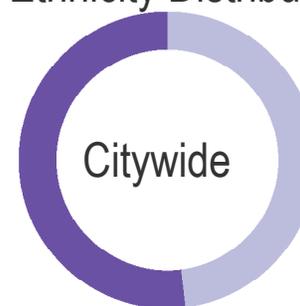
Education Distribution



Income Distribution



Ethnicity Distribution



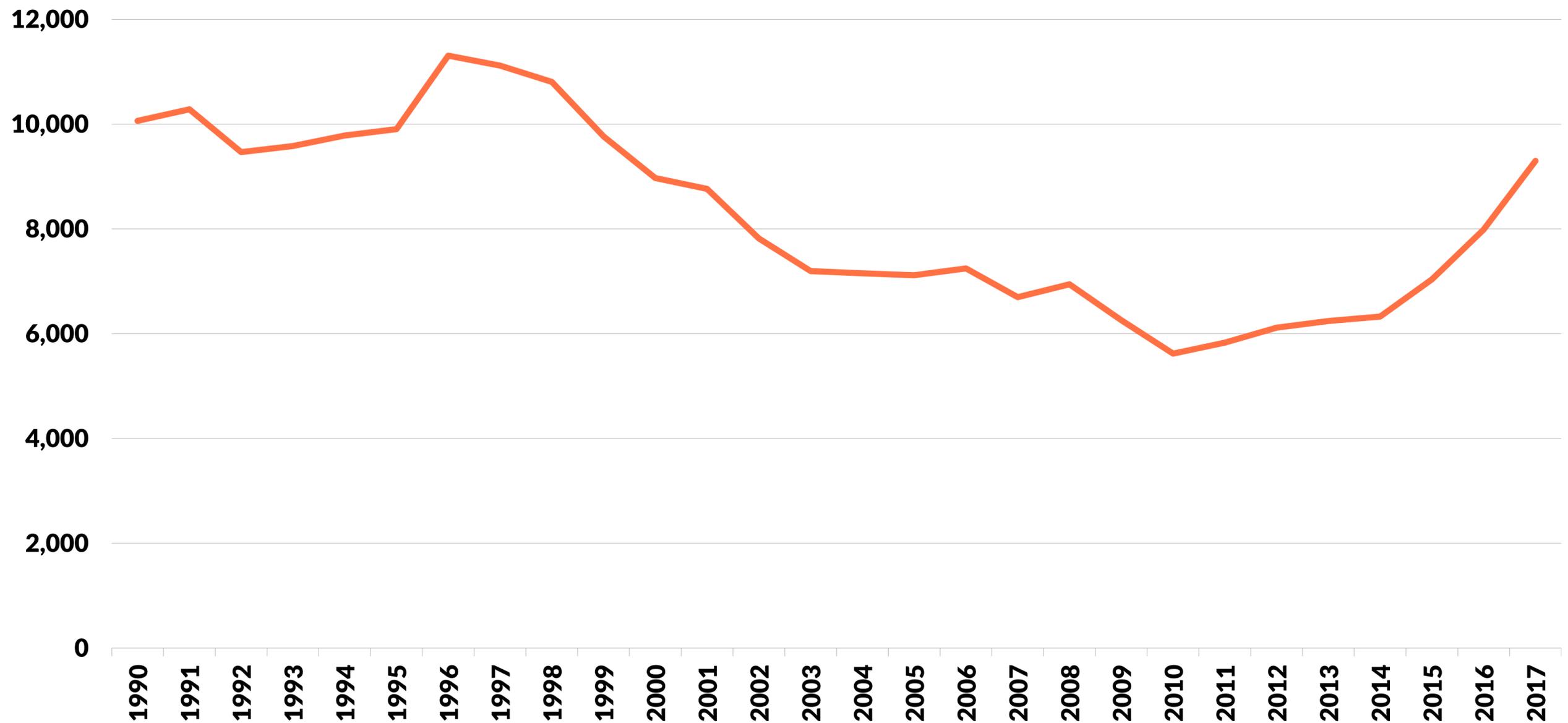
Race information available in the table.

All Information above based on United States Census Bureau data.

Context: A Crime Spike in Albuquerque



**Overall Crime Rate
Per 100,000 Inhabitants**



Context: A Crime Spike in Albuquerque

	2013	2014	Change ('13-'14)	2015	Change ('14-'15)	2016	Change ('15-'16)	Change ('13-'16)
Violent Crime Incidents								
Murder	37	30	(-19%)	46	(+53%)	61	(+33%)	(+65%)
Rape	439	402	(-8%)	404	(+0.5%)	381	(-6%)	(-13%)
Robbery	1,046	1,381	(+32%)	1,686	(+22%)	1,957	(+16%)	(+87%)
Agg. Assault	2,803	3,121	(+11%)	3,273	(+5%)	3,846	(+18%)	(+37%)
Property Crime Incidents								
Burglary	7,297	6,123	(-16%)	5,996	(-2%)	6,236	(+4%)	(-15%)
Larceny	20,229	20,756	(+3%)	22,818	(+10%)	24,582	(+8%)	(+22%)
Auto Theft	3,005	3,558	(+18%)	5,179	(+46%)	7,710	(+49%)	(+157%)

+26%

Violent Crime Rate
(2014-2016)

+26%

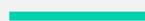
Property Crime Rate
(2014-2016)

Source: Preliminary Uniform Crime Report Data, Provided by APD

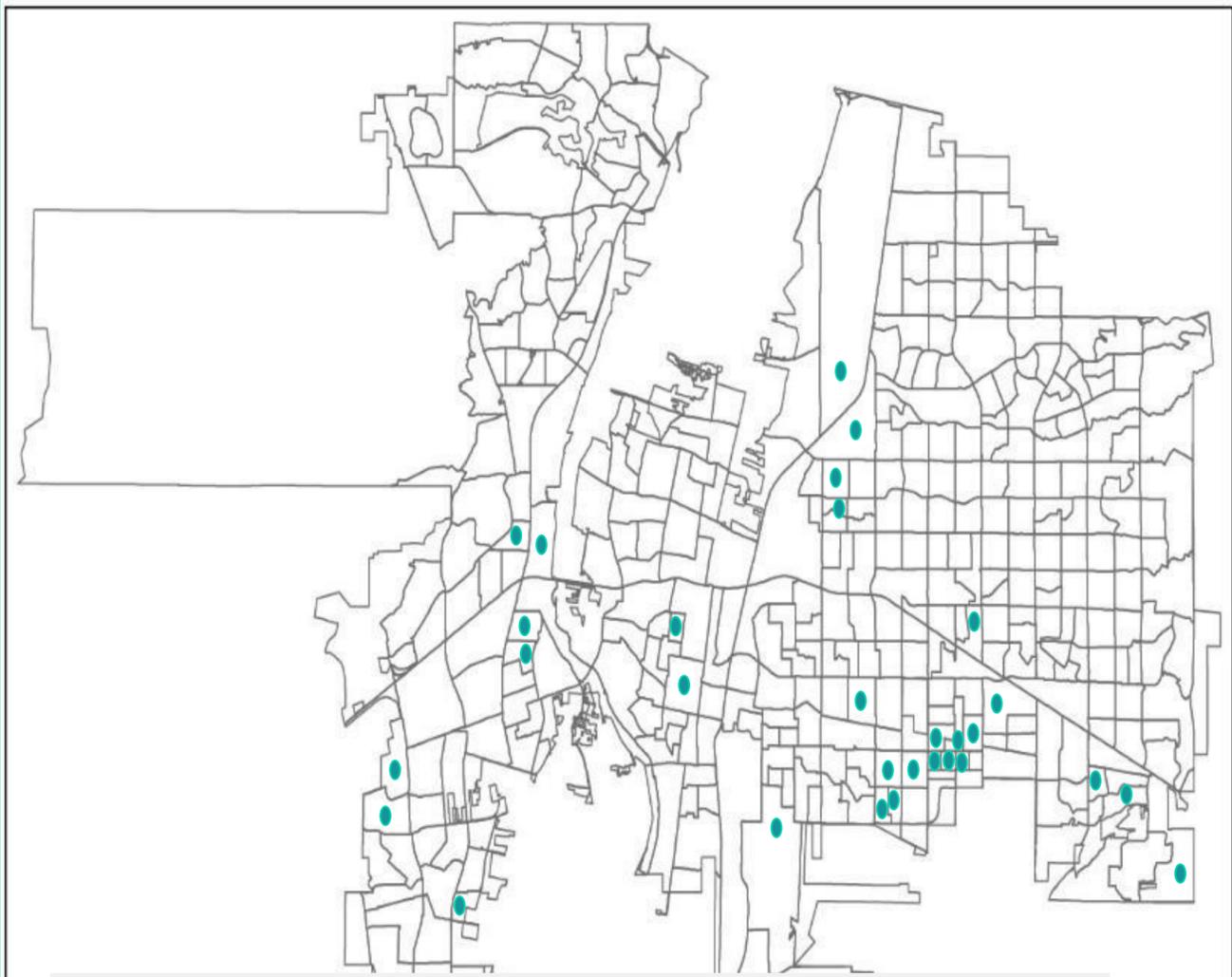
Citywide Crime Concentration



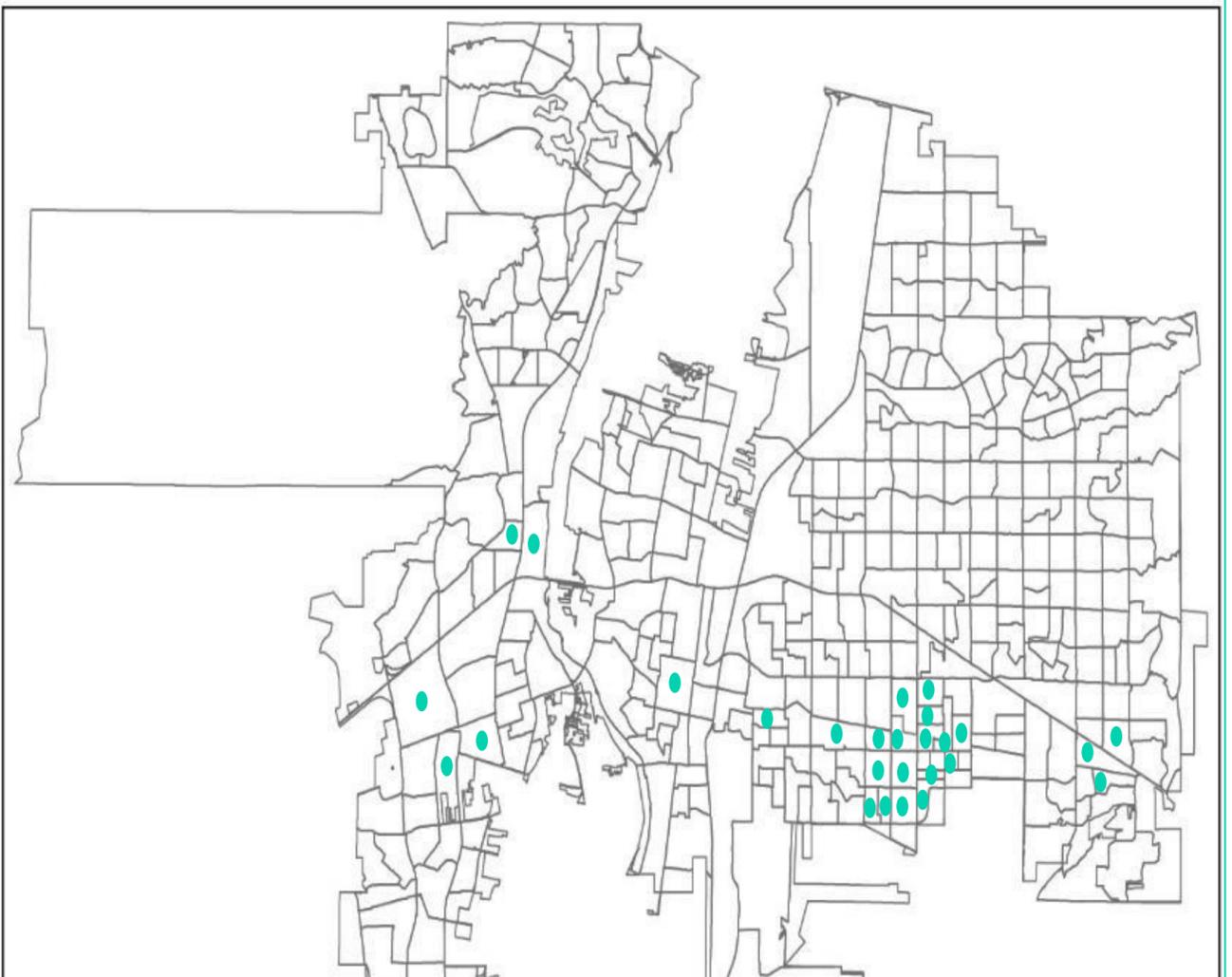
404 Census Block Groups
in Albuquerque



Citywide Crime Concentration



Over 50% of Murders Occur in Just 7.4% of Census Block Groups



50% of Non-Fatal Shootings w/ Injury Occur in Just 6% of Census Block Groups

Central Findings: Crime Concentration

Violent Crime

incidents are heavily concentrated in a few key areas comprising a small portion of the city's area and population

Property Crime

incidents are spread more diffusely throughout the city, but still prevalent in the same few cluster areas

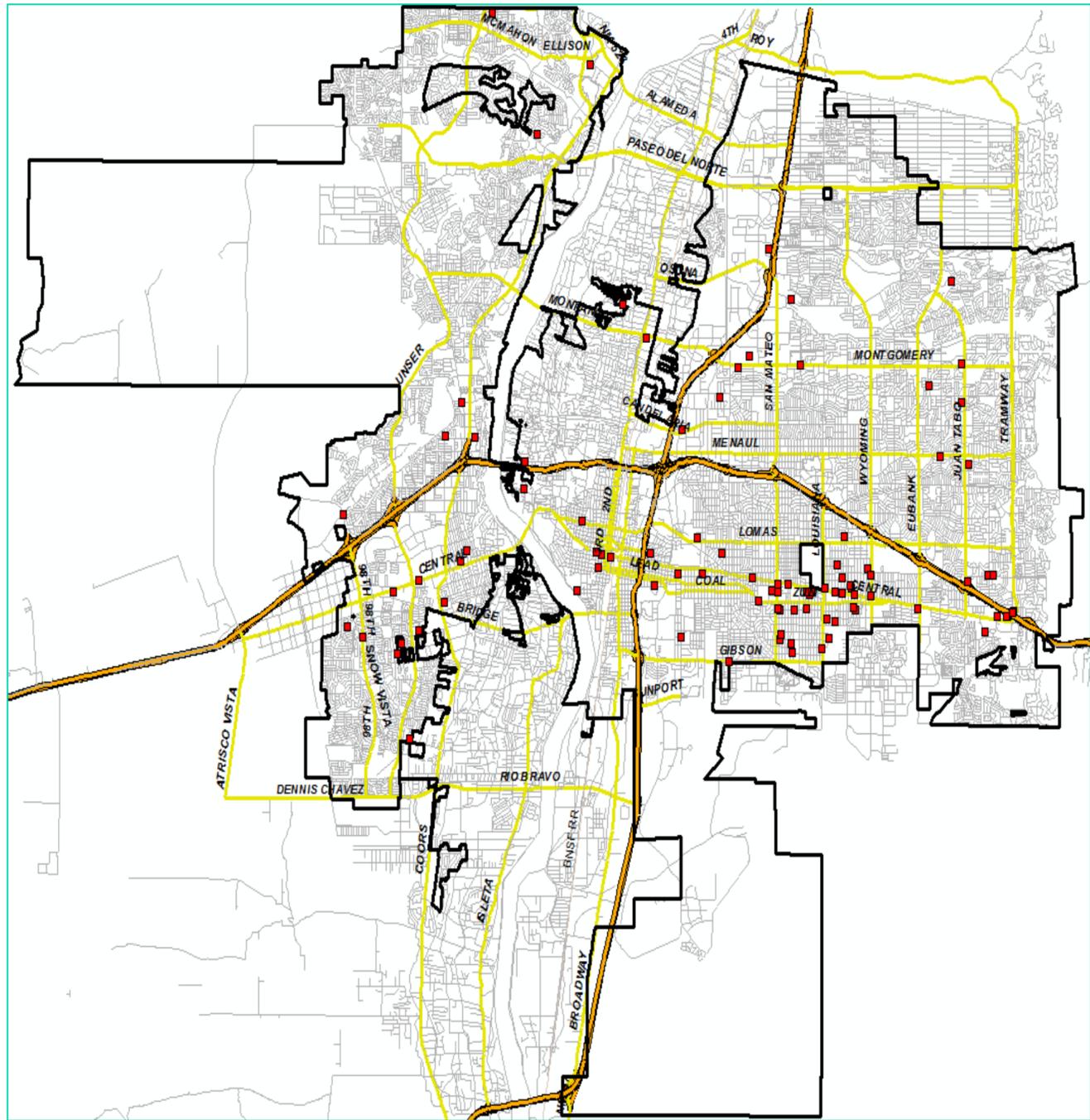
Arrestee Addresses

in ABQ for *both* property crimes and violent crimes are heavily concentrated in the same few cluster areas

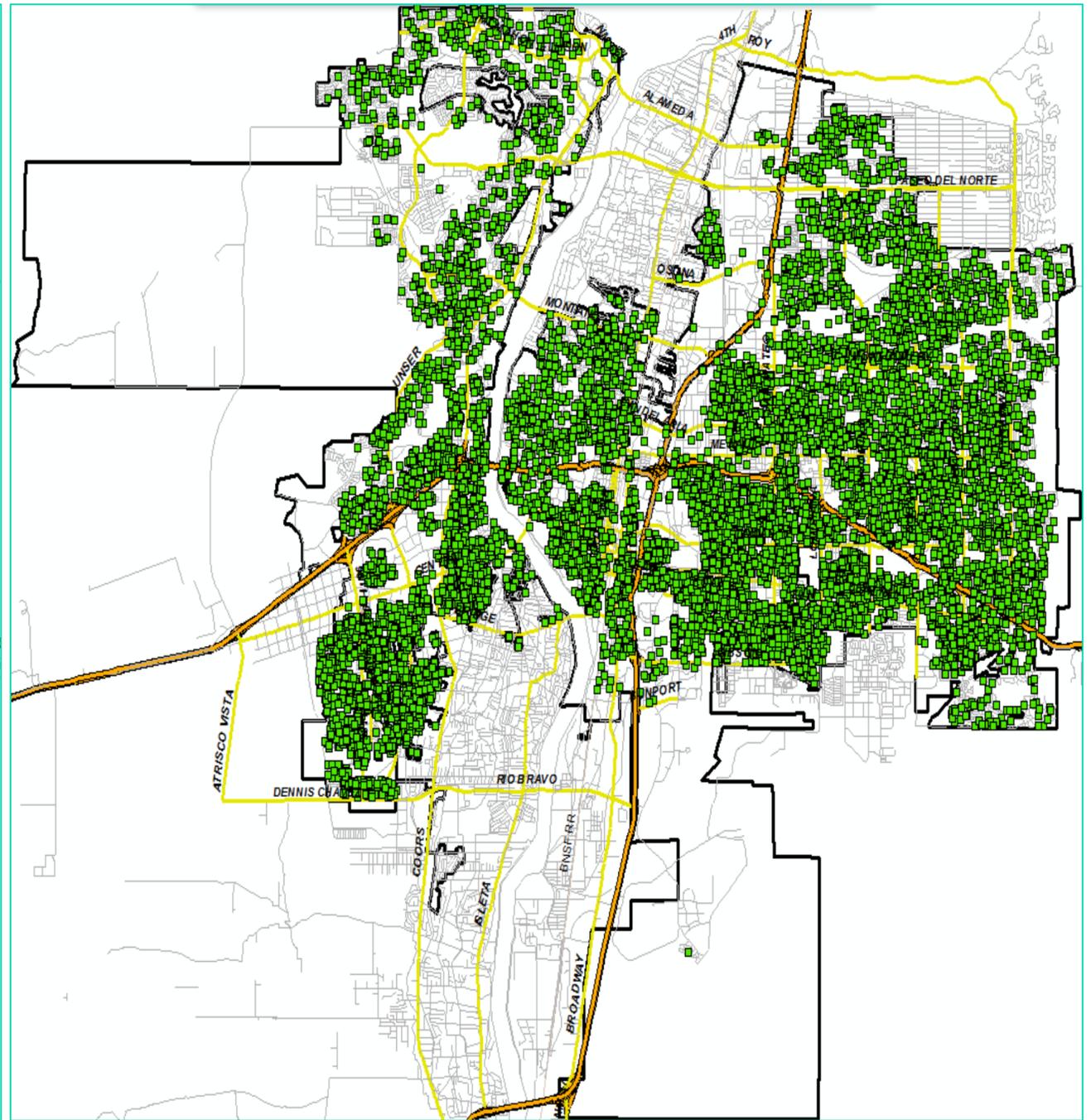
Other Findings: (a) Identified high crime areas tend to have larger minority populations, lower household income, and lower educational attainment levels, and (b) in identified high-crime areas, about 1 in 10 addresses (on average) have been the location of at least one violent crime over the past three years, while 1 in 5 addresses (on average) have been the location of at least one non-larceny property crime, proportions that significantly exceed the citywide average.

Note: Crime concentration findings do NOT imply that violent or property crimes are isolated to only certain parts of the city or that, during the recent crime spike, the increase in the prevalence of these crimes is occurring in only certain parts of the city; rather, violent and property crimes occur throughout the city, and data shows they have been increasing in number throughout the city. That being said, with some exceptions, we do not currently find significantly altered patterns over the past three years concerning the distribution and proportion of criminal activity that occurs in various areas throughout Albuquerque.

Ex: Incident Maps – Violent vs. Property

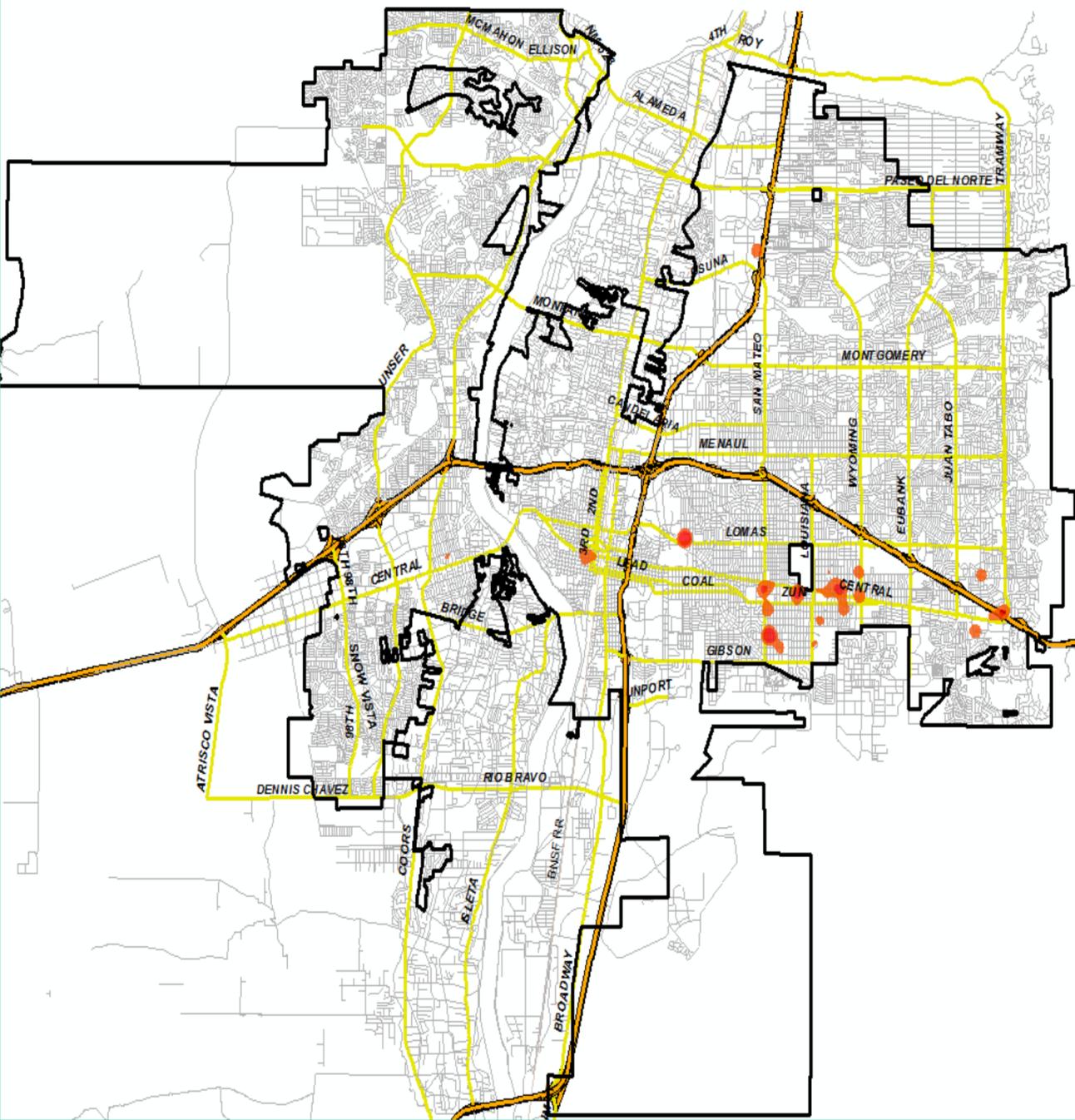


Violent – Non-Fatal Shootings with Injury

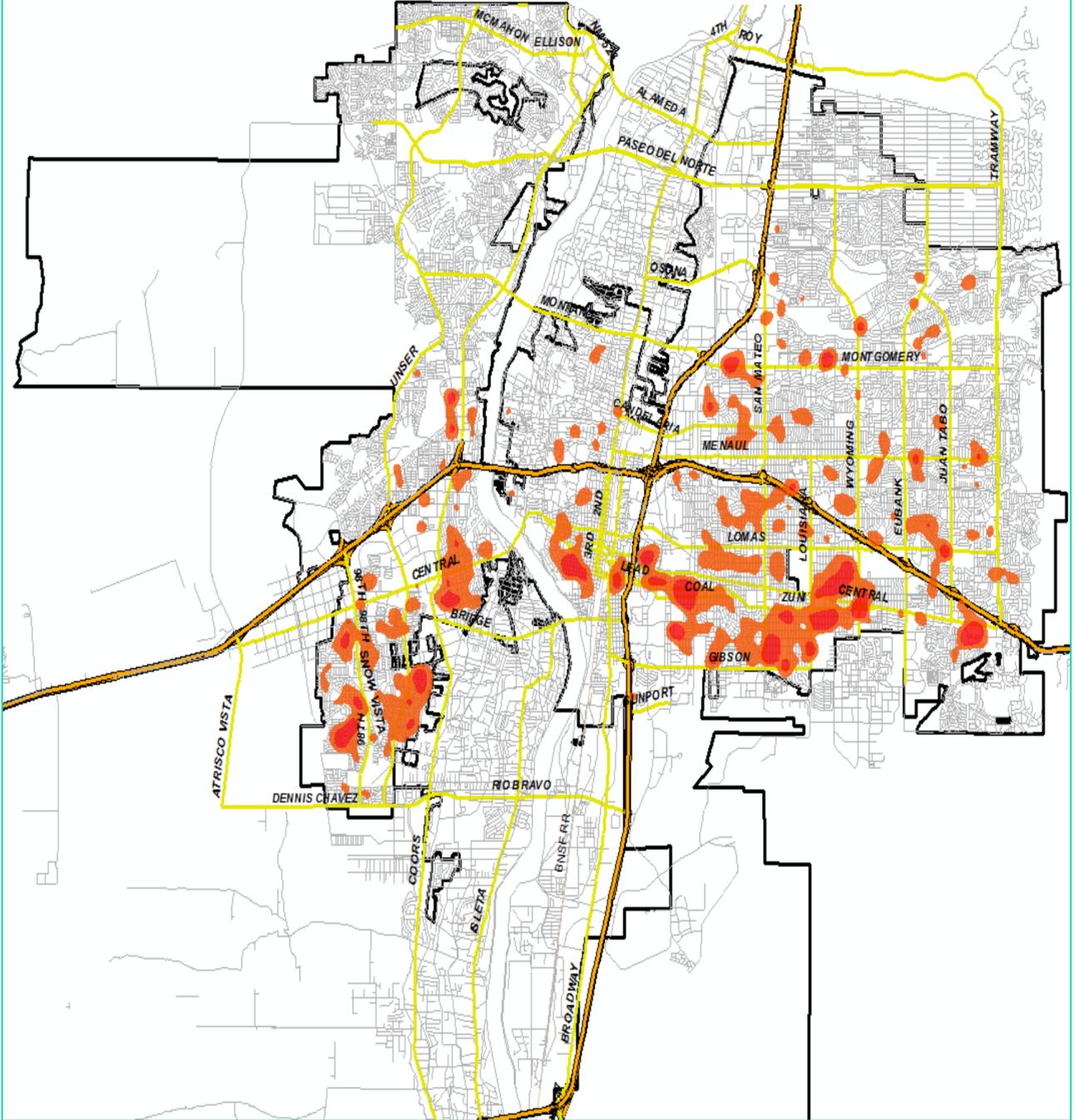


Property – Residential Burglary

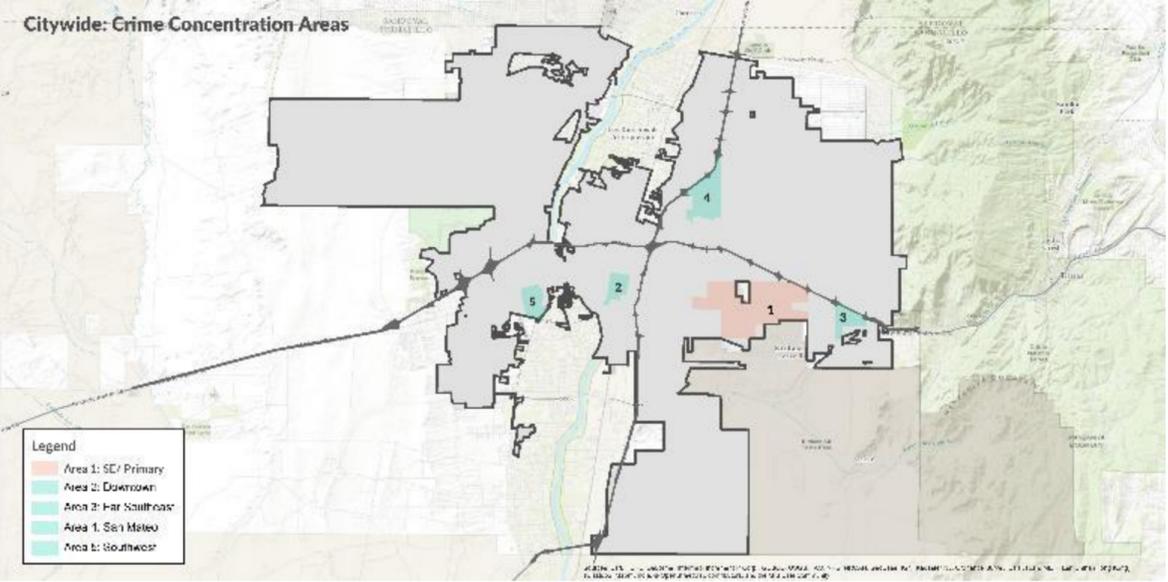
Ex: Hot Spot Maps – Violent vs. Property



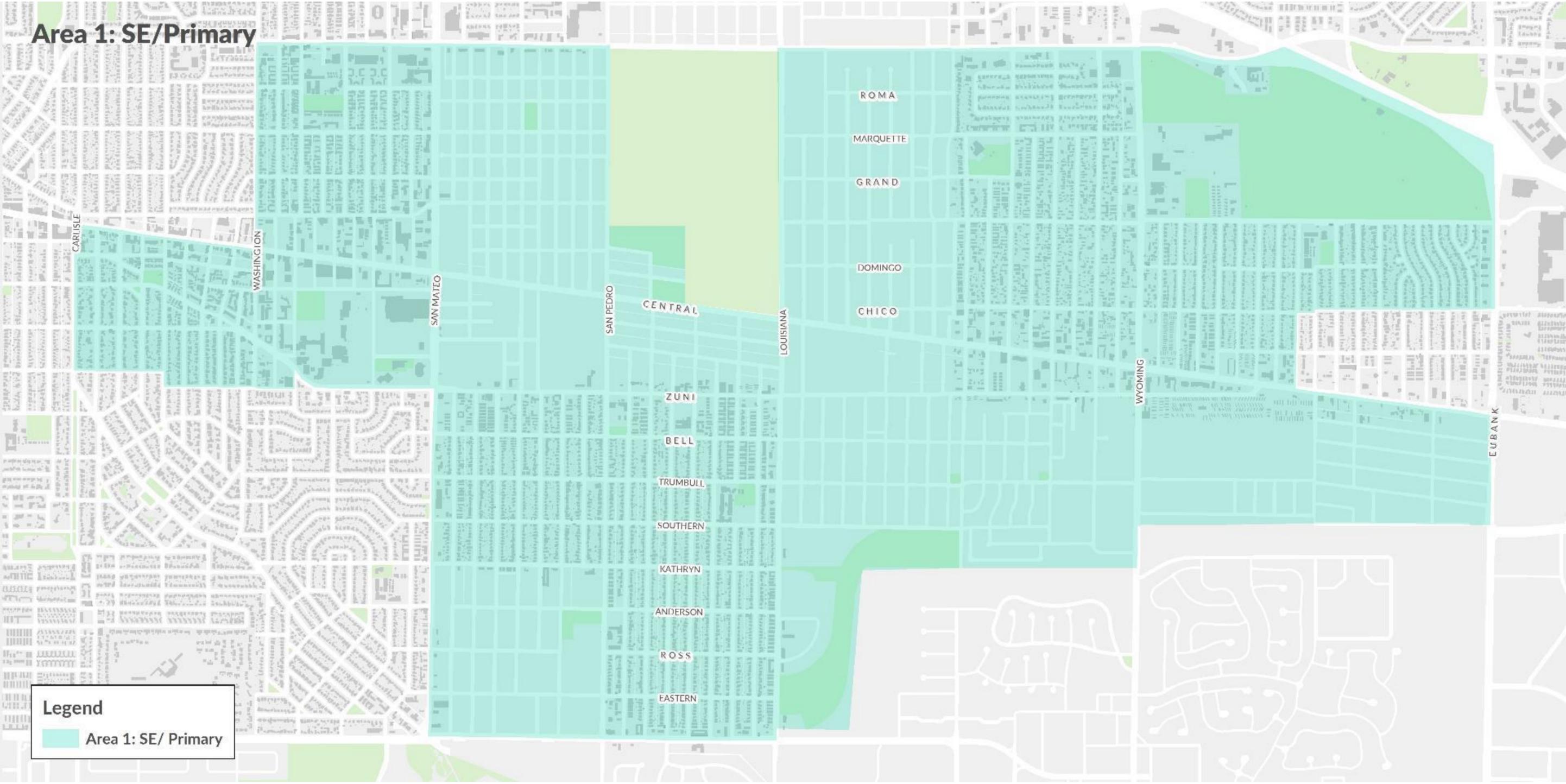
Violent – Non-Fatal Shootings with Injury



Property – Residential Burglary



Area 1: SE/Primary



Area 1 : SE/Primary



Snapshot

108: No. of addresses in this area where 5 or more violent crime incidents occurred in the past three years (<1% of total addresses)

172: No. of addresses in this area where 5 or more property crime incidents occurred in the past three years (1.4% of total addresses)

1 in 10: Approx. proportion of addresses where a violent crime occurred in the past three years

1 in 4: Approx. proportion of addresses where a property crime occurred in the past three years

42: Percentage of commercial and individual robberies in this area that occurred along Central Avenue

50: Percentage of aggravated assaults in this area at or near multi-family housing

66: Percentage of residential burglaries AND shootings in the area at or near multi-family housing

79: Percentage of home invasions in this area at or near multi-family housing

- 2.9%** of Albuquerque's land area
- 6.7%** of Albuquerque's population
- 37,631** Total population in this area
- 13%** of calls for service in Albuquerque come from this area

Crime Concentration in Area 1

Violent Crime

Is heavily concentrated here, 3-5.5x population share, 7-12x area share

- 27%** of murders (31% in 2016)
- 37.3%** of non-fatal shootings with injury
- 22.2%** of aggravated assaults
- 19.9%** of carjackings
- 23.6%** of robberies of an individual
- 20.0%** of non-fatal shootings without injury

Property Crime

Is highly prevalent here, but less heavily concentrated. Up to 2x population share, 2.5-5x area share

- 13.5%** of auto thefts
- 6.9%** of auto burglaries
- 11.1%** of larcenies
- 14.6%** of commercial burglaries
- 10.2%** of residential burglaries

Arrestee Addresses

Are heavily concentrated in this area for violent AND property crime categories.* 2.5-5x population share, 5.5-11x area share

- 22.1%** of residential burglaries
- 16.8%** of commercial burglaries
- 26.9%** of carjackings
- 31.9%** of general robberies
- 19.8%** of aggravated assaults
- 24.5%** of robberies of an individual

* percentages reflect portion of those Albuquerque arrestee addresses that are within this cluster area for each category of crime

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Age Distribution



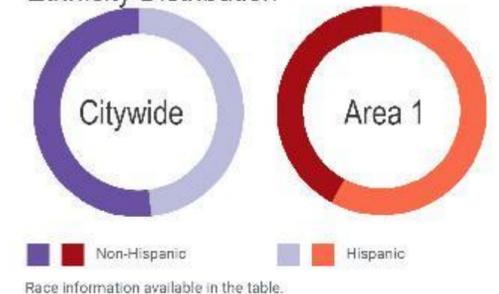
Education Distribution



Income Distribution



Ethnicity Distribution



Race information available in the table.

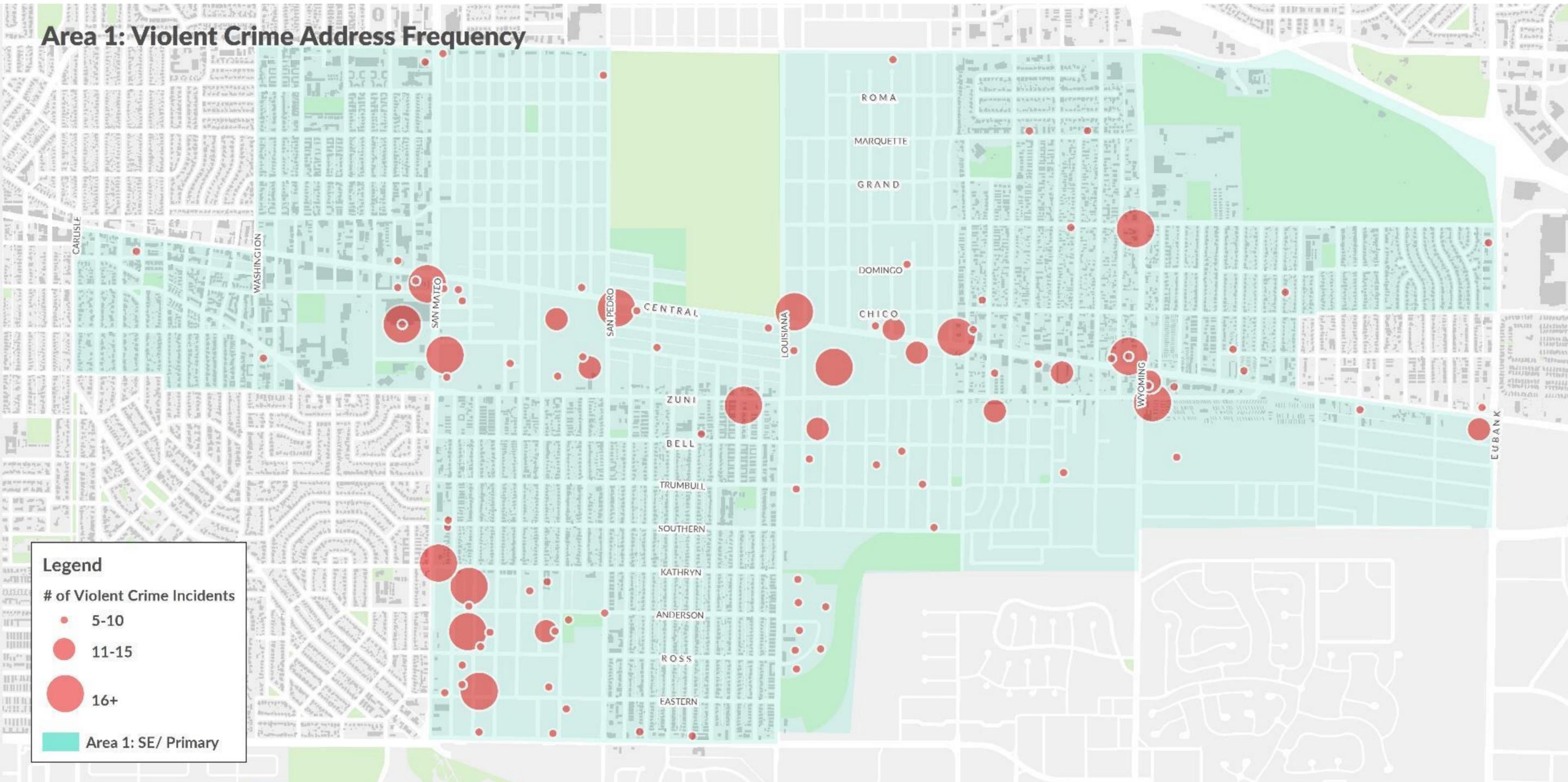
All information above based on United States Census Bureau data.

Area 1: Violent Crime Address Frequency

- 12,444 Total Addresses
- 1,367 addresses w/ 1 or more violent crime incidents (10.99%)
- 461 addresses w/ 2 or more violent crime incidents (3.7%)
- 108 addresses w/ 5 or more violent crime incidents (0.87%)
- 34 addresses w/ 10 or more violent crime incidents (0.27%)

Top 15 Addresses for Frequency of Violent Crime Incidents (2014-2016)		
8601 Central Ave NE	McDonald's/Circle K	98 incidents
9000 Zuni Rd SE	Wyoming Terrace Plaza Mobile Home	46 incidents
301 San Mateo Blvd SE	Walmart	45 incidents
7817 Central Ave NE	Circle K	35 incidents
5210 Central Ave SE	Shell	35 incidents
6300 Central Ave NE	Circle K	29 incidents
5555 Zuni Rd SE	Subway, Big Lots, Payless	28 incidents
7105 Central Ave NE	CVS Pharmacy	25 incidents
5201 Central Ave NE	Walgreens, Bus Stop	24 incidents
6900 Zuni Rd SE	Alon	23 incidents
1001 Madeira Dr SE	Madeira Court Apartments	23 incidents
1101 Madeira Dr SE	Multi-Family Housing	18 incidents
7220 Central Ave SE	Cinnamon Tree Apartments	17 incidents
5401 Kathryn Ave SE	7-Eleven	17 incidents
5000 Central Ave SE	Desert Sands Hotel (demolished)	16 incidents
Total		479 Incidents

Area 1: Violent Crime Address Frequency

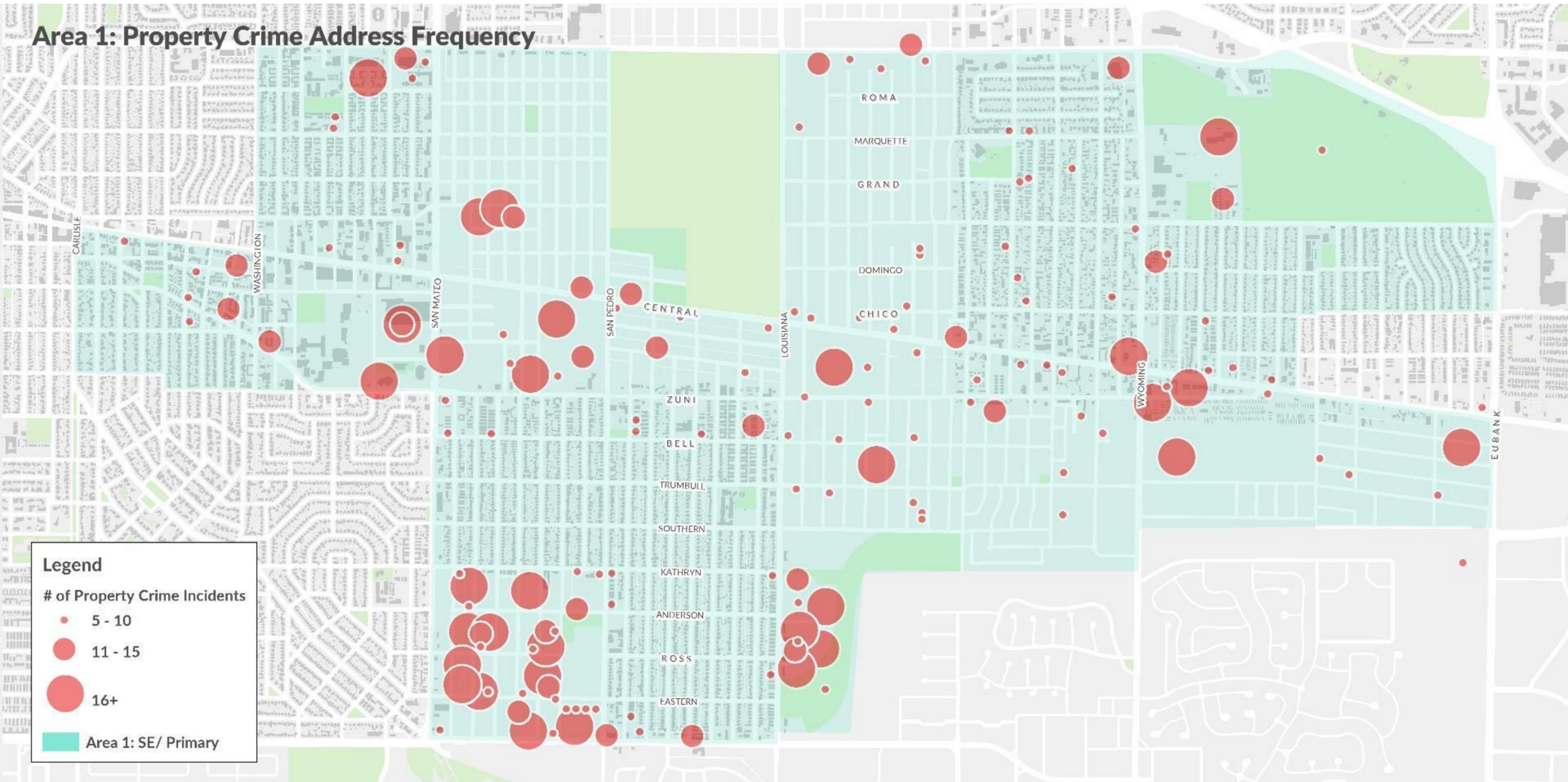


Area 1: Property Crime Address Frequency

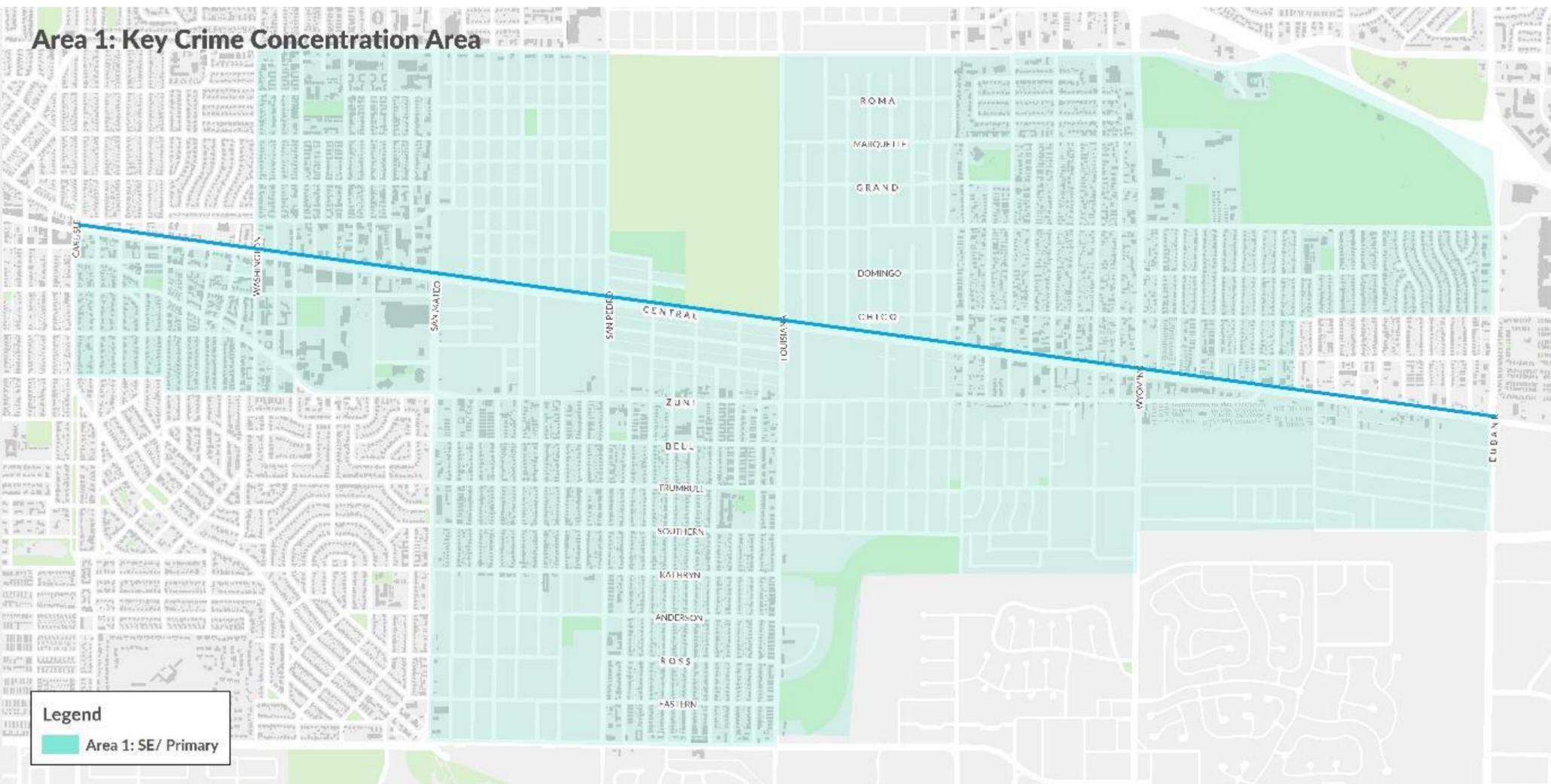
- 12,444 Total Addresses
- 2,943 addresses w/ 1 or more non-larceny property crime incidents (23.65%)
- 981 addresses w/ 2 or more non-larceny property crime incidents (7.88%)
- 172 addresses w/ 5 or more non-larceny property crime incidents (1.38%)
- 63 addresses w/ 10 or more non-larceny property crime incidents (0.51%)

Top 15 Addresses for Frequency of Non-Larceny Property Crime Incidents (2014-2016)		
301 San Mateo Blvd SE	Walmart	154 incidents
9000 Zuni Rd SE	Wyoming Terrace Plaza Mobile Home	115 incidents
7220 Central Ave SE	Cinnamon Tree Apartments	93 incidents
517 San Pablo St SE	Plaza Feliz Apartments	40 incidents
900 Continental Loop SE	Warren Park Apartments	39 incidents
201 Eubank Blvd SE	Extra Space Storage	34 incidents
1200 Madeira Dr SE	Continental Arms Apartments	33 incidents
1101 Madeira Dr SE	Multi-Family Housing	33 incidents
412 Alvarado Dr SE	Encino Gardens – Mult-Family	30 incidents
8601 Central Ave NE	McDonald's/Circle K	29 incidents
200 Valencia Dr SE	Valencia Court Apartments	29 incidents
920 Continental Loop SE	Warren Continental Apartments	25 incidents
4949 Roma Ave NE	Nob Hill Apartments	25 incidents
1111 Cardenas Dr SE	Villa Apartments	25 incidents
Total		704 incidents

Area 1: Property Crime Address Frequency



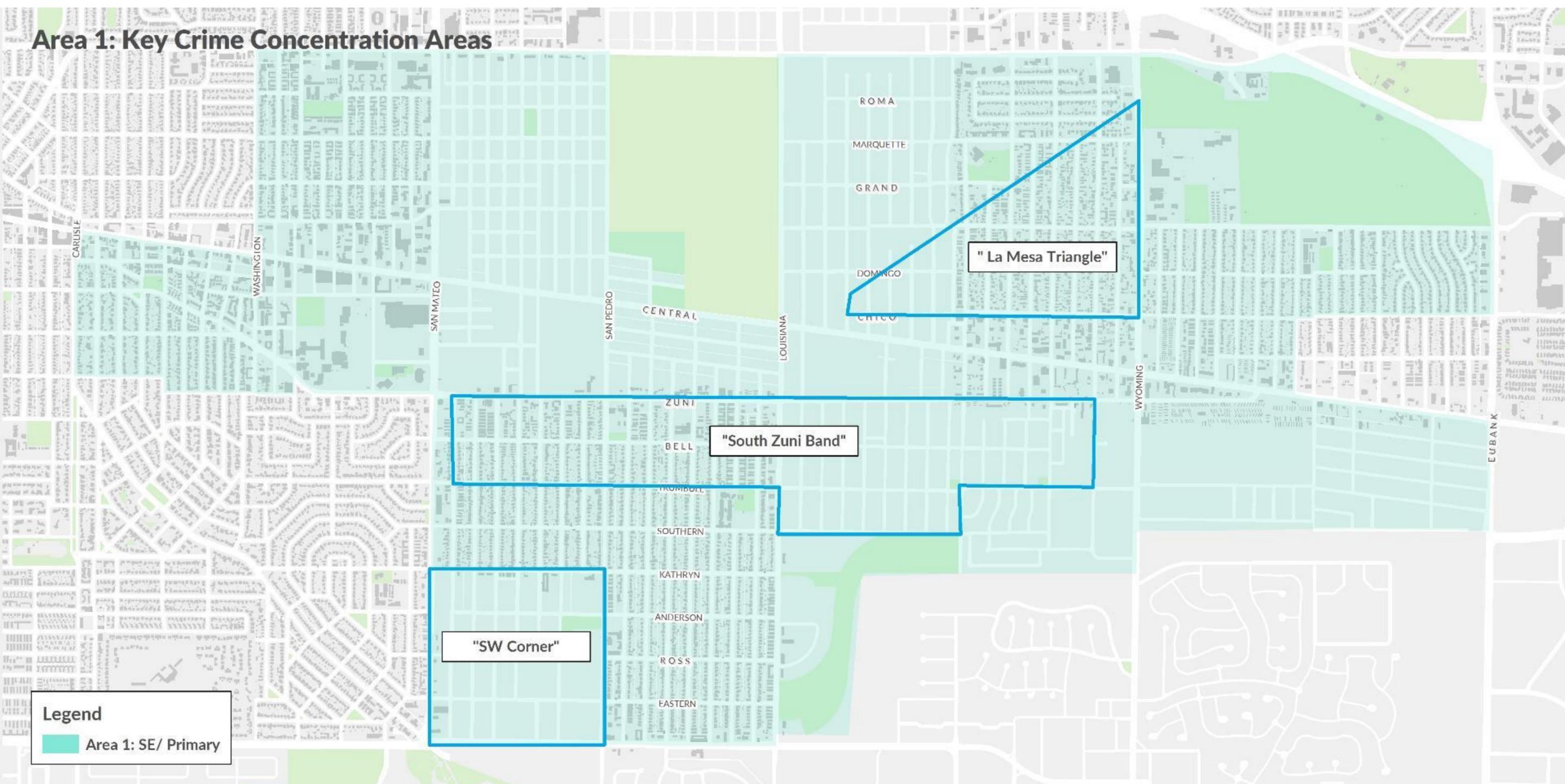
Area 1: Key Crime Concentration Areas



Central Avenue

- 42% of Commercial Robberies
- 43% of Robberies of Individuals (between Carlisle and Wyoming)
- 40% of Non-Fatal Shootings (along Central, and just north and south of it)
- 25% of Aggravated Assaults
- 25% of Commercial Burglaries
- 12% of Auto Thefts

Area 1: Key Crime Concentration Areas

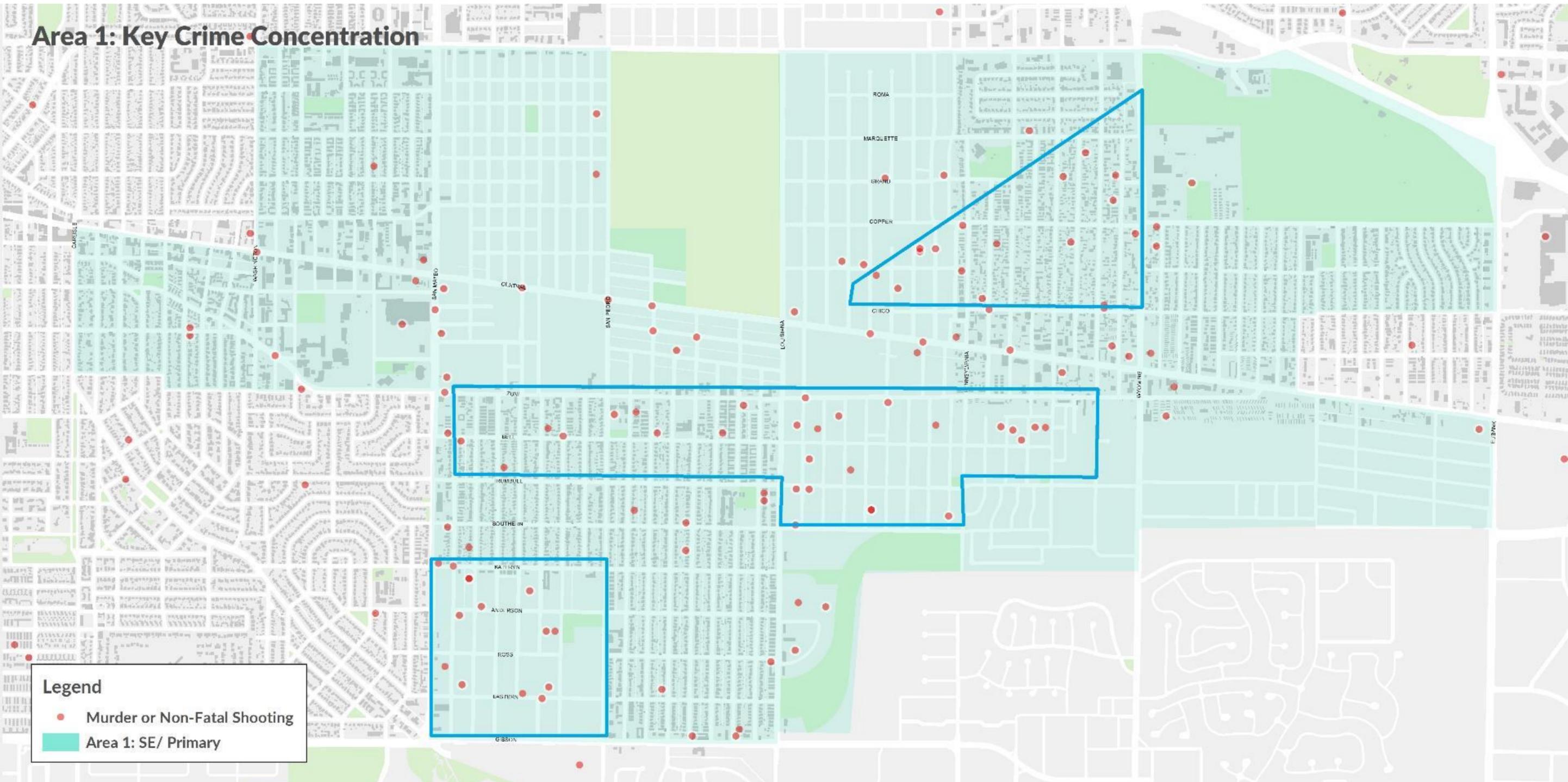


Area 1: Key Crime Concentration Areas

Legend
Area 1: SE/ Primary

Area 1: Key Crime Concentration Areas

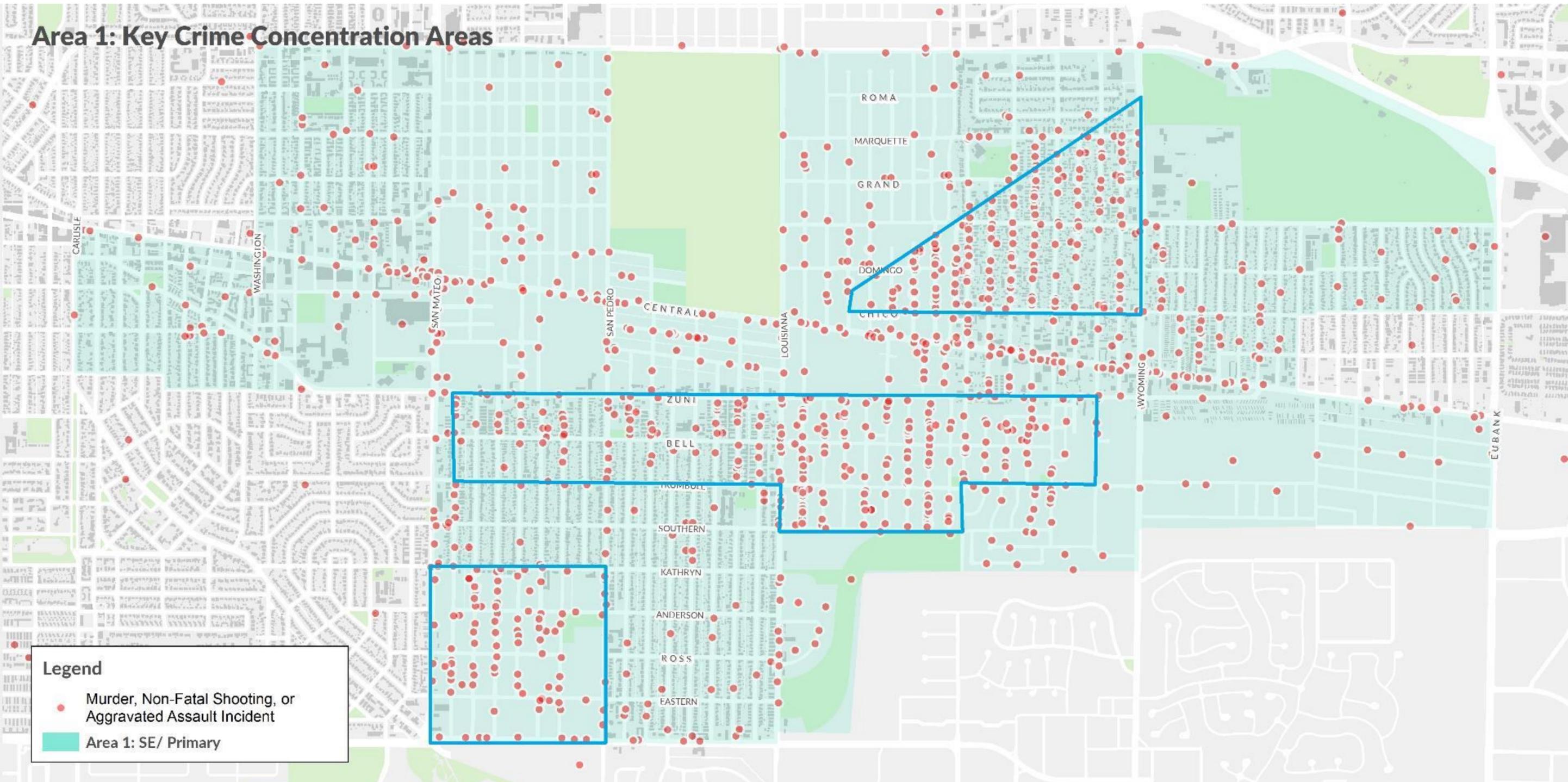
Murders and Non-Fatal Shootings



Area 1: Key Crime Concentration Areas

Murders, Non-Fatal Shootings, and Aggravated Assaults

Area 1: Key Crime Concentration Areas

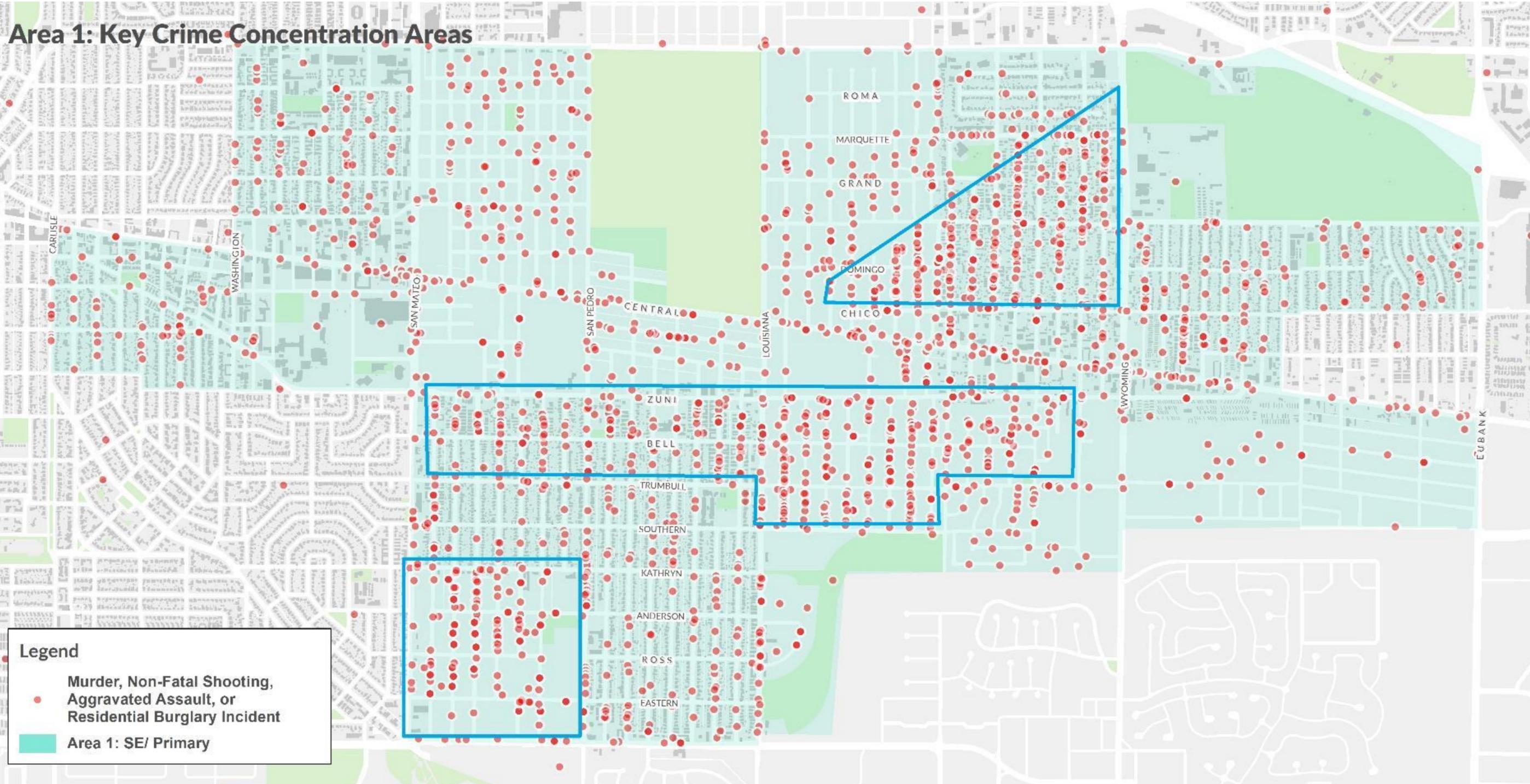


Legend

- Murder, Non-Fatal Shooting, or Aggravated Assault Incident
- Area 1: SE/ Primary

Area 1: Key Crime Concentration Areas

Murders, Non-Fatal Shootings, Aggravated Assaults, and Residential Burglaries



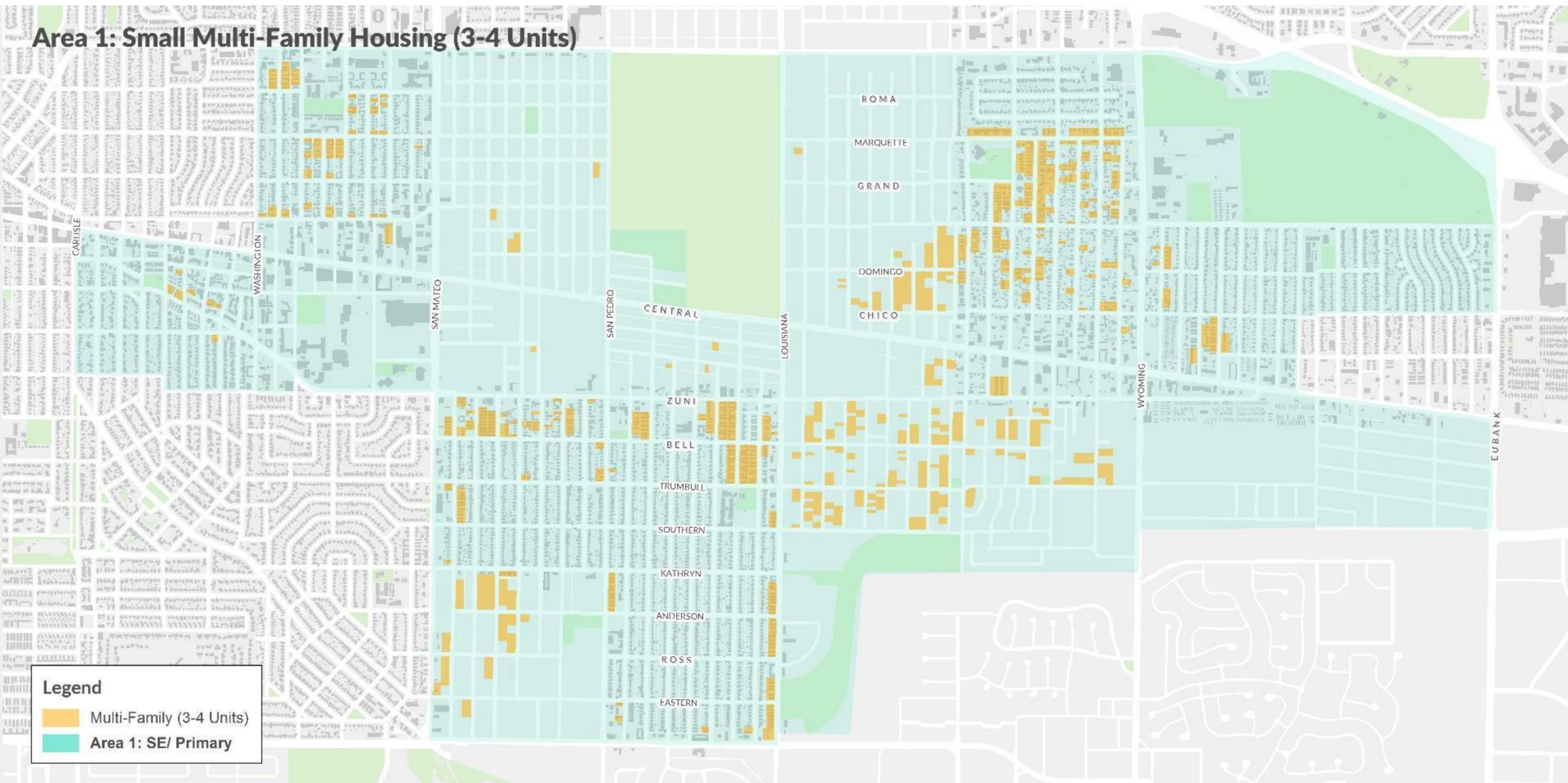
Area 1: Key Crime Concentration Areas

Legend

- Murder, Non-Fatal Shooting, Aggravated Assault, or Residential Burglary Incident
- Area 1: SE/ Primary

Area 1: Small Multi-Family Housing (3-4 Unit)

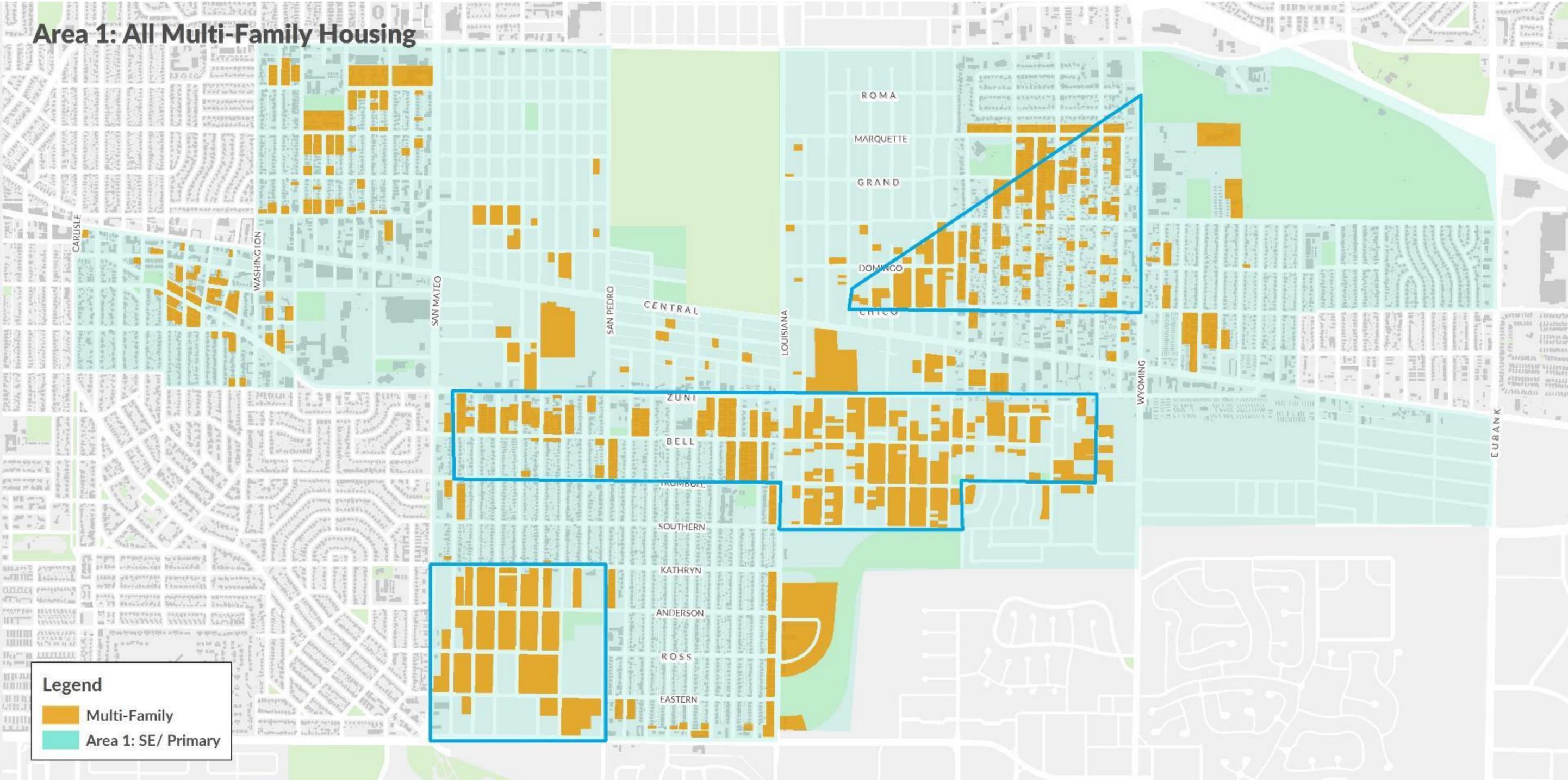
Area 1: Small Multi-Family Housing (3-4 Units)



Legend

- Multi-Family (3-4 Units)
- Area 1: SE/ Primary

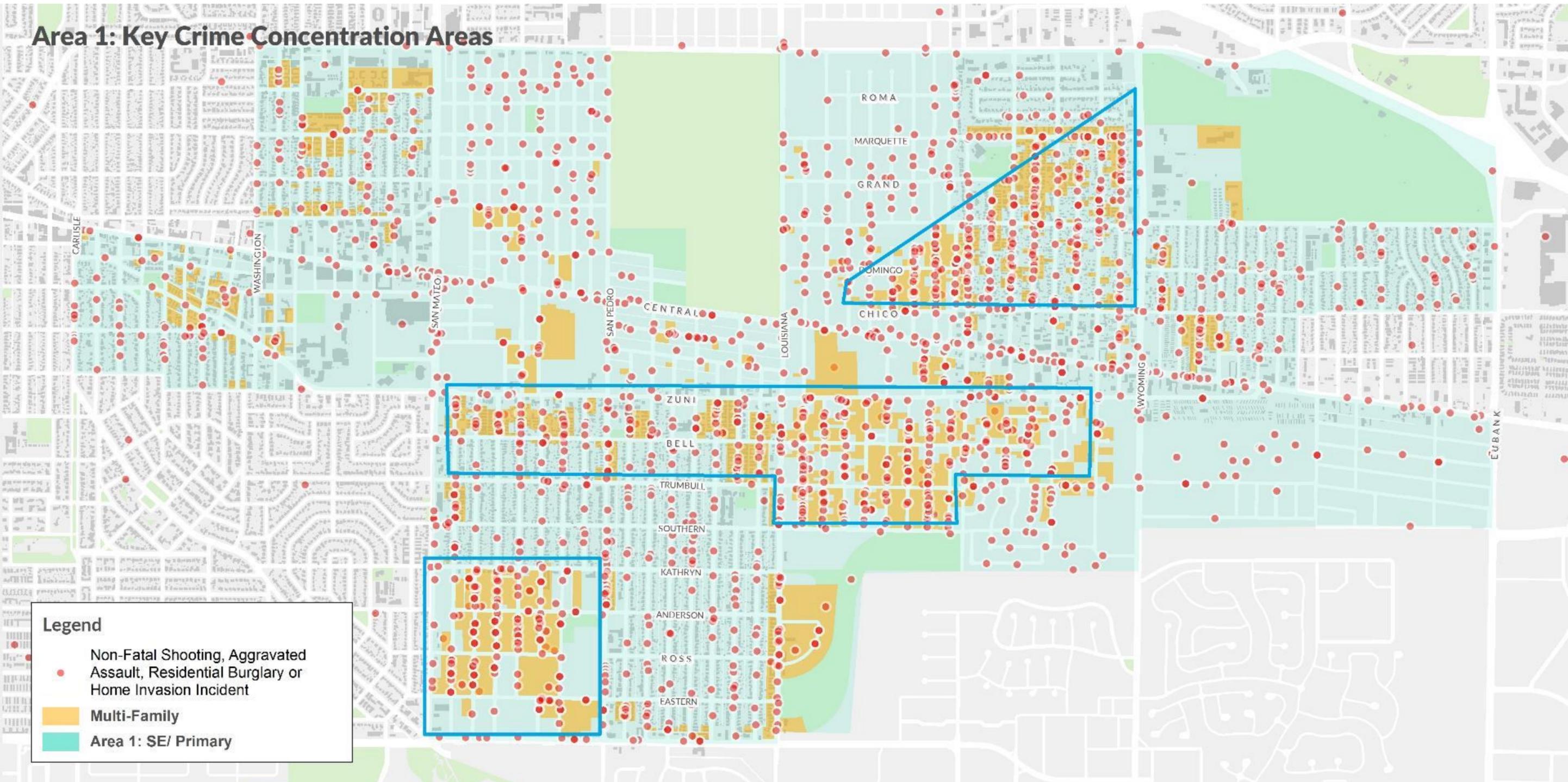
Area 1: ALL Multi-Family Housing



Area 1: ALL Multi-Family Housing

At or Next To Multi-Family Housing: 50% of Agg Assaults, 66% of Non-Fatal Shootings AND Residential Burglarries, 79% of Home Invasions

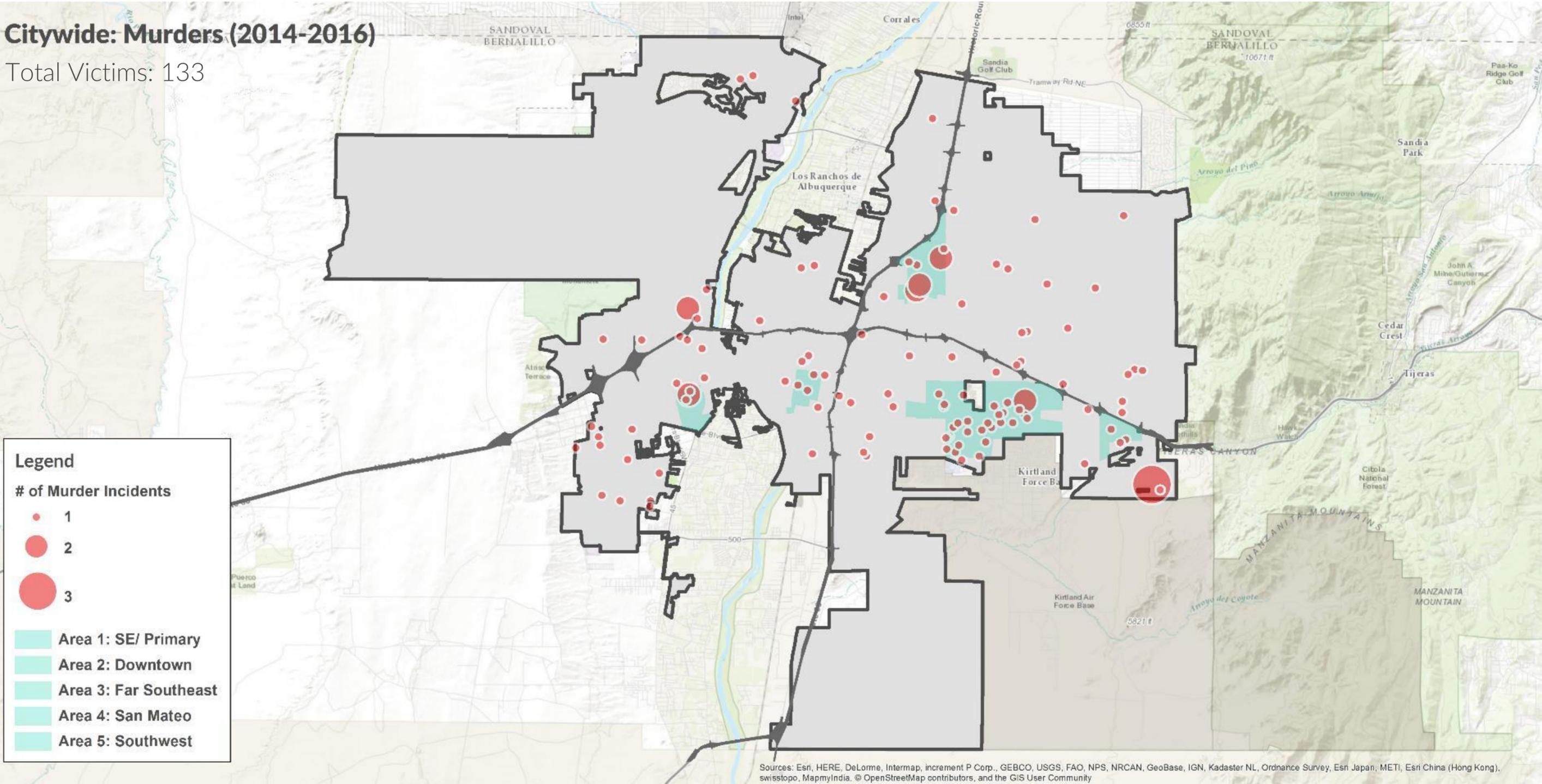
Area 1: Key Crime Concentration Areas



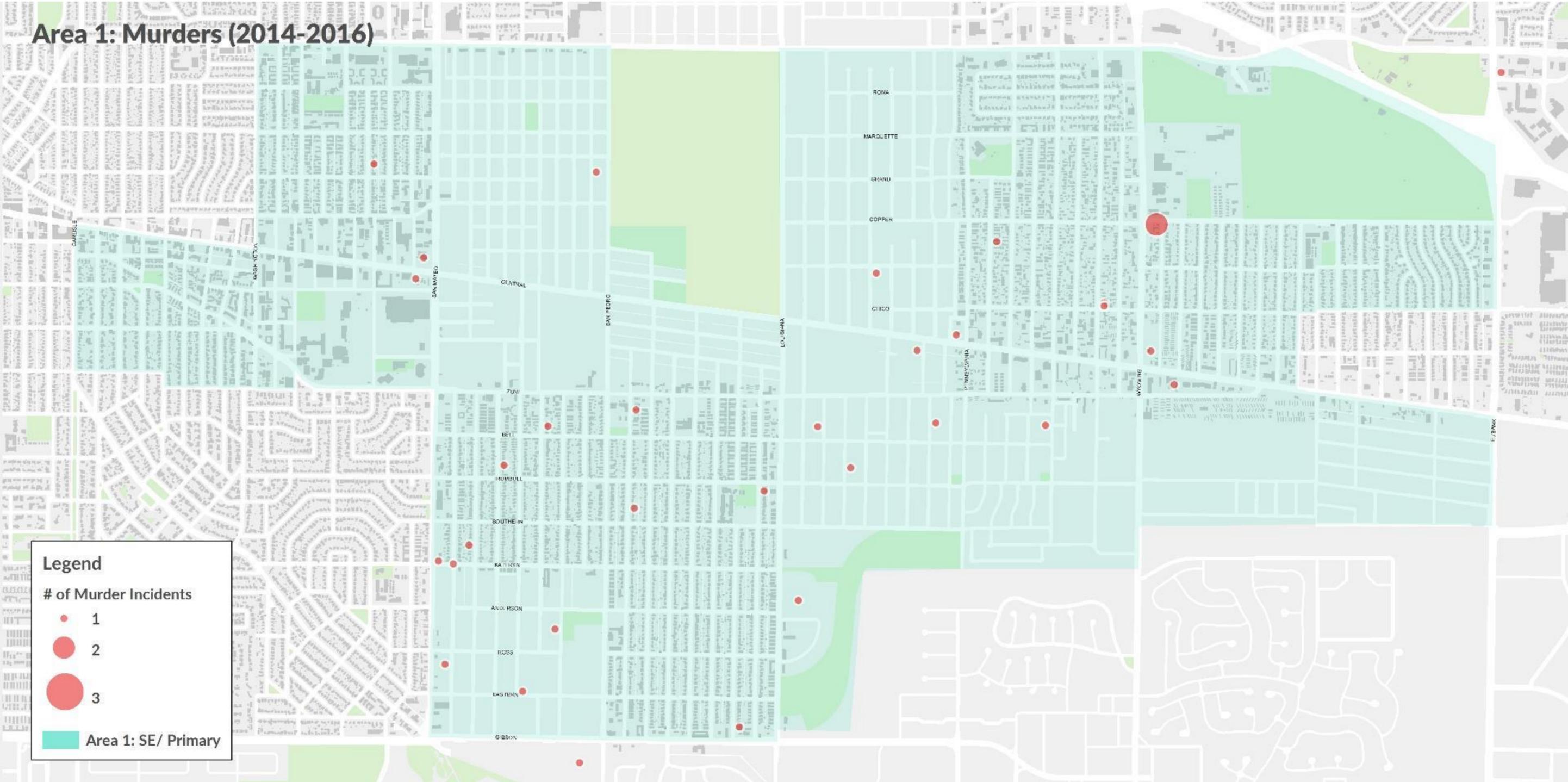
Area 1: Murders (2014-2016)

Citywide: Murders (2014-2016)

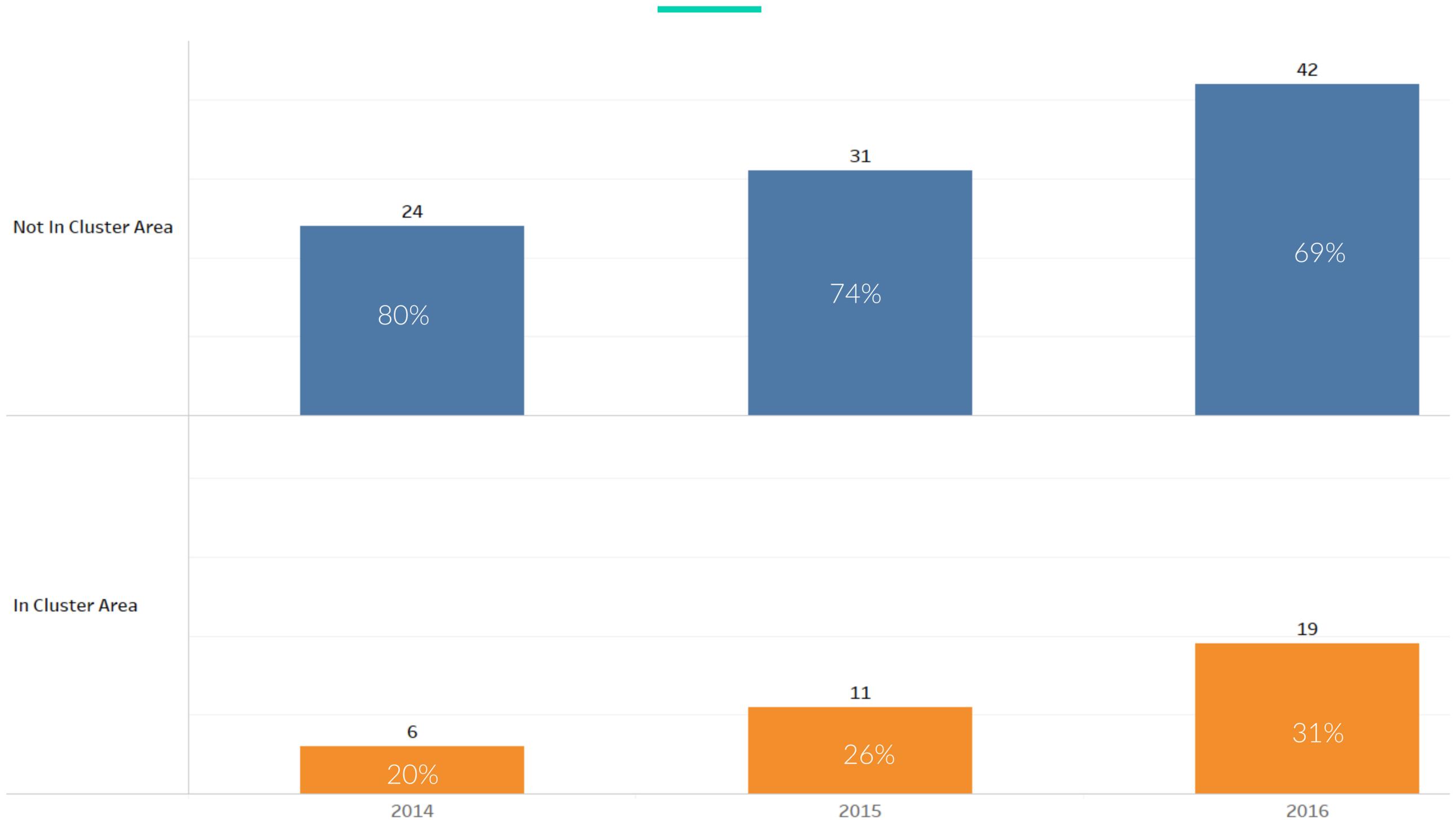
Total Victims: 133



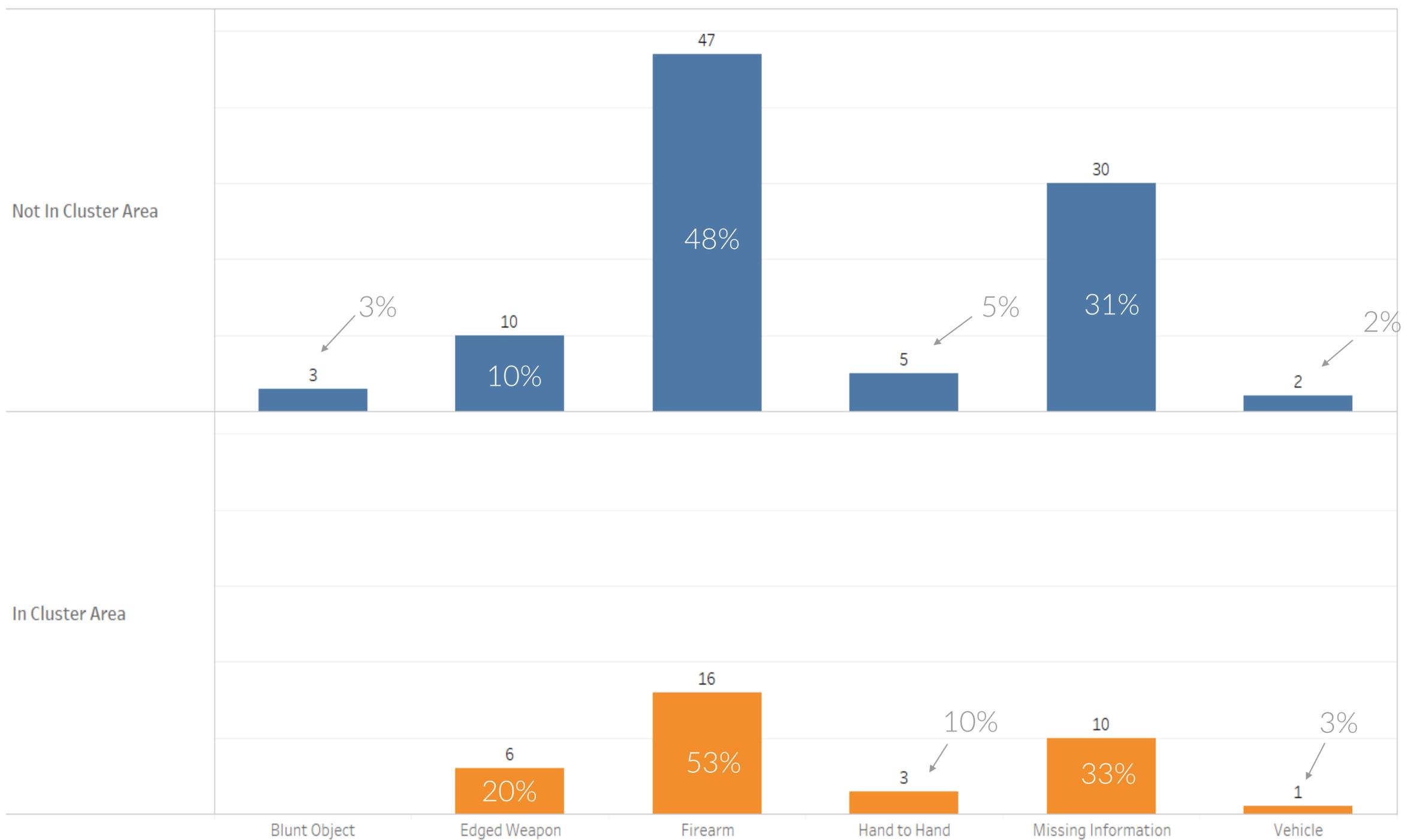
Area 1: Murders (2014-2016)



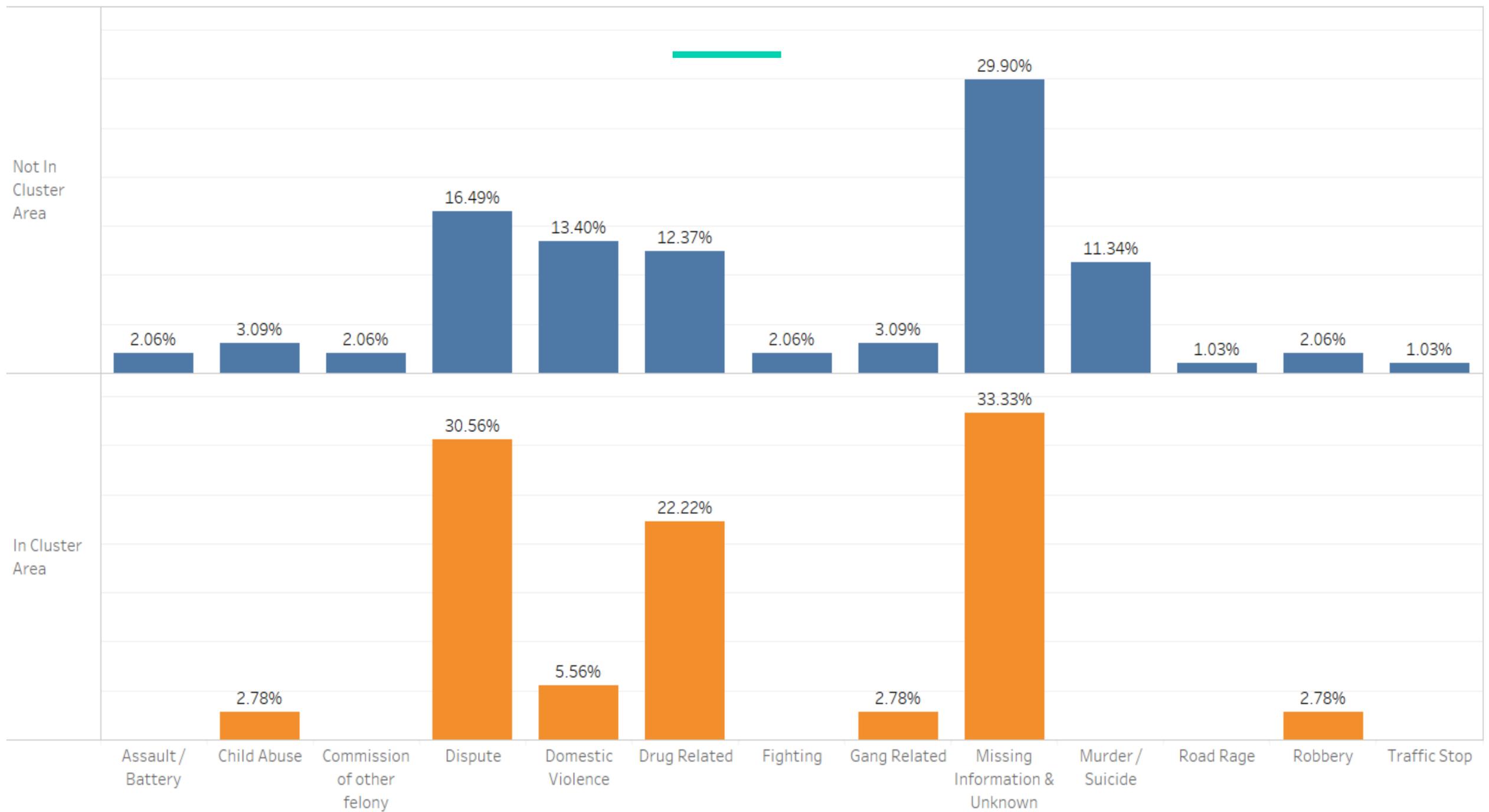
Area 1: Share of City Murders in Cluster Area



Area 1: Murder Weapons

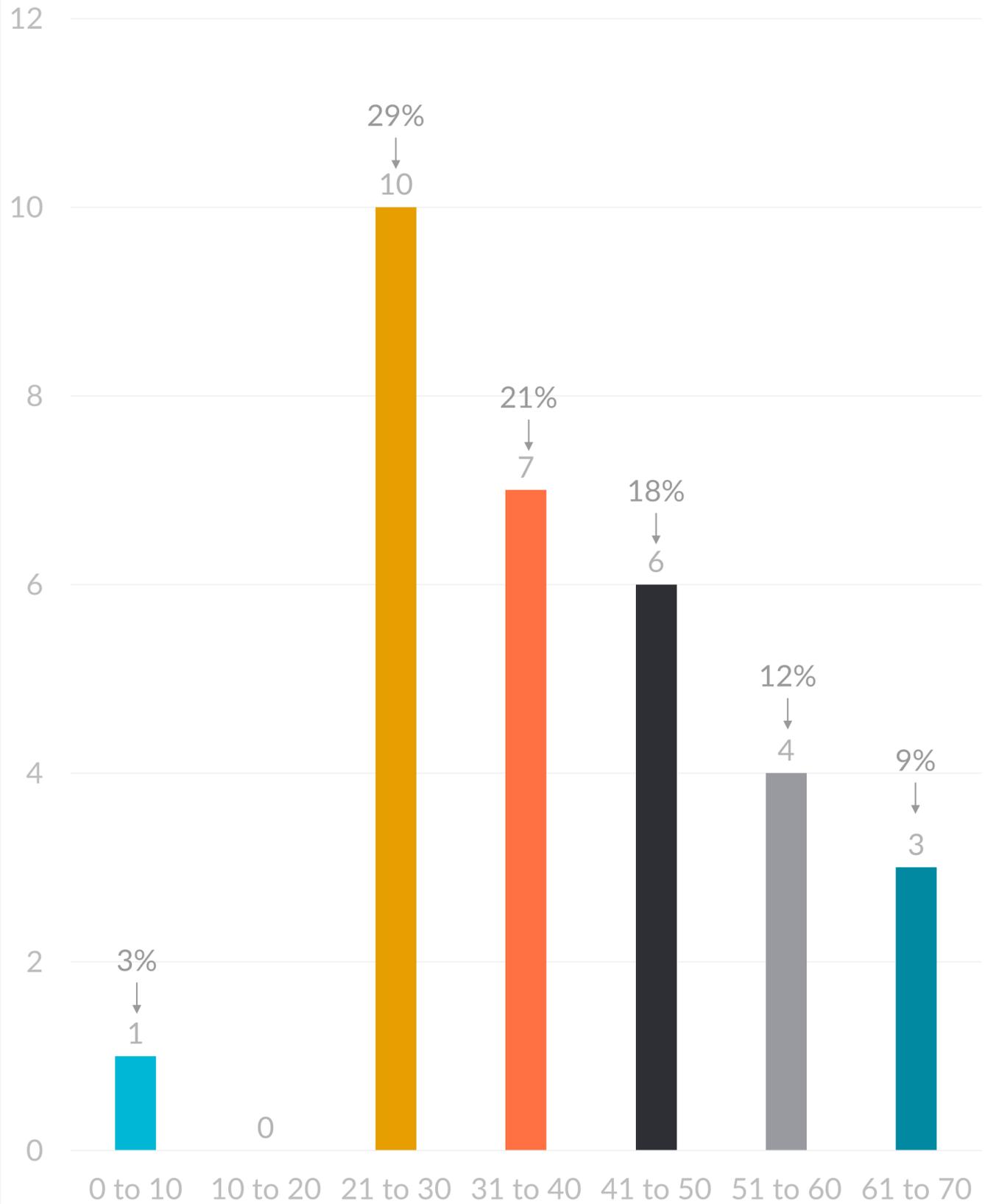


Area 1: Murders by Category

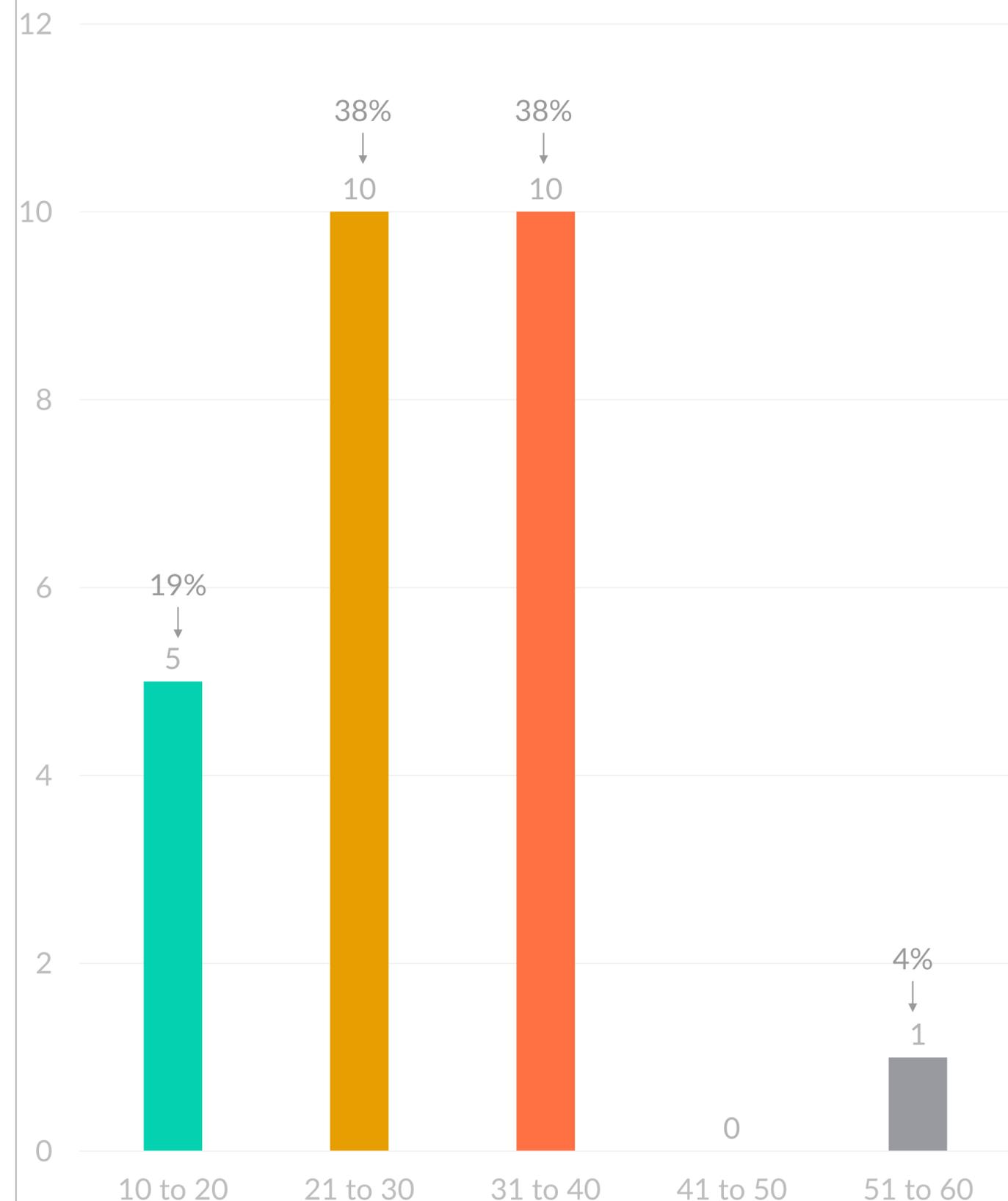


Area 1: Victim/Suspect Age

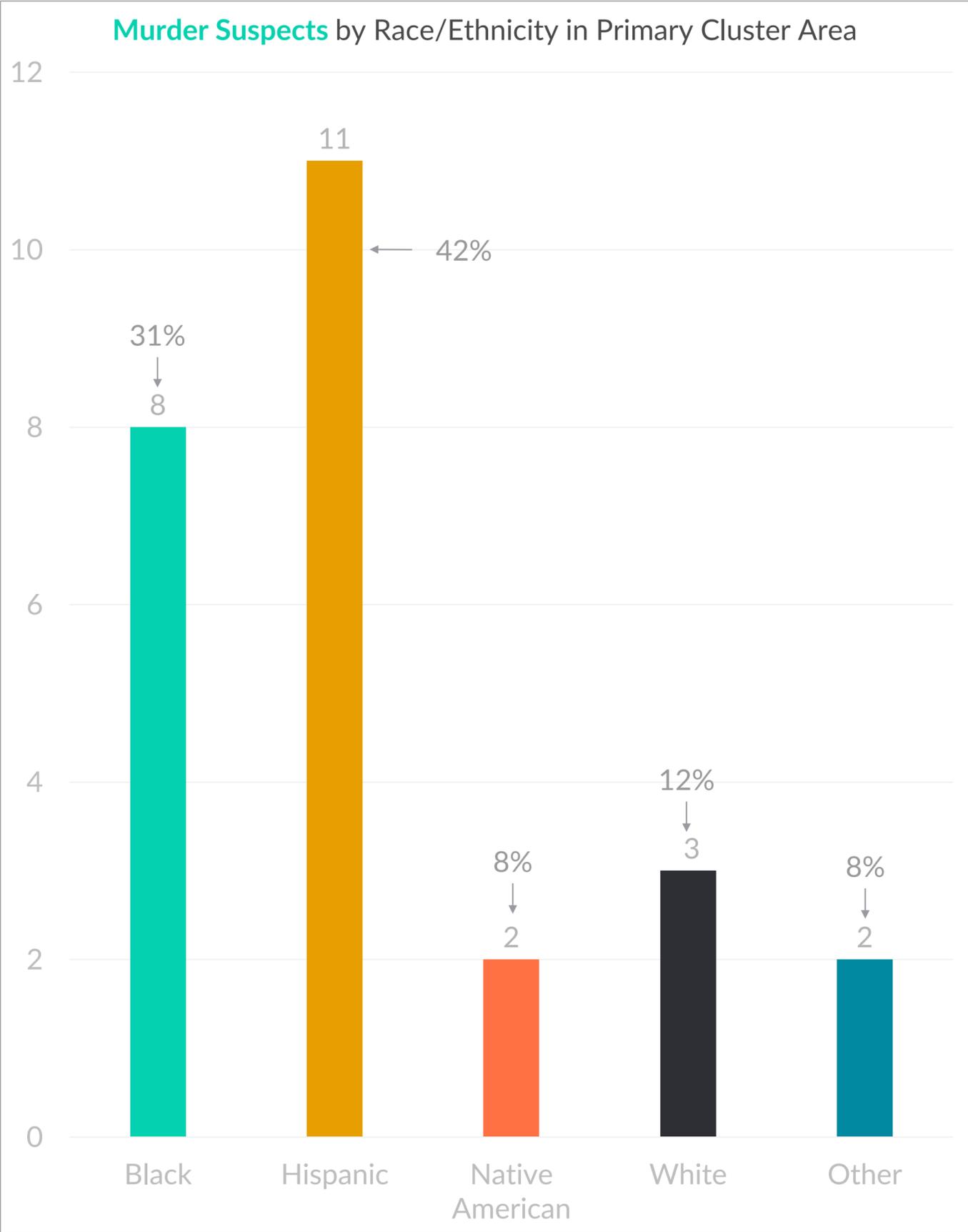
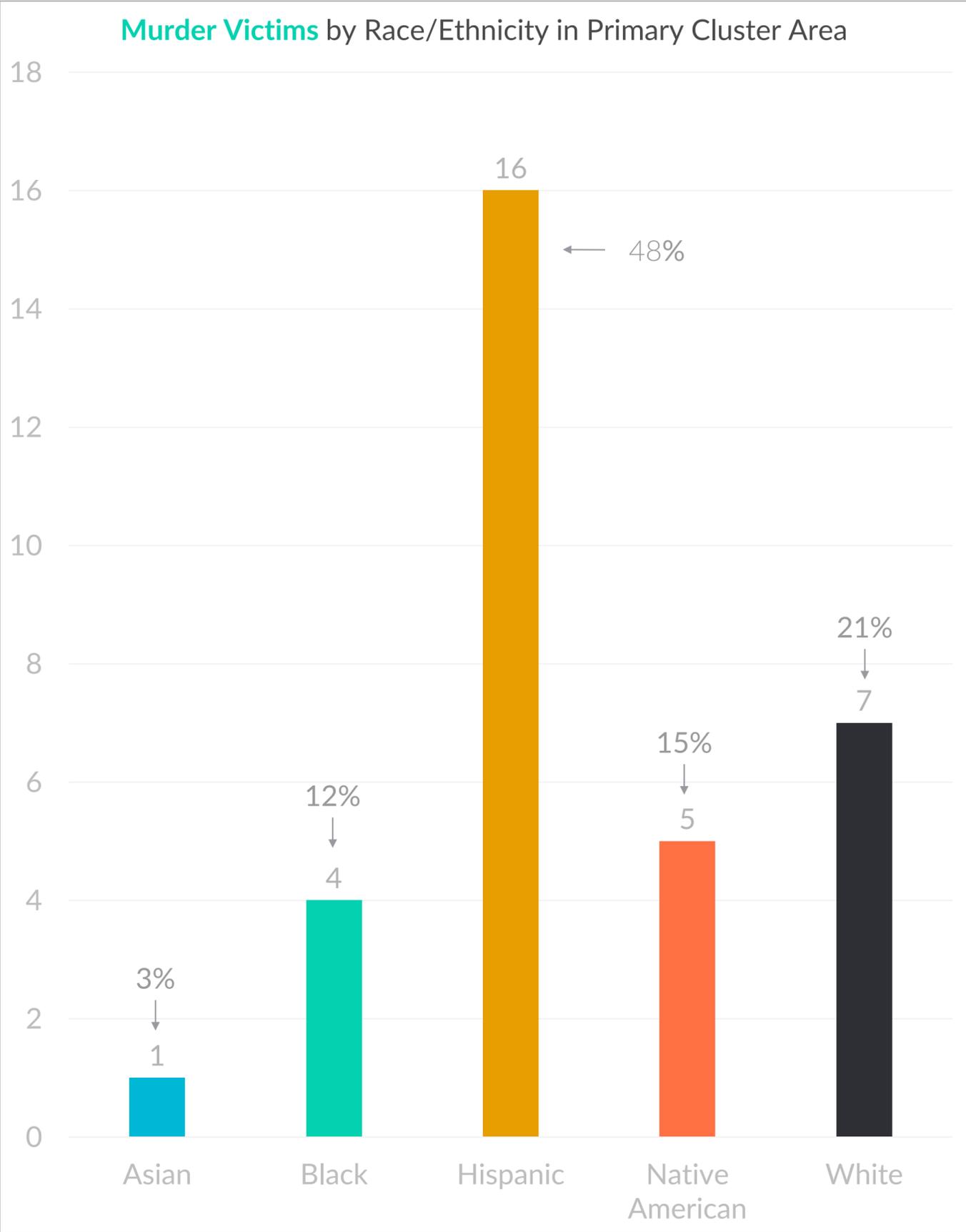
Murder Victims by Age in Primary Cluster Area



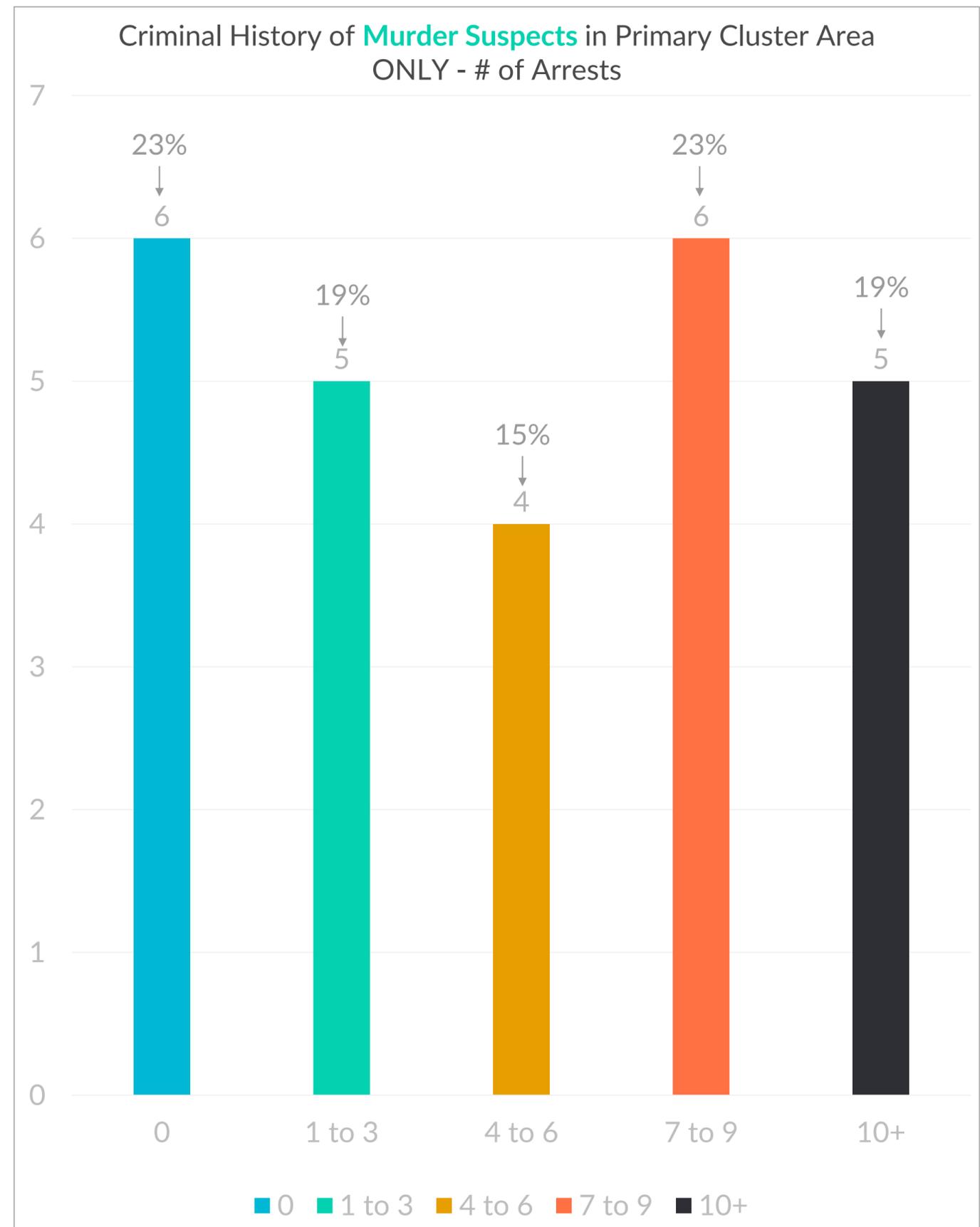
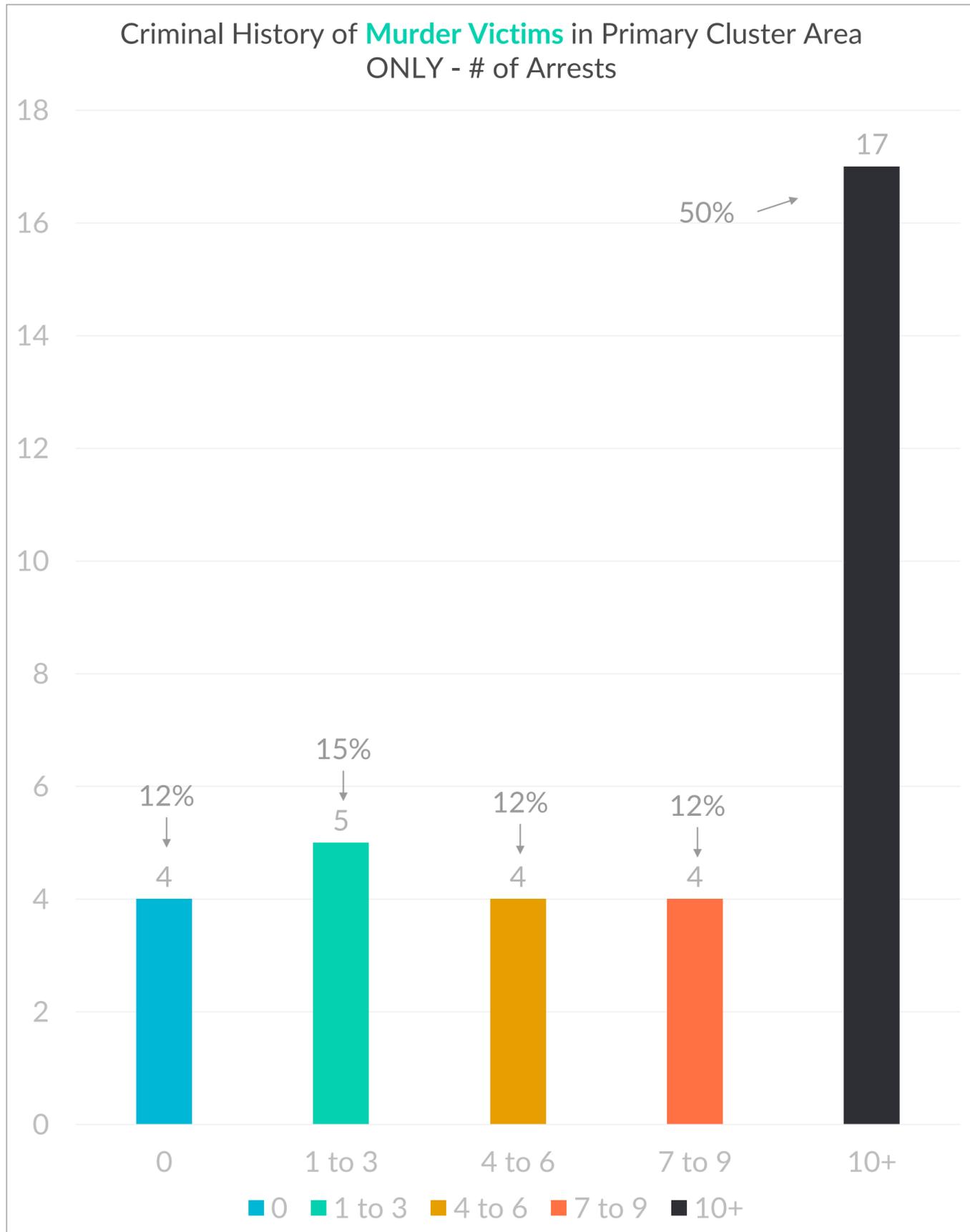
Murder Suspects by Age in Primary Cluster Area



Area 1: Victim/Suspect Race/Ethnicity



Area 1: Victim/Suspect Priors

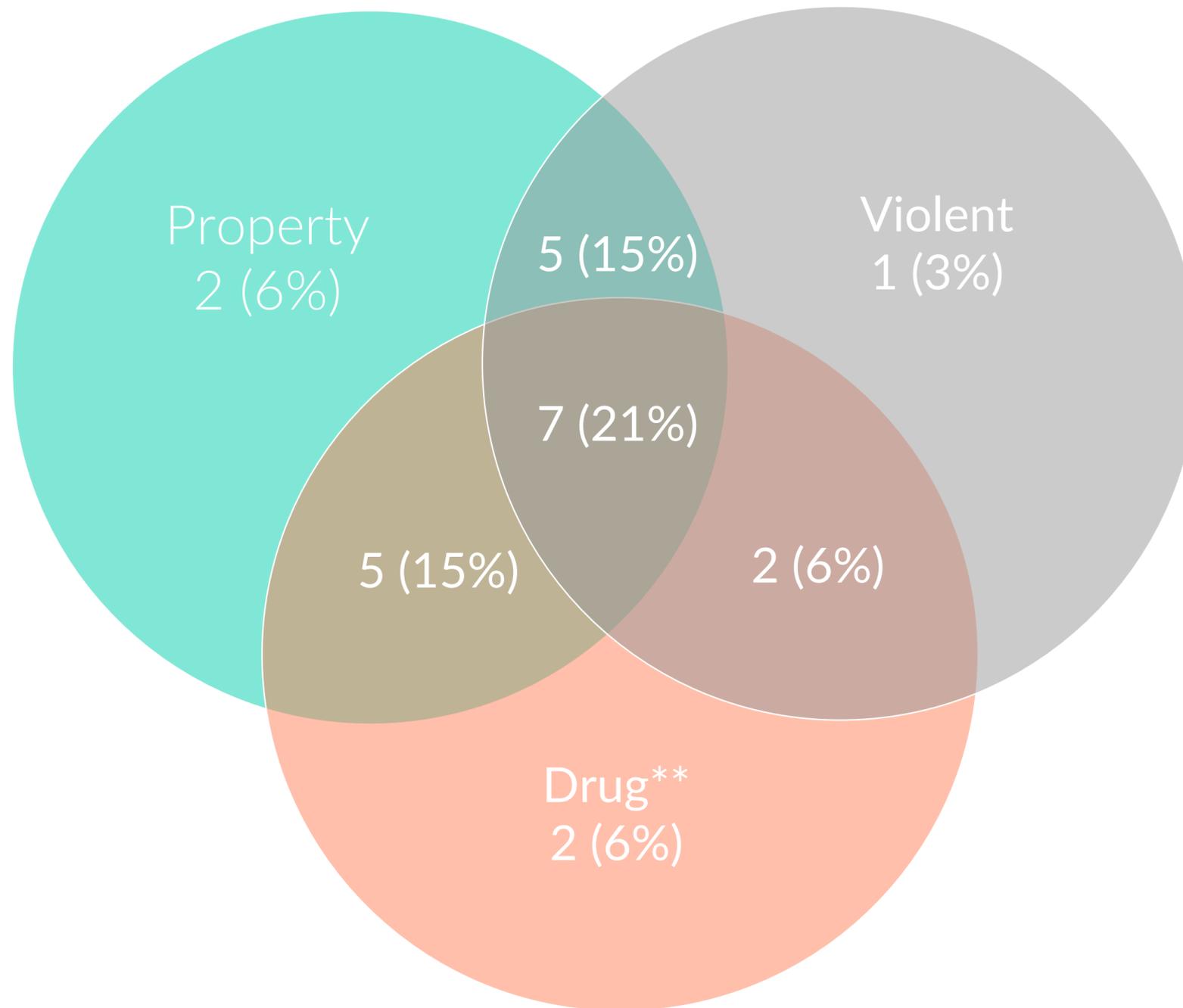


Area 1: Victim Prior Types

Victims: 34

Domestic Violence: 20 (59%)

DWI: 18 (53%)



No adult criminal history*: 4 (12%)

Other: 6 (18%)

* Includes one 14-month old victim

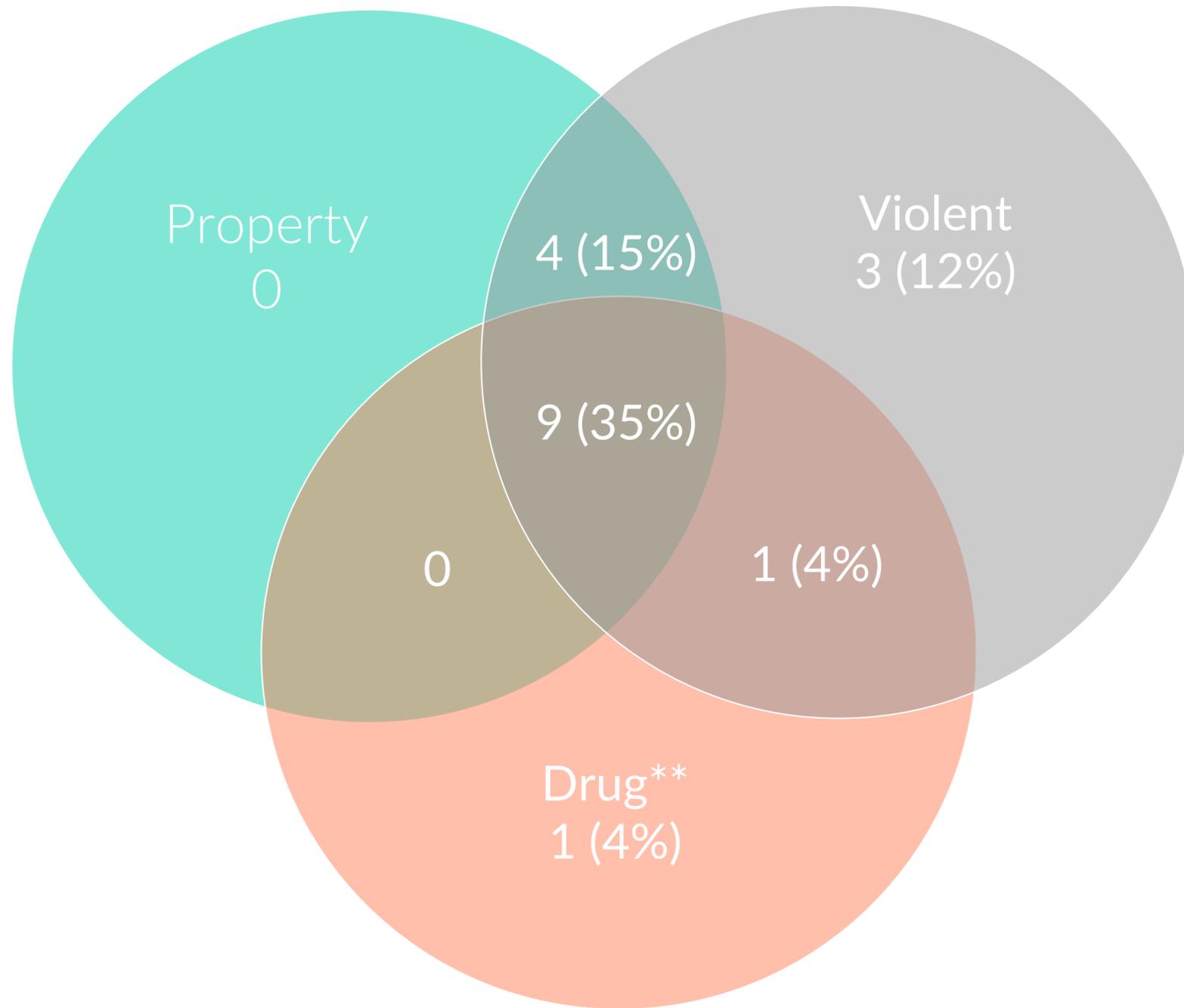
** Drugs are defined as any offense relating to possession or trafficking

Area 1: Suspect Prior Types

Suspects: 26

Domestic Violence: 10 (38%)

DWI: 8 (31%)



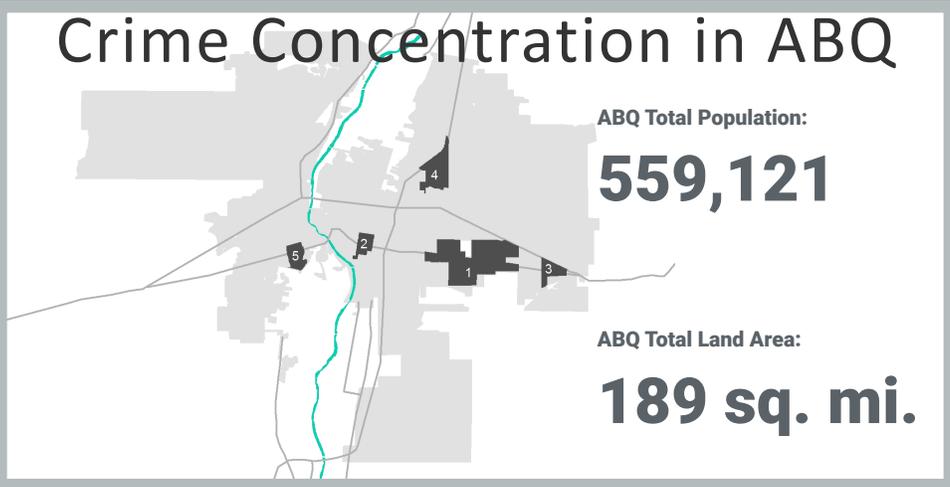
No adult criminal history*: 6 (23%)

Other: 2 (8%)

* Of the 6 murder suspects with no known criminal history, 5 were under the age of 19. Juvenile arrest data was not available for the purpose of this analysis

** Drugs are defined as any offense relating to possession or trafficking

Crime Concentration in ABQ



4.98% of Albuquerque's total land area

10.23% of Albuquerque's total population

57,292 Total population in these cluster areas

20.9% of calls for service in ABQ come from these cluster areas

	Population	Percent of City	Area (sq. mi.)	Percent of City
Area 1 : SE/Primary	37,631	6.73%	5.54	2.93%
Area 2 : Downtown	2,597	0.46%	0.69	0.37%
Area 3 : Far Southeast	4,945	0.88%	0.75	0.39%
Area 4 : San Mateo	6,419	1.15%	1.74	0.92%
Area 5: Southwest	5,700	1.02%	0.69	0.37%
Total	57,292	10.23%	9.41	4.98%

Crime Concentration in ABQ

Violent Crime

Is heavily concentrated in these cluster areas.

43.6% of murders **29.4%** of non-fatal shootings without injury **34.5%** of aggravated assaults **19.7%** of commercial robberies

49.0% of non-fatal shootings with injury **39.2%** of robberies of an individual **27.0%** of carjackings **26.3%** of home invasions

Property Crime

Is highly prevalent in these areas as well, but more diffusely spread throughout the City.

22.3% of auto thefts **14.3%** of auto burglaries **16.6%** of residential burglaries

23.7% of commercial burglaries **17.5%** of larcenies

Arrestee Addresses

Are heavily concentrated in these areas for violent AND property crime categories*

42.3% of carjackings **23.5%** of commercial robberies **30.8%** of aggravated assaults **34.0%** of general robberies

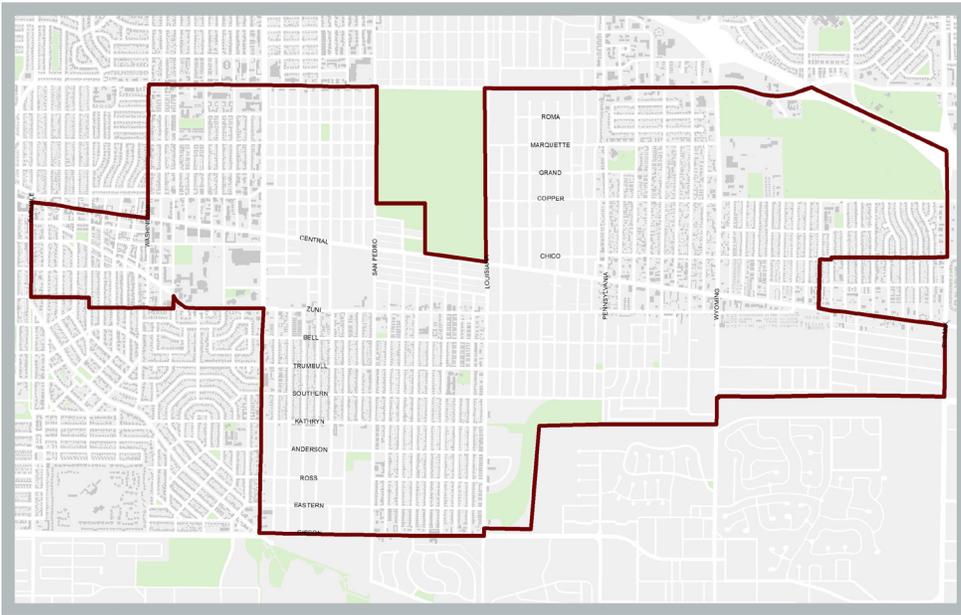
42.3% of home invasions **39.1%** of robberies of an individual **26.0%** of auto burglaries **28.5%** of larcenies

23.4% of auto thefts **33.1%** of residential burglaries **31.3%** of commercial burglaries

* percentages reflect portion of those Albuquerque arrestee addresses that are within these cluster areas for each category of crime

NOTE: crime concentration data is from APD records from 2014-2016, except shootings data, which run from June 2016 to March 2017

Area 1 : SE/Primary



Snapshot

108: No. of addresses in this area where 5 or more violent crime incidents occurred in the past three years (<1% of total addresses)

172: No. of addresses in this area where 5 or more property crime incidents occurred in the past three years (1.4% of total addresses)

1 in 10: Approx. proportion of addresses where a violent crime occurred in the past three years

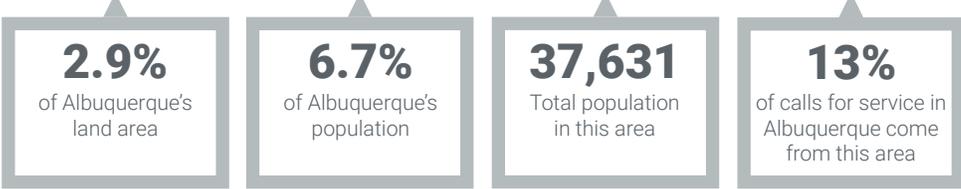
1 in 4: Approx. proportion of addresses where a property crime occurred in the past three years

42: Percentage of commercial and individual robberies in this area that occurred along Central Avenue

50: Percentage of aggravated assaults in this area at or near multi-family housing

66: Percentage of residential burglaries AND shootings in the area at or near multi-family housing

79: Percentage of home invasions in this area at or near multi-family housing



Crime Concentration in Area 1

Violent Crime

Is heavily concentrated here.

3-5.5x population share
7-12x area share



Property Crime

Is highly prevalent here, but less heavily concentrated.

Up to 2x population share
2.5-5x area share



Arrestee Addresses

Are heavily concentrated in this area for violent AND property crime categories.*

2.5-5x population share
5.5-11x area share



* percentages reflect portion of those Albuquerque arrestee addresses that are within this cluster area for each category of crime

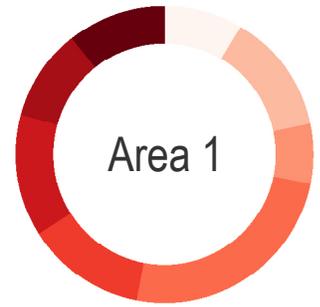
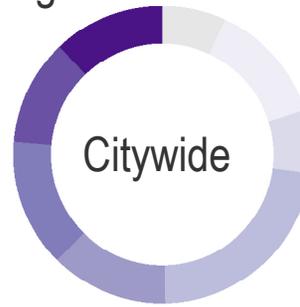
	Total in City	% in City	Total in Area 1	% in Area 1
Age Distribution				
< 5 years	42,747	6.95%	3,186	8.56%
5-14 years	81,362	13.24%	4,897	13.16%
15-19 years	42,254	6.87%	2,412	6.48%
20-34 years	139,276	22.66%	9,243	24.84%
35-44 years	78,646	12.79%	4,831	12.98%
45-54 years	85,454	13.90%	4,959	13.32%
55-64 years	70,963	11.54%	3,725	10.01%
65 years <	74,019	12.04%	3,964	10.65%

Education Distribution				
Did not finish high school	49,927	11.98%	6,103	22.49%
High school or equivalent	98,723	23.69%	7,242	26.68%
Some college	100,079	24.01%	6,495	23.93%
Associate's degree	32,940	7.90%	2,029	7.48%
Bachelor's degree	74,635	17.91%	2,821	10.39%
Master's degree	41,376	9.93%	1,719	6.33%
Professional degree	9,333	2.24%	348	1.28%
Doctoral degree	9,748	2.34%	384	1.41%

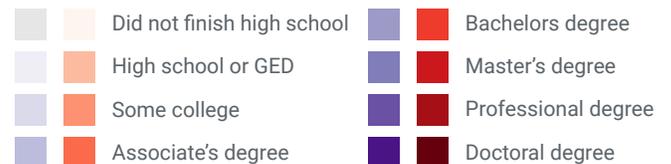
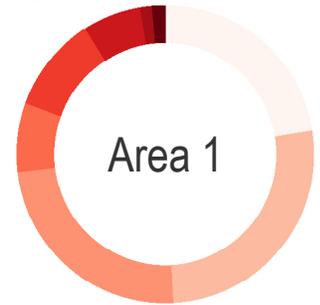
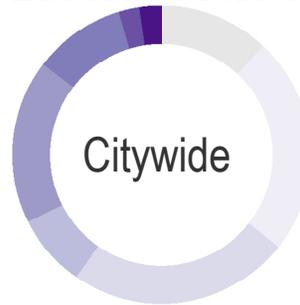
Race and Ethnicity Distribution				
White	424,420	69.04%	22,111	59.41%
Black	19,250	3.13%	1,905	5.12%
American Indian	29,518	4.80%	2,918	7.84%
Asian	15,140	2.46%	921	2.47%
Other	126,393	20.56%	9,362	25.16%
Hispanic	295,667	48.10%	21,576	57.97%

Income Distribution				
Less than \$10,000	22,734	9.26%	3,161	20.26%
\$10,000 to \$19,999	29,744	12.12%	3,611	23.14%
\$20,000 to \$29,999	29,011	11.82%	2,515	16.12%
\$30,000 to \$39,999	25,411	10.35%	1,728	11.07%
\$40,000 to \$49,999	21,818	8.89%	1,275	8.17%
\$50,000 to \$59,999	19,086	7.78%	897	5.75%
\$60,000 to \$99,999	51,232	20.87%	1,541	9.88%
\$100,000 to \$199,999	38,220	15.57%	739	4.74%
\$200,000 or more	8,217	3.35%	137	0.88%

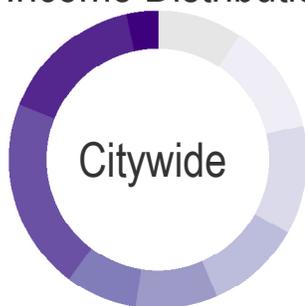
Age Distribution



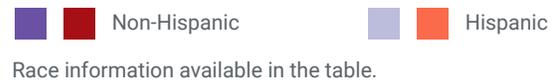
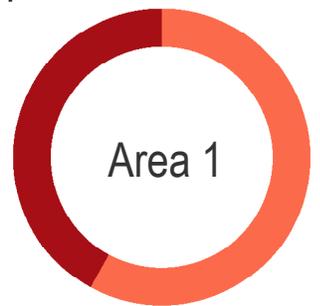
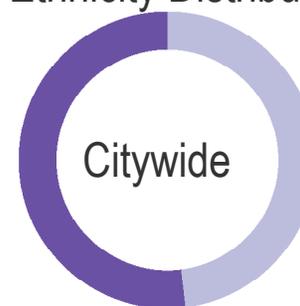
Education Distribution



Income Distribution



Ethnicity Distribution



Race information available in the table.

All Information above based on United States Census Bureau data.



Mission: Families Research Report
Young Families Focus Groups & Community Partner
Group Concept Mapping Exercise

Exploring capacity gaps through group concept mapping and focus groups to determine program ability to promote protective factors and implement childhood resiliency resources

In December 2019 and January 2020, United Way of Central New Mexico's Mission: Families Ready Services Strategy Group conducted research to better understand barriers and access to supports and services that contribute to family stability. The goal was to use the data gathered to inform decisions on how best to move forward with a pilot services delivery model that was scalable and sustainable.

The group held a concept mapping exercise with service providers designed to identify gaps and opportunities and also conducted four focus groups for youth who are parents ages 16 to 24 to gather perspectives and data from community stakeholders and the population we plan to serve. A list of the 17 community partners who participated in the concept mapping exercise can be found on page 42 of this publication

We would like to thank all the partners who participated the research, and especially those who conducted focus groups with young families: Enlace Comunitario, Fathers New Mexico, New Day Youth & Family Services, and NMCAN. We appreciate their efforts in helping to assure that the voices of young families are heard and inform the direction of Mission: Families' work.

Mission: Families would also like to thank Presbyterian Health Services for their financial support for this research including stipends for the agencies who conducted Focus Groups and the families who participated, and the Cradle to Career Policy Institute for supporting the group concept mapping software.

Based on findings from the research, the Ready Services Strategy Group recommended that Mission: Families partner with Bernalillo County District Attorney Raul Torrez's Community Based Crime Reduction Unit (CBCR) and the ABC Community School Partnership to implement a pilot mobile resource hub in Albuquerque's International District that offers navigation and resources for young families.

Partners who participate in the pilot resource hub will adopt the Mission: Families Family Engagement Principles, implement trauma-informed practices and agree to a shared data collection approach to measure impact.

The Mission: Families Vision Council approved the recommendation at their meeting on April 17, 2020.



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Background

It is well established that adult health and well-being are rooted in childhood. However nearly half of U.S. children have experienced at least one adverse childhood experience (ACE) and more than 20 percent have experienced two or more (Bethell et al., 2017). There is a known link between ACEs and structural inequalities, such as poverty, discrimination, employment opportunities, and health care access (Bethell et al., 2017). Children for whom ACEs tend to be more prevalent are those living in nonparental care, have contact with the child welfare system (Bramlett & Radcliff, 2014; Stambaugh et al., 2013), experience unfair treatment due to race or ethnicity, or have issues stemming from lack of parental income (Bethell et al., 2017). In early childhood, quality care, learning opportunities, adequate nutrition, and community support are significant for positive cognitive and social development (Masten & Gewirtz, 2006).

Current policy recommendations strongly recommend abandoning a “screening-only” approach for ACEs due to the potential to retraumatize children and families, contribute to stigma and to a deficits focus, use screening tools that are not age or culturally appropriate, and promote a misleadingly narrow conception of adversity (Murphey & Dym Bartlett, 2019). While ACEs are now recognized as an urgent primary health need, communities and states are only beginning to address the need to embed effective trauma-informed practice into the early care settings where promotion and intervention can build essential resiliency.

Using participatory stakeholder input through concept mapping and youth focus groups, we attempted to analyze what is needed to provide trauma-informed care in early childhood care settings and determine what is needed to increase current capacity for New Mexican programs and communities to promote protective factors that reduce ACEs. Recognizing resilience can lead to evidence-based policies and practices designed to promote optimal development in children threatened by adversity or disadvantage (Masten & Gewirtz, 2006).

Method

Focus Groups

Youth who are parents were engaged through a series of focus groups, while program leadership and staff contributed to a concept mapping exercise. The Mission: Families' Ready Services work group held a series of four youth who are parents focus groups, ages 16 to 24, to better understand access to supports and services that contribute to family stability. The results of this focus group qualitative analysis will be used to inform a pilot service delivery model. Focus group activities included affinity diagram creation, a charting exercise, and open discussion. For the first activity, participants brainstormed the challenges and barriers they experience when receiving or finding services and supports. Participants placed ideas on sticky-notes and then went through an activity to group these by common themes. They then named each grouping. For the second activity, participants identified the services and supports they access. They also discussed who or where they learn about supports and services. After identifying

which supports and services they access, participants then discussed the various positive aspects of these services and things they would change. The final part of the second activity had participants use sticky dots to vote for supports and services that participants find the most important. The third activity included an open discussion on what elements should be incorporated into a resource hub model that would encourage participants to use it. In addition to youth who are parents, program staff and leadership were engaged through concept mapping.

Concept Mapping

Concept mapping is a form of structured conceptualization that has been designed for the purpose of organizing and representing ideas from an identified group (Rosas & Kane, 2012). It is considered a participatory mixed-methods approach that combines qualitative data collection with multivariate statistical analyses, to capture the experience of professionals while validating their proposed ideas and concept correlation through multivariate statistics (Burke et al., 2005) culminating in verbal, pictorial, and mathematical concordance (Kane & Trochim, 2007). The stakeholders themselves, rather than the facilitator, drive the content for the entire conceptualization and results interpretation process (Trochim & Kane, 2007). Concept mapping is methodologically superior to focus groups or in-depth interviews because of participant contribution to data analysis and interpretation, which ensures that the results directly reflect the perceptions of the participants (Burke et al., 2005).

Concept mapping software incorporates all statements made by participants and analyzes them using hierarchical cluster analysis and multidimensional scaling to form categories of like statements. This method allows for analysis of how certain themes may relate to each other and allows for the exploration of multiple themes at the same time (in contrast to group consensus on a single theme) (Burke et al., 2005). The resulting clusters lay the groundwork for prioritization of program initiatives and funding in addition to highlighting what the community will need to successfully reduce adverse childhood experiences (ACEs).

The recommended process for concept mapping begins with a preparation phase in which the session focus was developed, and participants were selected by United Way. Participants then took part in the next three phases that include generation of statements through brainstorming in response to a focus prompt, structuring of statements, and representation of statements. The focus prompt for this study was "*To better identify and serve this population, we would...*". After removal of duplicate statements, participants were then asked to sort the statements into piles that seemed most rational to them and name the piles through the software interface. Finally, participants were asked to rate each statement according to feasibility and potential for impact (Table 1). Each statement is represented by a number for tracking purposes and each cluster was assigned final labels by the advisory panel after the development of the cluster maps. After the participants completed their portions, the interpretation of the maps was conducted by a small advisory panel of subject matter experts. Utilization and action, the final two steps, have yet to occur (Figure 1).

Table 1

Rating statement verbal anchors

Feasibility	Potential for Impact
1 = very low feasibility	1 = very low potential for impact
2 = low feasibility	2 = low potential for impact
3 = high feasibility	3 = high potential for impact
4 = very high feasibility	4 = very high potential for impact

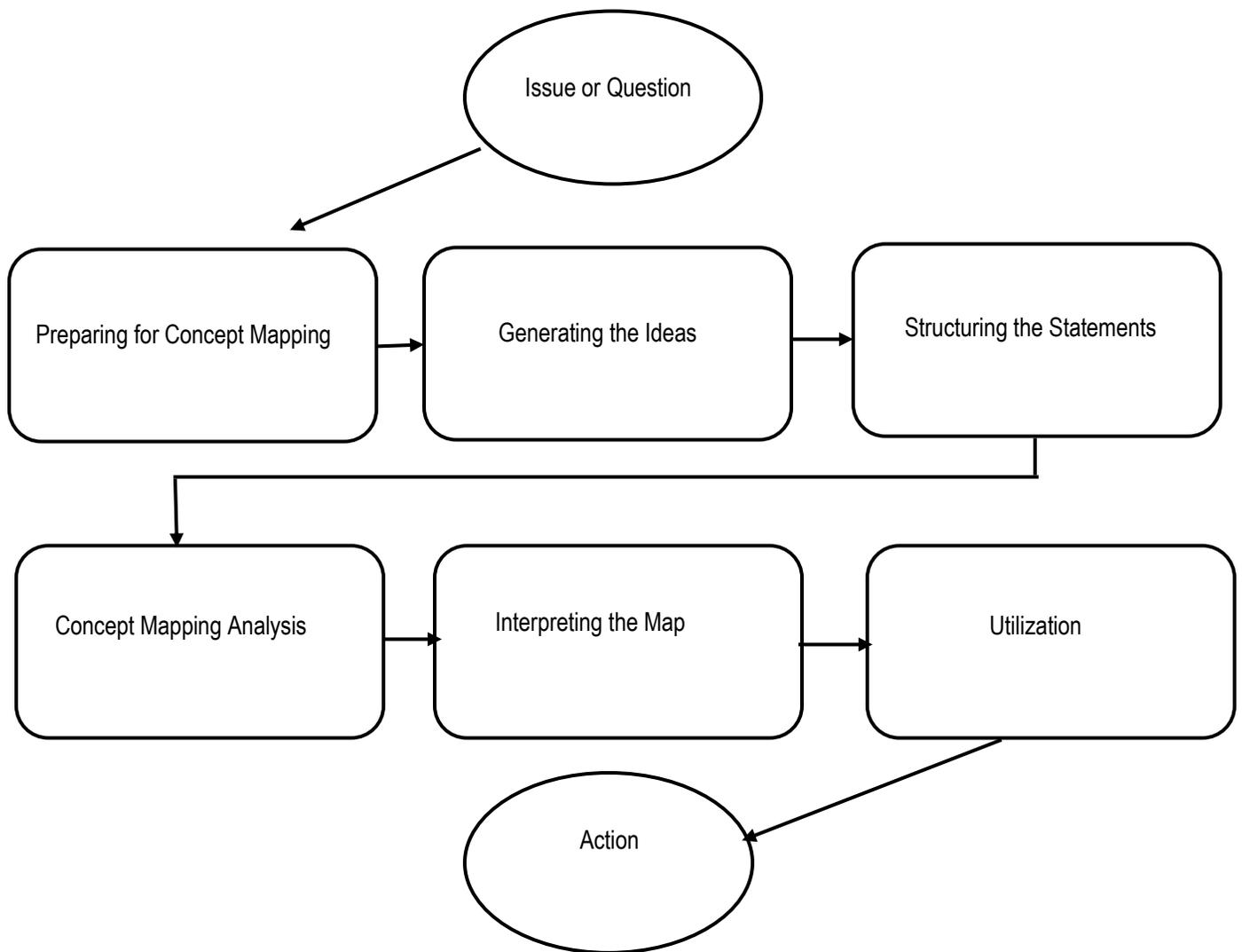


Figure 1. Concept Mapping Process Overview (Trochim & Kane, 2005, p.8)

Participant Demographics

Focus Groups

Thirty-nine youth who are parents participated at one of the following four agencies from which they receive services: Enlace Comunitario, Fathers New Mexico, NM CAN, and New Day Youth and Family Services. Ages are depicted in Table 2.

Table 2

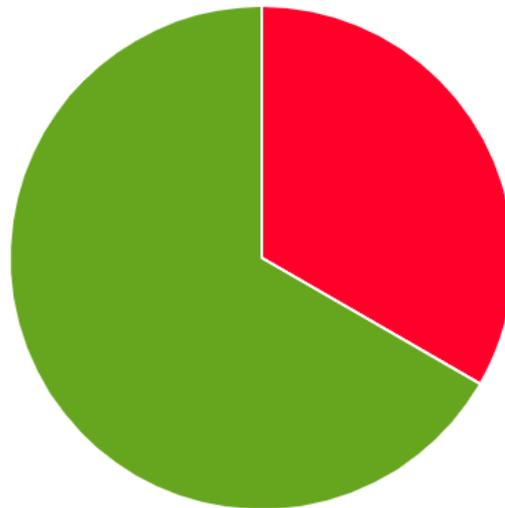
Demographic characteristics of focus group participants

Under 20 years of age (N)		20-25 years of age (N)	
<u>Gender</u>		<u>Gender</u>	
Female	9	Female	13
Male	7	Male	10

Concept Mapping

Participants were recruited by purposive and snowball sampling, initiated by United Way. Recruitments was aimed at both leadership and direct service involvement, drawn from existing programs in Central New Mexico. Figure 2 shows all five demographic questions that participants responded to before beginning the concept mapping exercise.

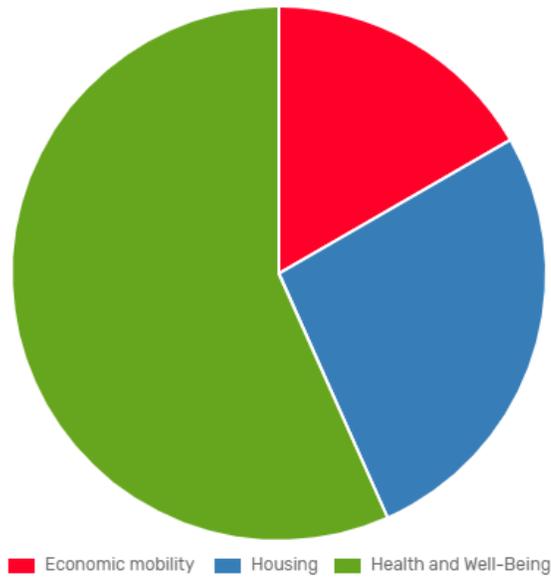
Q1: Choose the category that best describes your current role:



■ Service provider (social work, case management, etc) ■ Clinician/Provider ■ Senior/executive leadership

OPTION	FREQUENCY	%
■ Service provider (social work, case manage...	10	33.33 %
■ Clinician/Provider	0	0.00 %
■ Senior/executive leadership	20	66.67 %
Total	30	

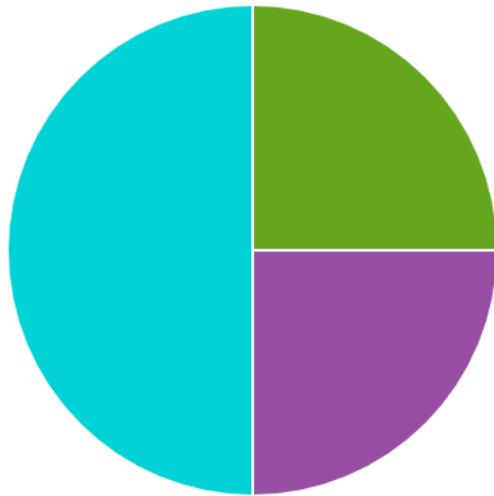
Q2: What type of services do you primarily provide?



OPTION	FREQUENCY	%
Economic mobility	5	16.67 %
Housing	8	26.67 %
Health and Well-Being	17	56.67 %
Total	30	

Q3: How many years of experience have you had working with patients and/or clients who have experienced ACEs (adverse childhood experiences)?

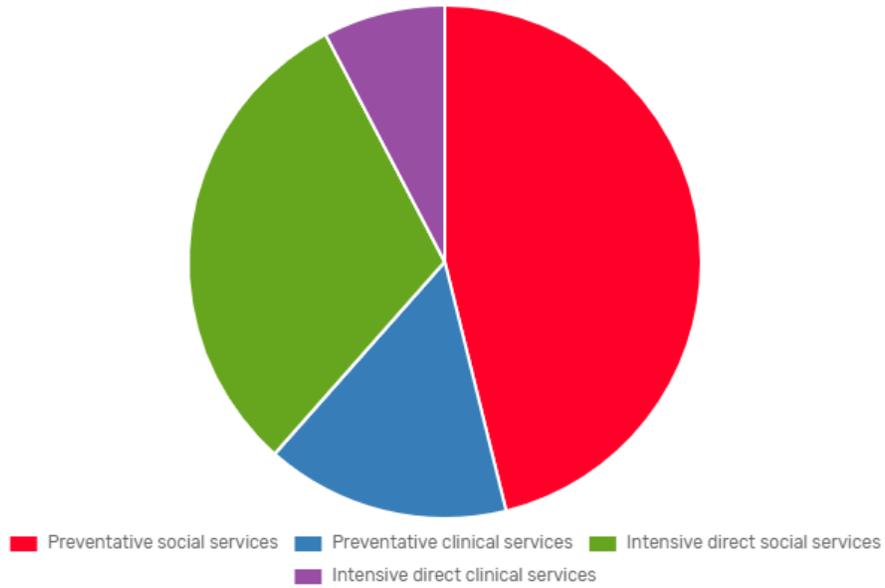
Multiple Choice



■ 0
 ■ Less than one year
 ■ 1-5 years
 ■ 6-10 years
 ■ Greater than 10 years

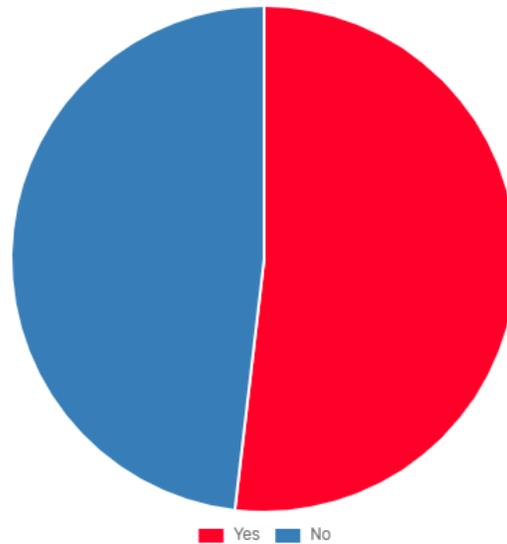
OPTION	FREQUENCY	%
■ 0	0	0.00 %
■ Less than one year	0	0.00 %
■ 1-5 years	7	25.00 %
■ 6-10 years	7	25.00 %
■ Greater than 10 years	14	50.00 %
Total	28	

Q4: In my current position, I focus mainly on:



OPTION	FREQUENCY	%
 Preventative social services	18	46.15 %
 Preventative clinical services	6	15.38 %
 Intensive direct social services	12	30.77 %
 Intensive direct clinical services	3	7.69 %
Total	39	

Q5: I have had formal training in Trauma Informed Care



OPTION	FREQUENCY	%
■ Yes	14	51.85 %
■ No	13	48.15 %
Total	27	

Figure 2. Concept mapping participant demographics

Data Analysis

Focus Groups

One member of the United Way of Central New Mexico/University of New Mexico data and research team transcribed the focus group notes. Two separate team members then coded these transcribed notes. The team members devised a codebook and independently coded the sections. Coder agreement was 83.3% with a reliability of 0.66 as measured by Cohen's kappa. This reliability is in the substantial range (0.61-0.81).¹

¹ Cicchetti, D.V. (1994). Guidelines, criteria, and rules of thumb for evaluating normed and standardized assessment instruments in psychology. *Psychological Assessment*, 6, 284-290.

Concept Mapping

Figure 3 outlines the data analysis processes. First a similarity matrix was created from the participant sort data. Second, multidimensional scaling (MDS) and hierarchical cluster analysis (HCA) were performed. Third, a bridging/anchoring analysis was done, and cluster label and statement analysis led to the selection of final clusters.

Creation of the Similarity Matrix. At this phase, sort information has been gathered from each participant which demonstrates their perception of the relationships between statements (Kane & Trochim, 2007). Results were analyzed across participants to estimate the similarity among statements across all participants (Kane & Trochim, 2007). First, the results from each individual sorting was put into a matrix that has as many rows and columns as there are statements (Figure 4). Figure 4 represents a hypothetical example of a participant who grouped 10 statements into 5 piles. The rows and columns are labeled 1-10 to represent each statement. The cells indicate if for any two statements, the sorter put those two statements together, regardless of any other statement relationships (Kane & Trochim, 2007). A “1” indicates that the statements have been sorted together by that particular sorter and a “0” indicates that they were not (Kane & Trochim, 2007).

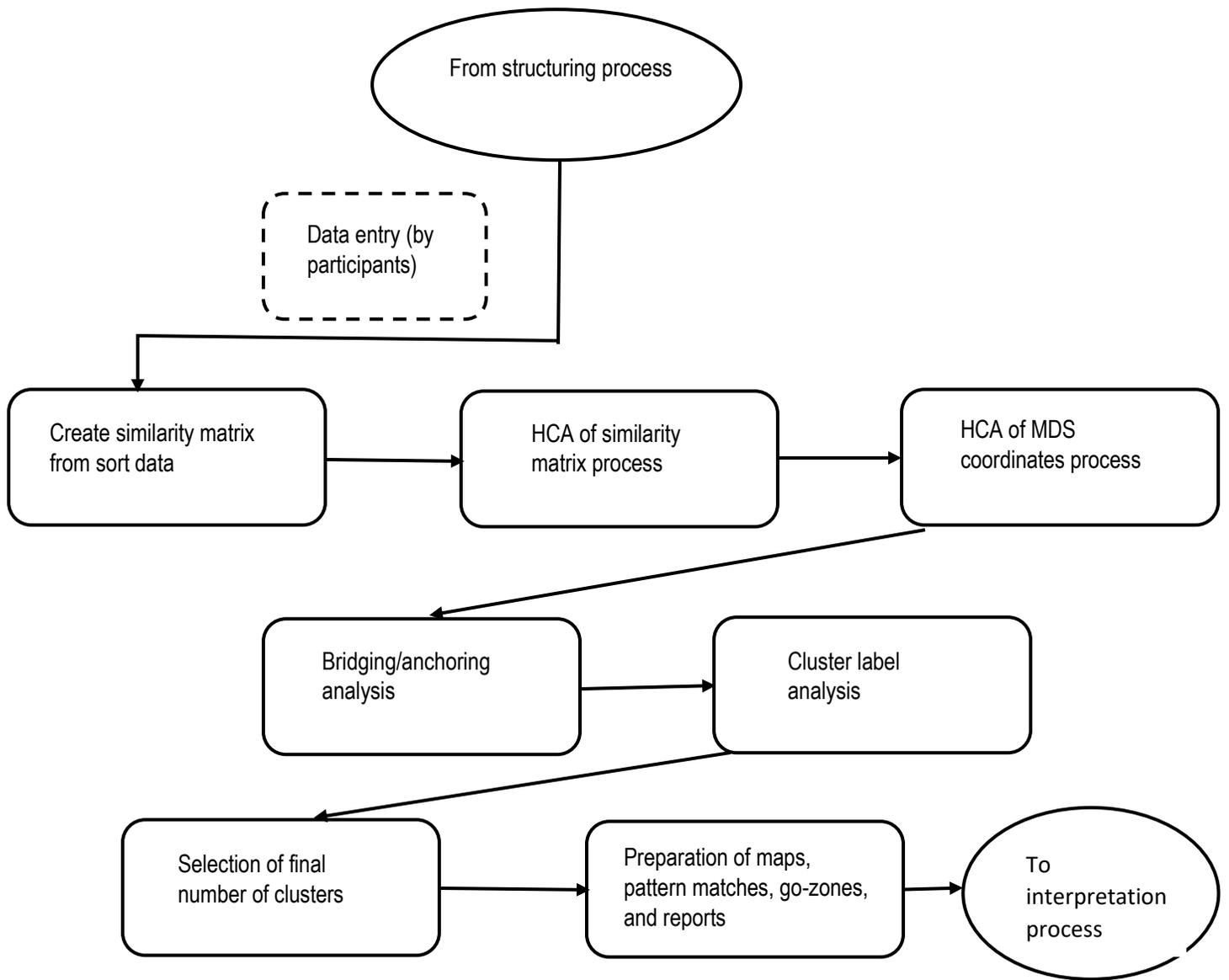
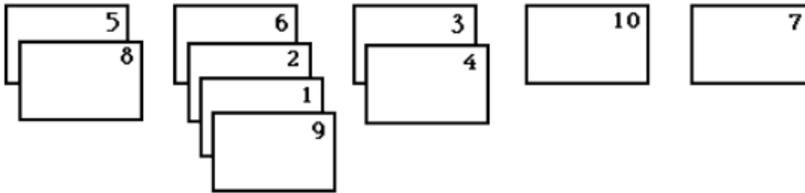


Figure 3. Flowchart of the analysis process (Kane & Trochim, 2007, p.88)



Binary Square Symmetric Similarity Matrix

	1	2	3	4	5	6	7	8	9	10
1	1	1	0	0	0	1	0	0	1	0
2	1	1	0	0	0	1	0	0	1	0
3	0	0	1	1	0	0	0	0	0	0
4	0	0	1	1	0	0	0	0	0	0
5	0	0	0	0	1	0	0	1	0	0
6	1	1	0	0	0	1	0	0	1	0
7	0	0	0	0	0	0	1	0	0	0
8	0	0	0	0	1	0	0	1	0	0
9	1	1	0	0	0	1	0	0	1	0
10	0	0	0	0	0	0	0	0	0	1

Image Source: Trochim, W.M.K. (1989). An introduction to concept mapping for planning and evaluation. *Evaluation and Program Planning*, 12(1), 1-16.

Figure 4. Binary square similarity matrix sort for one participant

Stress Value. A stress value is a metric used to determine if the arrangement of ideas in two-dimensional space accurately represents the data in the similarity sort matrix. A lower stress value indicates a better fit between the point map and the similarity matrix, which is the raw sort data (CS Global MAX™, 2017). The recommended stress value for an interpretable map should be less than 0.39 (Rosas & Kane, 2012) although the average stress value in concept mapping is 0.285 with an acceptable range of 0.205-0.365 (Trochim, 1993). The value for this study was 0.2978, which indicates that the two-dimensional solution in this study was not random or without structure (Rosas & Kane, 2012).

Results

Focus Groups

Affinity Diagram. An additional, post hoc qualitative analysis was done to theme these responses beyond what was done as part of the activity. The results of that analysis are in Table 3 and Graph 1. Stigmas and fear of being judged (12%) were the most common barriers to accessing services. Within Operational Inconsistency, inconsistency with the services provided (7%) was the most code. The most common code in Individual obstacles

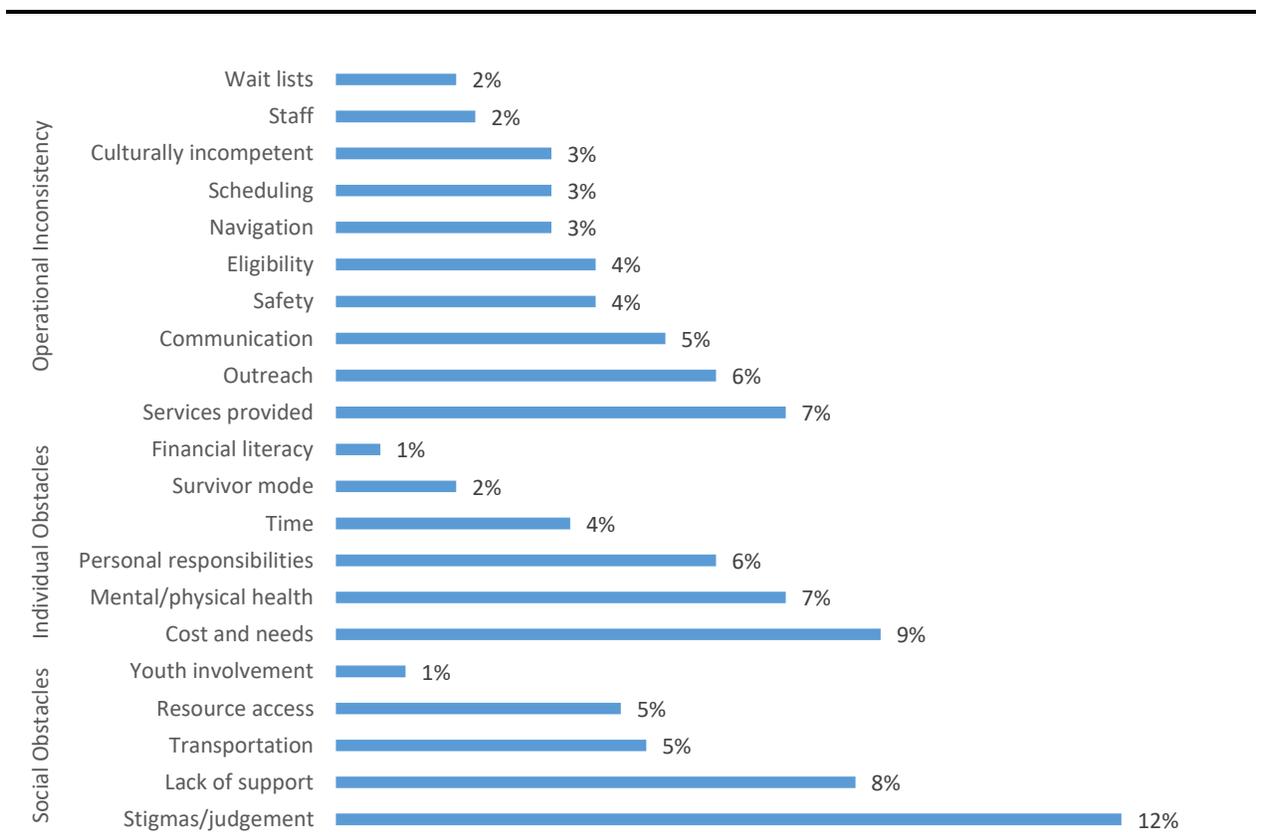
related to individuals having to balance between their costs and needs, for example buying diapers versus going to a doctor's appointment was frequently noted.

Table 3

Count of codes and percent frequency for each category for challenges to accessing services

Category	Count of Codes	Frequency (%)
Operational inconsistency	109	41%
Individual obstacles	75	28%
Social obstacles	83	31%
Total	267	100%

Graph 1. Percent frequency of codes by category for challenges to accessing services



Charting Exercise. The second activity included placing dots and charting from whom and where participants learn about supports and services, and which services they currently access. These results are summarized in Table 4 and Graphs 2 and 3. Graph 4 shows the distribution of dots by service type.

Graph 2. Percent frequency of from whom or where participants learn about services

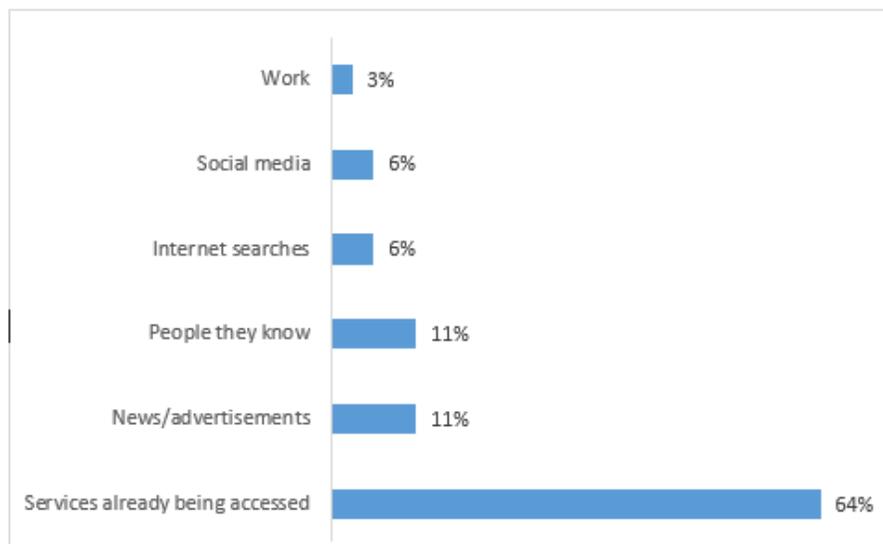


Table 4

Service characteristics

Service	Positive service aspects	Suggested changes to services
WIC Office	<ul style="list-style-type: none"> ▪ Provides healthy food (if you qualify) ▪ Check on your baby's health ▪ Can link to other community resources 	<ul style="list-style-type: none"> ▪ More funding for services ▪ Need to provide more food ▪ Need bigger variety of food ▪ Not an inviting environment
Centro de Igualdad y Derechos (Legal Services)	<ul style="list-style-type: none"> ▪ Good at helping solve legal problems ▪ Provides good referrals, to NMILC for example ▪ Classes ▪ Childcare 	
Dream Team	<ul style="list-style-type: none"> ▪ Good at giving resources out when they have them (scholarships for example) 	<ul style="list-style-type: none"> ▪ Not good at keeping engaged and informed ▪ Unorganized, lacking leadership
Medicaid	<ul style="list-style-type: none"> ▪ If you qualify, it's free to you 	<ul style="list-style-type: none"> ▪ Income qualifications are difficult ▪ Ever-changing criteria ▪ Some uncovered services, like specific dental services and medications ▪ Only pay 25% of basic dental services

		<ul style="list-style-type: none"> ▪ Some services, like crowns, prosthetics, dentures, etc., are not covered-due to privatization of technical providers ▪ Limited providers
Nurse-Family Partnership (Lovelace, Presbyterian)	<ul style="list-style-type: none"> ▪ Nurses give great resources/outside referrals 	<ul style="list-style-type: none"> ▪ Could be more inviting to male partners
PB&J	<ul style="list-style-type: none"> ▪ Good support services ▪ Good outreach 	
T4B	<ul style="list-style-type: none"> ▪ Taught me to cook! ▪ Lifeskills ▪ Training ▪ Social awareness 	
Student Health and Counseling UNM (SHAC)	<ul style="list-style-type: none"> ▪ Variety of health services ▪ Free to students (with student fee) 	<ul style="list-style-type: none"> ▪ Fees
YDI	<ul style="list-style-type: none"> ▪ GED Program ▪ Free diapers ▪ Free toys ▪ Internships ▪ Childcare ▪ Getting jobs 	<ul style="list-style-type: none"> ▪ Staff-needs more staff and could be more welcoming, less rude
UNM Community Engagement Center	<ul style="list-style-type: none"> ▪ Ton of connections 	<ul style="list-style-type: none"> ▪ Lack of organization ▪ Poor utilization of great data
Financial Aid (UNM/CNM)	<ul style="list-style-type: none"> ▪ One stop service ▪ Multiple locations 	<ul style="list-style-type: none"> ▪ Too limited in available scholarships ▪ Need better outreach/engagement
Simplemente Salud (clinic)	<ul style="list-style-type: none"> ▪ Not free, but very low cost ▪ Will work with you if you need financial help (payment plans, referrals) 	<ul style="list-style-type: none"> ▪ Need free services
Upward Bound	<ul style="list-style-type: none"> ▪ Stipend for good grades ▪ Free trips, good incentives ▪ Help with tutoring, scholarships, application fees 	<ul style="list-style-type: none"> ▪ Criteria for involvement (low-income, first-generation)
Food pantries (in general)		<ul style="list-style-type: none"> ▪ Food not dated

NM CAN

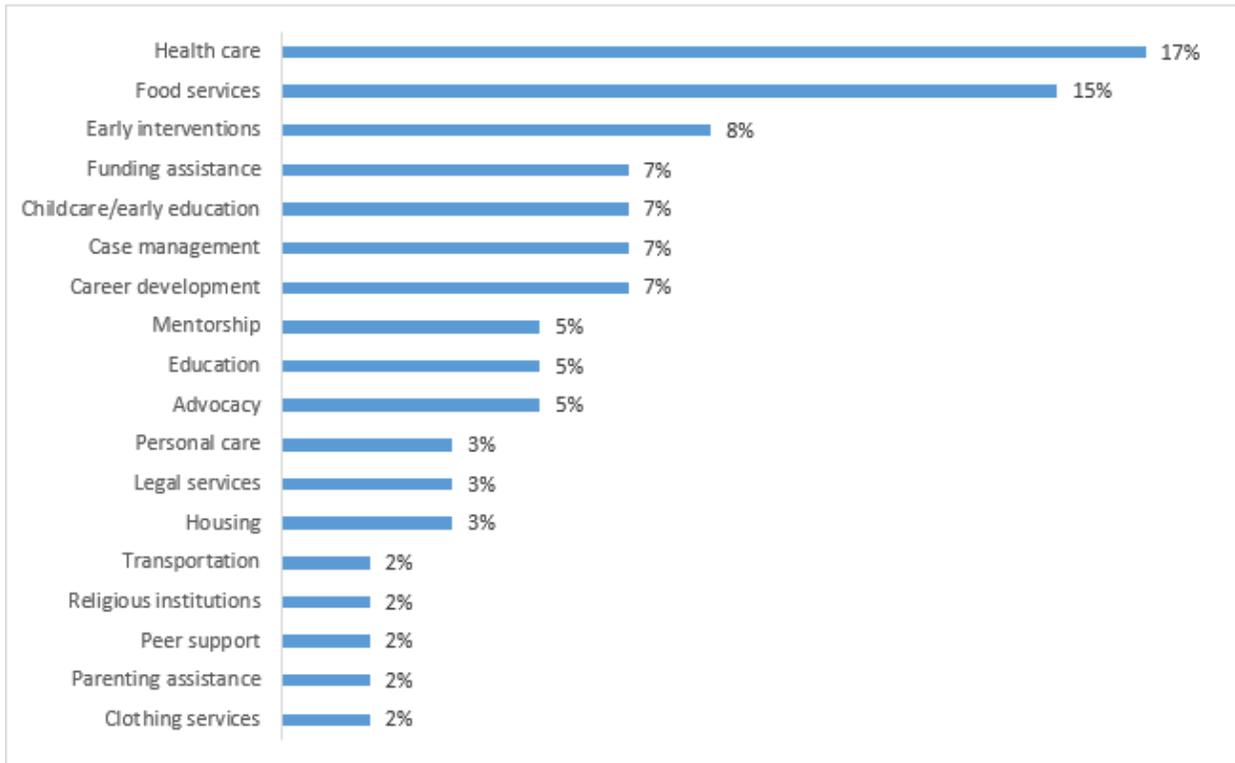
- Mentor
- Authentic youth engagement
- Community building

- Matching funds
- Different information from different people
- Matching with a mentor

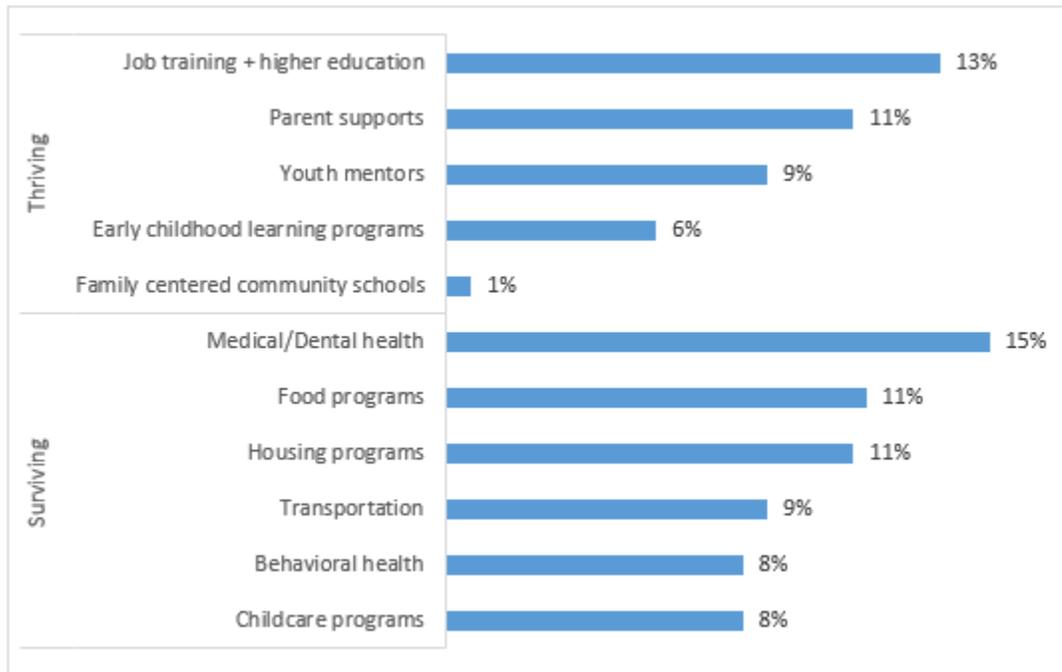
Human Services

- Too much paperwork

Graph 3. Percent frequency of categories for supports and services accessed



Graph 4. Distribution of dots by service types



Open Hub Model Discussion. Results of the open discussion are displayed in Table 5. Key hub model elements to consider included services offered, hub environment, and accessibility. Results reveal that hub location should be centrally located and near public transportation. Additionally, accessibility should include eligibility and affordability. A phone application was the most mentioned mode of navigating available services. Frequently suggested characteristics of services offered were regarding program outreach, behavioral and physical health services, and patient rooms where families could wait and/or rest between appointments. Comments also strongly reinforced that the hub should be a 'one stop shop' regardless of the services offered, and the hub should offer a broad array of support. Participants would like to see a supportive environment with culturally and linguistically competent staff.

Table 5

Count of codes and percent frequency for each category for hub model elements

Category	Count of codes	Frequency (%)
Location	3	5%
Navigation	5	8%
Services offered	27	45%
Environment	17	28%
Access	8	13%

Cluster Maps. The point maps are then utilized in the creation of cluster maps (Figure 6). HCA is a statistical technique that uses Ward's algorithm to divide the point map into clusters based on the Euclidian distance between points and identifies where each cluster falls in relation to other clusters; it is analogous to a pictorial factor analysis (Kane & Trochim, 2007). As is done with exploratory factor analysis, the investigator can allow the HCA to extract the psychometrically ideal number of clusters or can allow participants to set or fix the number of clusters.

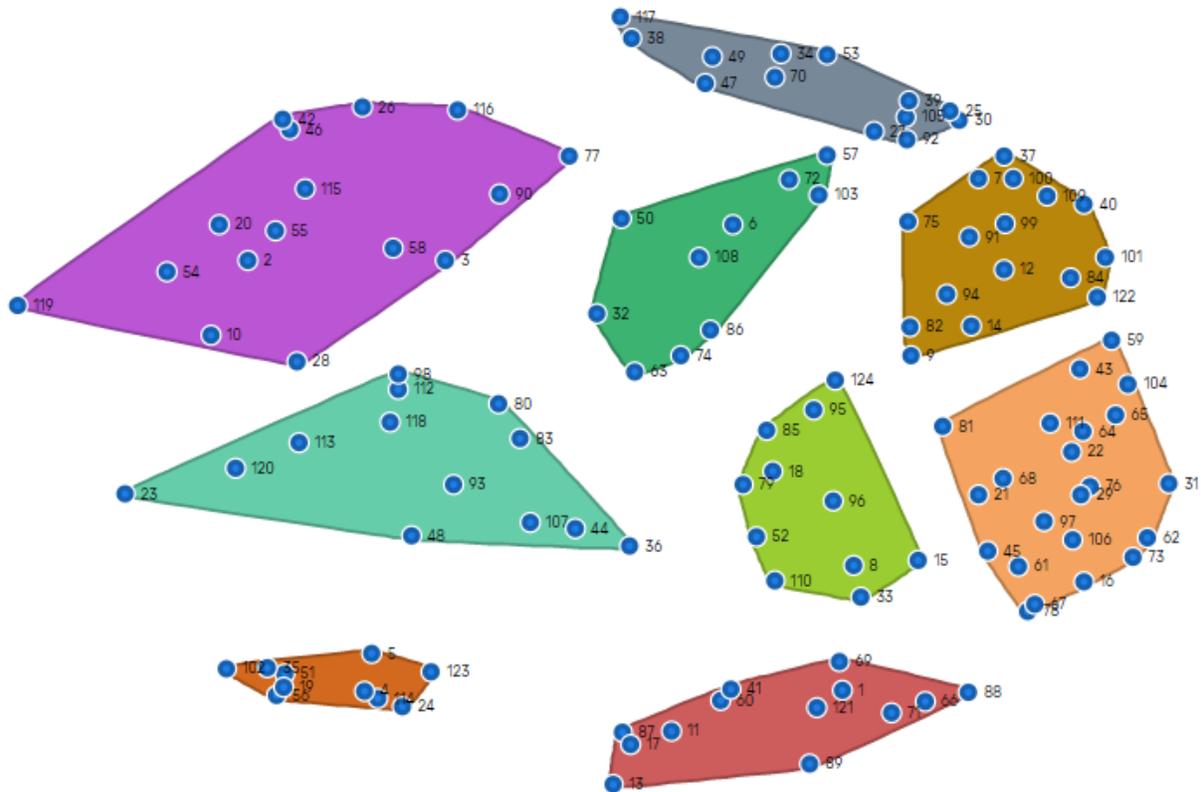


Figure 6. Cluster map (9-cluster solution)

Participant Agreement

Rating Maps. The analyses used to determine agreement among participants include rating maps, pattern matching (produced by statement rating), and analysis of go-zone plots. Cluster rating maps and pattern matches are averages of averages, each statement average within a cluster is then averaged against individual statement averages within the cluster again to obtain a cluster average; go-zones are statement averages computed by using the individual statement averages within a cluster (CS Global MAX™, 2017). After participants rated each statement on feasibility and potential for impact, point rating maps and cluster rating maps were created. Point rating maps display the average ratings for each statement (Figures 7 & 8), while cluster rating maps (Figures 9 & 10) show the average ratings for all statements divided by cluster (Kane & Trochim, 2007). Tables 6 and 7 below summarize the

ratings for each individual statement as well as the average rating for each cluster. In addition, Table 8 lists the level of significance for feasibility and potential for impact by cluster.

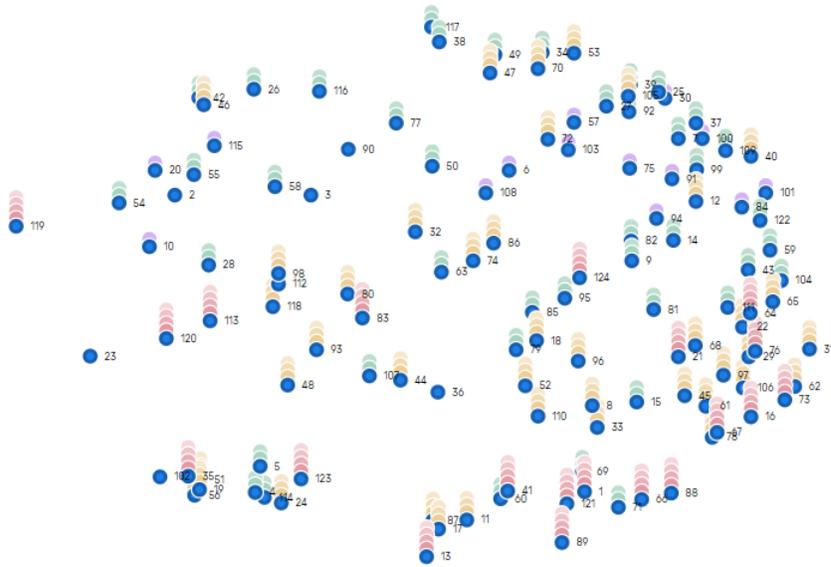


Figure 7. Feasibility point rating map

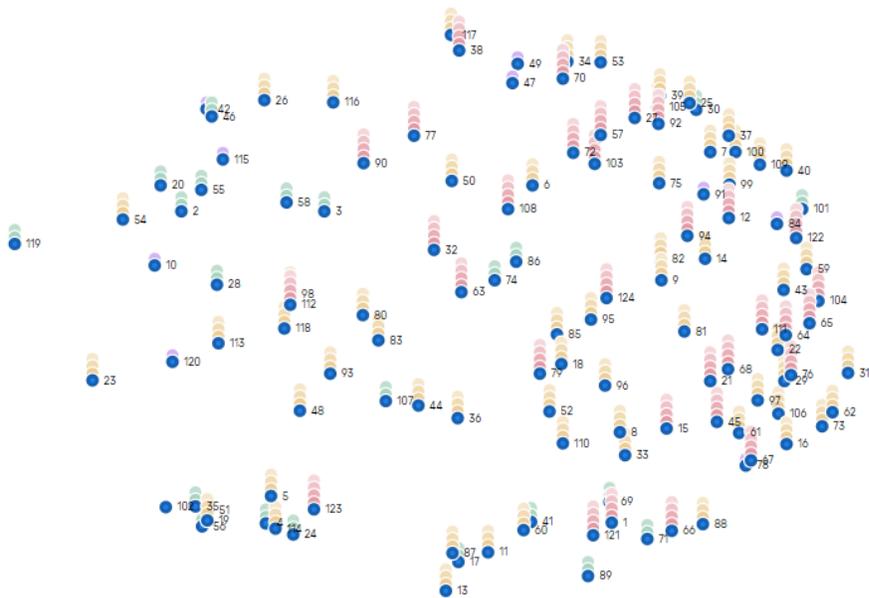


Figure 8. Potential for impact point rating map

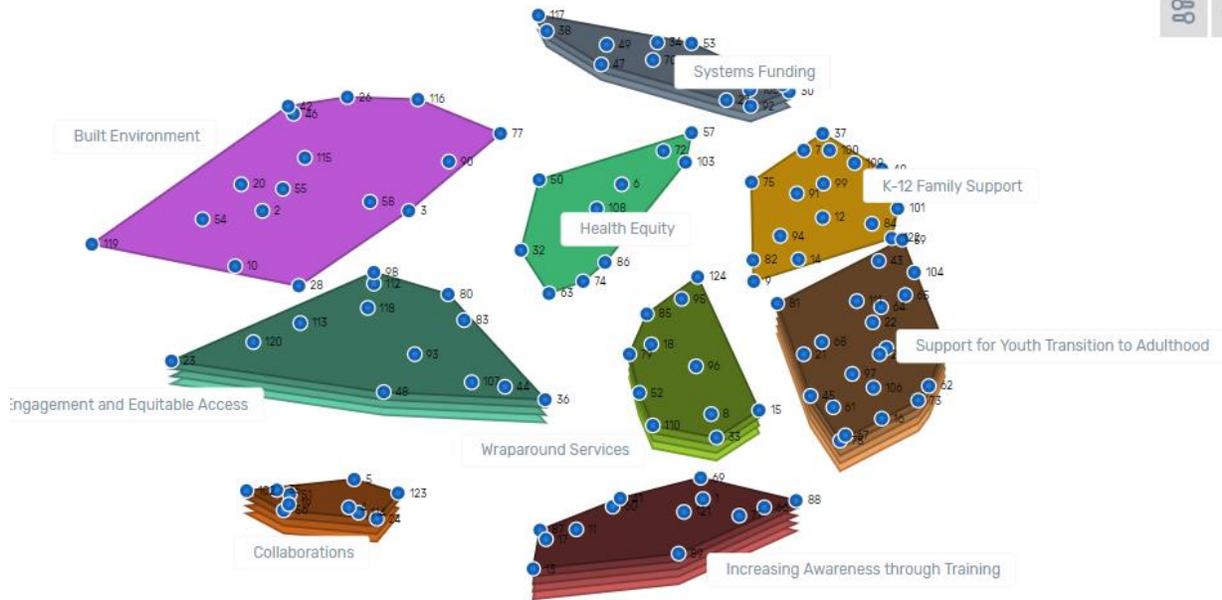


Figure 9. Feasibility cluster rating map

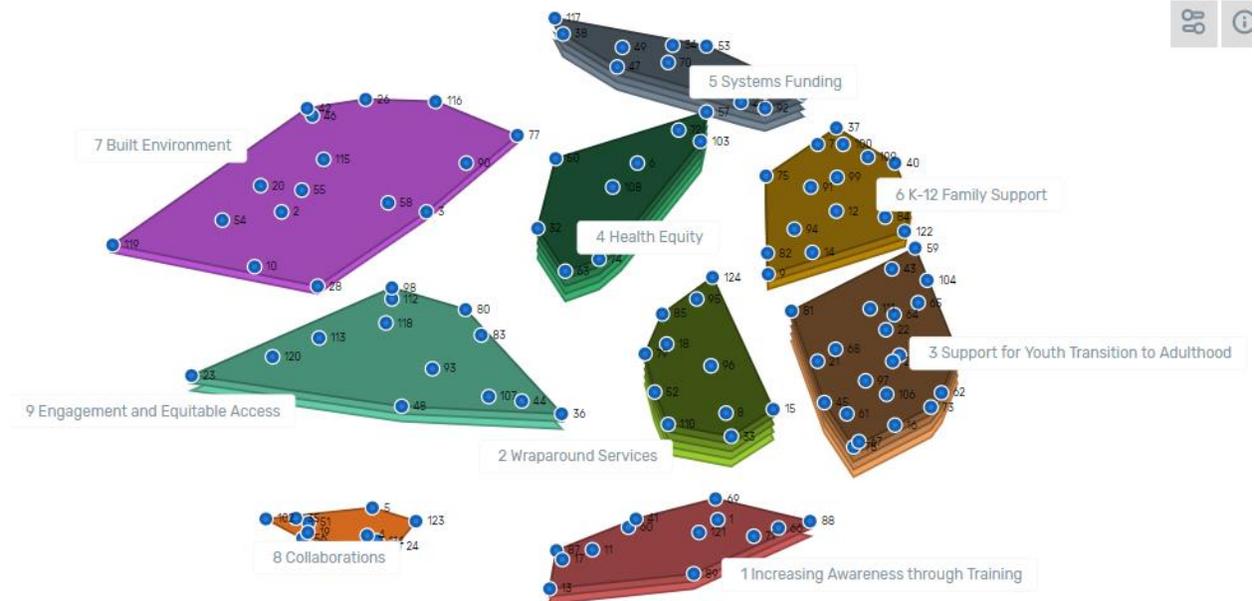


Figure 10. Potential for impact cluster rating map

Table 6

Average rating for feasibility by statement and cluster

Cluster and Statements	Average Rating
Increasing Awareness through Training (M 2.97, VAR 0.04, SD 0.19)	2.97
(1) Increase training and process expectations and interventions that are trauma informed	3.08
(11) Educate judges about the effects of domestic violence on children, especially in regard to visitation and custody	2.96
(13) Educate probation and parole officers, public defenders, DAs, and judges about how the Good Samaritan Law also covers immunity for those under supervision and should not be a violation of supervision	3.04
(17) Training all probation/parole officers-state, county, federal, & juvenile, about Search Institute's 40 Assets	2.75
(41) Educate families on tenant rights	3.08
(60) Better information for providers on how their services impact school attendance through data sharing agreements	2.71
(66) Trauma-informed care training for schools so they are aware of children/families with ACEs and can refer them to services	3.25
(69) Move from trauma informed training to healing informed training and service provision	2.71
(71) Provide CRAFT training to family, friends, and other supports of those in the criminal justice system, both adults and juveniles.	2.70
(87) We need the breakdown of ACEs concentration to better inform us as to the needs of the folks we want to serve	2.92
(88) Increase trauma-informed service provision for teachers/school administration.	3.04
(89) Training for early care and early learning providers	3.13
(121) Have more trainings in the community on ACES	3.21
Wraparound Services (M 2.76, VAR 0.03, SD 0.16)	2.76
(8) Resources, education, support and prevention programming to address the challenges of targeting young children for human trafficking	2.88
(15) Support community-based criminal diversion programs that allow youth to avoid inclusion in the criminal justice system for low-level crimes	2.58
(18) Restorative justice practice helps young people address impacts of actions and learn skills around how others or communities are impacted by actions; support agencies and/or school systems that promote these programs.	2.74
(33) Intervene with youth while in juvenile justice system so that they can see an alternate way of life, as most are following in generational involvement with law enforcement	2.79
(52) More peer support and navigator employment opportunities	2.83
(79) Better job opportunities for parents reintegrating back into society, so they can support their families	2.50
(85) Free or low- cost interpretation and translation services for agencies to use in order to be able to communicate effectively with families-specifically, languages other than Spanish.	2.71
(95) Develop programs which address community cohesion and other protective factors	2.58
(96) Engage in a process of determining how to support caregivers; recognize where certain caregivers appear under-represented	2.92
(110) Provide support and coaching for community members who already have relationships	2.78
(124) Need to start prenatally and begin prevention interventions early on rather than trying to "fix" the Issues in adulthood	3.08
Support for Youth Transition to Adulthood (M 2.91, VAR 0.04, SD 0.20)	2.91
(16) increased job training for young people	3.13
(21) Case management support for grandparents raising grandchildren	3.08
(22) Provide more social emotional support for all in school help bridge the gaps for student dealing with hardships	2.88
(29) Develop youth drug rehabilitation programs in Albuquerque	2.88
(31) Mentoring opportunities for young people, preferably mentors who are closer in age to the mentee	2.79
(43) Increase school-based counselors to better identify and refer clients to community providers	2.71
(45) Transitional support for youth specifically 18-26 that often do not see themselves as adults but require support coming out of foster care and or juvenile detention centers (job training, mental health services, medical	3.00

services insurance)	
(59) Arts-based programming in schools and community centers in the poorest neighborhoods	2.67
(61) Programming by “opportunity youth” (not working and not in school) at community centers and community schools that is planned, implemented, and evaluated by those young people	2.78
(62) Free parenting classes for families with young children who did/do not qualify for the existing home visiting Programs	3.00
(64) Provide FREE diploma and GED programs when needed (reduce waiting lists)	3.08
(65) Behavioral health support to youth and families needing that support	2.96
(67) Provide free parenting classes/workshops in low-income areas to raise awareness of ACEs	3.25
(68) Addressing the challenges young men face around coping skills and anger management, particularly men of color	2.88
(73) Mentoring for young parents-to develop personal supportive relationships and promote stability	3.29
(76) Support groups for fathers	3.21
(78) WFL works with all family members, so teach the whole family together	2.83
(81) Intentional support for youth of immigrant families and refugees as services are often limited and restricted due to lack of funding, both within schools and in the community	2.71
(97) Affirmative consent and healthy relationships being taught, along with age-appropriate, medically accurate sexual education	2.83
(104) Addressing the developmental assets of youth in schools by investing in more social workers and mental health care workers in schools to foster youth development	2.54
(106) Workforce development support to all young people that leave the school system	2.75
(111) Preschool and early childhood support for all	2.71
Health Equity (M 2.55, VAR 0.08, SD 0.29)	2.55
(6) Free medical and nursing school tuition to increase health workforce	2.13
(32) Mobile resources that can go to remote rural areas to bring services	2.75
(50) Equitable access to healthy foods, fresh veggies, and healthy food choices	2.71
(57) Improve Medicaid payment for group therapy for families and youth	2.29
(63) Universal screening of depression and anxiety with quick connection to services	2.67
(72) Prioritize funding toward organizations that provide community and relationships when possible in addition to direct services	2.88
(74) Preventive health models that include healthy eating and exercise at the individual, family, and community levels especially for the neighborhoods with the most social determinants	2.78
(86) Open community centers longer and later at night and also all weekends	2.87
(103) Fully funded programs to serve all in need of services-don't half fund a program...if a need is identified, provide enough funding to truly serve	2.13
(108) Healthcare for all families including undocumented families	2.29
Systems Funding (M 2.67, VAR 0.03, SD 0.17)	2.67
(25) Increase funding for school-based health centers	2.67
(27) More funding for programs such as Keeping Families Together model to provide quality housing and intensive Services for families currently involved with CYFD	2.67
(30) Increase funding for school nurses	2.38
(34) Funding for housing for returning citizens	2.46
(38) Increase funds for individual transportation to those clients that need it to receive services	2.54
(39) Financial support for community health clinics	2.58
(47) Funding for farmer's markets in the Intl District and other low-income neighborhoods	2.83
(49) Increase funding for community gardens	2.54
(53) Increase funding for food banks	2.83
(70) Funding for wrap-around services to accompany affordable, permanent, and supportive housing to individuals and families	2.88
(92) Increase funding for the health services component of the community school model	2.63
(105) Increased funding for Family Infant Toddler program services for children birth to 3 years at risk for or with developmental delays, disabilities, and chronic health conditions	2.96
(117) Funding for transportation and focus on getting equitable access to these services	2.71

K-12 Family Support (M 2.53, VAR 0.05, SD 0.21)	2.53
(7) Fund art-based therapy to help children mitigate the impact of ACEs	2.46
(9) Allowing school-based health centers to see adult family member of students	2.67
(12) Invest in programming that serves youth up to 26 identified as “homeless” because they do not often access services targeted for adults	2.88
(14) Provide opportunities to low-income families to put the children in team sports or arts within the schools at no cost	2.71
(37) Increase funding for peer mentorship programs for families	2.67
(40) Increase funding for peer mentorship programs for youth	2.79
(75) Higher wages for teachers and those working in child- care	2.25
(82) More systemic support for current community schools	2.63
(84) Funding for WFL to provide training and leaders to run Homework Diner Grows Wings in public schools	2.41
(91) WFL needs funding to hire staff to lead programs in all NM communities to work with juvenile offenders & returning citizens -the most likely to have ACEs	2.13
(94) Subsidized/free quality childcare without employment and enrolled in school requirements-allow job training, informal ed programs to count for eligibility	2.38
(99) Increase funding for the family engagement and support component of the community school model	2.67
(100) Fund arts programming as a way to build positive relationships between adults and children	2.38
(101) Funding for Wings for LIFE program which will be an alternative program for all juvenile offenders in Bernalillo County & Valencia County.	2.17
(109) Include funding for the extended learning component of the community school model	2.57
(122) Increase school-based health services, including school nurses, counselors, social workers who may serve the non-special ed population and school-based health centers	2.67
Built Environment (M 2.46, VAR 0.12, SD 0.35)	2.46
(2) Support policy efforts to implement a universal income that can ensure housing stability for all individuals	2.08
(3) Support policy efforts to implement a universal income that can ensure food stability for all individuals	1.83
(10) Cumulative impact approach for zoning permit decisions	2.17
(20) Require health impact assessment for any legislation	2.33
(26) More bus routes and frequency in neighborhoods with transit dependent households	2.50
(28) Community policing that is integrated into localized neighborhood priorities	2.54
(42) Sidewalks in the International District	2.63
(46) Streetlights in the International District	2.79
(54) Make sure that resources are within transportation service routs for families	2.54
(55) Review “park equity” and green space neighborhoods with the lowest household incomes	2.58
(58) Get more hotels and housing/landlords willing to work with Housing services	2.63
(77) Affordable and supportive housing for vulnerable families and individuals	2.71
(90) Equitable resources to all citizens	1.92
(115) Create and maintain community green spaces and environmental wellness	2.38
(116) No cost transportation for families	2.43
(119) Survey our shelters for population currently experiencing homelessness	3.30
Collaborations (M 2.75, VAR 0.08, SD 0.29)	2.76
(4) MOUs between schools and local government for use of school resources including Wi-Fi	2.71
(5) MOUs between schools and local government for use of school resources including built environment	2.61
(19) Address the partnerships and collaboration between NMDOH and law enforcement agencies as law enforcement officers are not aware of the Good Samaritan Law and continue to arrest individuals for calling for help which increases arrests and recidivism	2.75
(24) Health promotion (DOH) could be invited into law enforcement staff meetings to find opportunities for collaborations	3.00
(35) Increase collaborations between early childhood providers and CYFD	3.08

(51) DOH could communicate with law enforcement about upstream interventions	2.75
(56) DOH could communicate with law enforcement about data	2.75
(102) Is ACEs data always grouped together?	2.10
(114) Data sharing agreements with school districts and other providers and state agencies	2.58
(123) We would be better connected to other community agencies serving young children and families	3.18
Engagement and Equitable Access (M 2.77, VAR 0.18, SD 0.42)	2.77
(23) COMPLETELY decriminalize addiction	1.88
(36) Follow the lead of other communities and close the youth detention center and invest in youth programming and Resources	1.87
(44) Develop systems for integrating all interested successful 'graduates' of programs to serve as paid mentors/ peer supporters/community health workers	2.83
(48) Support micro-level community collaborative leadership teams that can identify issues and create solutions tailored to specific neighborhoods	2.92
(80) Language and cultural access across the community for non-English speakers	2.87
(83) Allow the clients to participate in and motivate the changes that will happen in their lives	3.17
(93) Learn where these people reside and then tailor our outreach efforts to their specific needs	3.00
(98) Reduce barriers to accessing services that will help serve their needs	2.75
(107) Develop a standard screening tool and train providers to administer	2.54
(112) Have hubs throughout ABQ area to help identify needs of this population and serve them at same location with case work, counseling, housing, food, bus passes, and more	2.92
(113) Bring young people to the table of decision making at all levels	3.21
(118) Focus on poverty and racism as root problems instead of symptoms	2.79
(120) Survey parents in early childhood programs	3.21

Table 7

Average rating for potential for impact by statement and cluster

Cluster and Statements	Average Rating
Increasing Awareness through Training (M 3.07, VAR 0.06, SD 0.24)	3.07
(1) Increase training and process expectations and interventions that are trauma informed	3.38
(11) Educate judges about the effects of domestic violence on children, especially in regard to visitation and custody	3.18
(13) Educate probation and parole officers, public defenders, DAs, and judges about how the Good Samaritan Law also covers immunity for those under supervision and should not be a violation of supervision	3.00
(17) Training all probation/parole officers-state, county, federal, & juvenile, about Search Institute's 40 Assets	2.75
(41) Educate families on tenant rights	2.76
(60) Better information for providers on how their services impact school attendance through data sharing agreements	3.12
(66) Trauma-informed care training for schools so they are aware of children/families with ACEs and can refer them to services	3.44
(69) Move from trauma informed training to healing informed training and service provision	2.94
(71) Provide CRAFT training to family, friends, and other supports of those in the criminal justice system, both adults and juveniles.	2.69
(87) We need the breakdown of ACEs concentration to better inform us as to the needs of the folks we want to serve	3.19
(88) Increase trauma-informed service provision for teachers/school administration	3.24
(89) Training for early care and early learning providers	2.94
(121) Have more trainings in the community on ACES	3.35
Wraparound Services (M 3.23, VAR 0.02, SD 0.16)	3.23
(8) Resources, education, support and prevention programming to address the challenges of targeting young children for human trafficking	3.06
(15) Support community-based criminal diversion programs that allow youth to avoid inclusion in the criminal justice system for low-level crimes	3.38
(18) Restorative justice practice helps young people address impacts of actions and learn skills around how others or communities are impacted by actions; support agencies and/or school systems that promote these programs.	3.13
(33) Intervene with youth while in juvenile justice system so that they can see an alternate way of life, as most are following in generational involvement with law enforcement	3.24
(52) More peer support and navigator employment opportunities	3.24
(79) Better job opportunities for parents reintegrating back into society, so they can support their families	3.31
(85) Free or low- cost interpretation and translation services for agencies to use in order to be able to communicate effectively with families-specifically, languages other than Spanish.	3.19
(95) Develop programs which address community cohesion and other protective factors	3.24
(96) Engage in a process of determining how to support caregivers; recognize where certain caregivers appear under-represented	3.12
(110) Provide support and coaching for community members who already have relationships	3.06
(124) Need to start prenatally and begin prevention interventions early on rather than trying to "fix" the Issues in adulthood	3.63
Support for Youth Transition to Adulthood (M 3.25, VAR 0.05, SD 0.23)	3.26
(16) increased job training for young people	3.29
(21) Case management support for grandparents raising grandchildren	3.41
(22) Provide more social emotional support for all in school help bridge the gaps for student dealing with hardships	3.29
(29) Develop youth drug rehabilitation programs in Albuquerque	3.29
(31) Mentoring opportunities for young people, preferably mentors who are closer in age to the mentee	3.06
(43) Increase school-based counselors to better identify and refer clients to community providers	3.18
(45) Transitional support for youth specifically 18-26 that often do not see themselves as adults but require support coming out of foster care and or juvenile detention centers (job training, mental health services, medical services insurance)	3.56
(59) Arts-based programming in schools and community centers in the poorest neighborhoods	3.06

(61) Programming by “opportunity youth” (not working and not in school) at community centers and community schools that is planned, implemented, and evaluated by those young people	3.06
(62) Free parenting classes for families with young children who did/do not qualify for the existing home visiting Programs	3.24
(64) Provide FREE diploma and GED programs when needed (reduce waiting lists)	3.41
(65) Behavioral health support to youth and families needing that support	3.53
(67) Provide free parenting classes/workshops in low-income areas to raise awareness of ACEs	3.31
(68) Addressing the challenges young men face around coping skills and anger management, particularly men of color	3.31
(73) Mentoring for young parents-to develop personal supportive relationships and promote stability	3.19
(76) Support groups for fathers	3.35
(78) WFL works with all family members, so teach the whole family together	2.40
(81) Intentional support for youth of immigrant families and refugees as services are often limited and restricted due to lack of funding, both within schools and in the community	3.29
(97) Affirmative consent and healthy relationships being taught, along with age-appropriate, medically accurate sexual education	3.19
(104) Addressing the developmental assets of youth in schools by investing in more social workers and mental health care workers in schools to foster youth development	3.35
(106) Workforce development support to all young people that leave the school system	3.25
(111) Preschool and early childhood support for all	3.53
Health Equity (M 3.24, VAR 0.04, SD 0.21)	3.24
(6) Free medical and nursing school tuition to increase health workforce	3.12
(32) Mobile resources that can go to remote rural areas to bring services	3.33
(50) Equitable access to healthy foods, fresh veggies, and healthy food choices	3.18
(57) Improve Medicaid payment for group therapy for families and youth	3.35
(63) Universal screening of depression and anxiety with quick connection to services	3.35
(72) Prioritize funding toward organizations that provide community and relationships when possible in addition to direct services	3.38
(74) Preventive health models that include healthy eating and exercise at the individual, family, and community levels especially for the neighborhoods with the most social determinants	2.82
(86) Open community centers longer and later at night and also all weekends	2.94
(103) Fully funded programs to serve all in need of services-don't half fund a program...if a need is identified, provide enough funding to truly serve	3.47
(108) Healthcare for all families including undocumented families	3.47
Systems Funding (M 3.16, VAR 0.11, SD 0.34)	3.16
(25) Increase funding for school-based health centers	3.29
(27) More funding for programs such as Keeping Families Together model to provide quality housing and intensive Services for families currently involved with CYFD	3.53
(30) Increase funding for school nurses	2.94
(34) Funding for housing for returning citizens	3.29
(38) Increase funds for individual transportation to those clients that need it to receive services	3.38
(39) Financial support for community health clinics	3.24
(47) Funding for farmer's markets in the Intl District and other low-income neighborhoods	2.53
(49) Increase funding for community gardens	2.47
(53) Increase funding for food banks	3.06
(70) Funding for wrap-around services to accompany affordable, permanent, and supportive housing to individuals and families	3.63
(92) Increase funding for the health services component of the community school model	3.47
(105) Increased funding for Family Infant Toddler program services for children birth to 3 years at risk for or with developmental delays, disabilities, and chronic health conditions	3.18
(117) Funding for transportation and focus on getting equitable access to these services	3.12

K-12 Family Support (M 3.08, VAR 0.08, SD 0.28)	3.09
(7) Fund art-based therapy to help children mitigate the impact of ACEs	3.06
(9) Allowing school-based health centers to see adult family member of students	3.13
(12) Invest in programming that serves youth up to 26 identified as “homeless” because they do not often access services targeted for adults	3.35
(14) Provide opportunities to low-income families to put the children in team sports or arts within the schools at no cost	3.13
(37) Increase funding for peer mentorship programs for families	3.13
(40) Increase funding for peer mentorship programs for youth	3.07
(75) Higher wages for teachers and those working in child- care	3.29
(82) More systemic support for current community schools	3.13
(84) Funding for WFL to provide training and leaders to run Homework Diner Grows Wings in public schools	2.43
(91) WFL needs funding to hire staff to lead programs in all NM communities to work with juvenile offenders & returning citizens -the most likely to have ACEs	2.67
(94) Subsidized/free quality childcare without employment and enrolled in school requirements-allow job training, informal ed programs to count for eligibility	3.56
(99) Increase funding for the family engagement and support component of the community school model	3.25
(100) Fund arts programming as a way to build positive relationships between adults and children	3.00
(101) Funding for Wings for LIFE program which will be an alternative program for all juvenile offenders in Bernalillo County & Valencia County.	2.69
(109) Include funding for the extended learning component of the community school model	3.12
(122) Increase school-based health services, including school nurses, counselors, social workers who may serve the non-special ed population and school-based health centers	3.35
Built Environment (M 2.98, VAR 0.07, SD 0.27)	2.98
(2) Support policy efforts to implement a universal income that can ensure housing stability for all individuals	2.88
(3) Support policy efforts to implement a universal income that can ensure food stability for all individuals	2.88
(10) Cumulative impact approach for zoning permit decisions	2.63
(20) Require health impact assessment for any legislation	2.94
(26) More bus routes and frequency in neighborhoods with transit dependent households	3.24
(28) Community policing that is integrated into localized neighborhood priorities	2.82
(42) Sidewalks in the International District	2.63
(46) Streetlights in the International District	2.93
(54) Make sure that resources are within transportation service routs for families	3.19
(55) Review “park equity” and green space neighborhoods with the lowest household incomes	2.81
(58) Get more hotels and housing/landlords willing to work with Housing services	2.94
(77) Affordable and supportive housing for vulnerable families and individuals	3.63
(90) Equitable resources to all citizens	3.38
(115) Create and maintain community green spaces and environmental wellness	2.65
(116) No cost transportation for families	3.19
(119) Survey our shelters for population currently experiencing homelessness	2.94
Collaborations (M 2.89, VAR 0.12, SD 0.35)	2.90
(4) MOUs between schools and local government for use of school resources including Wi-Fi	2.94
(5) MOUs between schools and local government for use of school resources including built environment	3.12
(19) Address the partnerships and collaboration between NMDOH and law enforcement agencies as law enforcement officers are not aware of the Good Samaritan Law and continue to arrest individuals for calling for help which increases arrests and recidivism	3.00
(24) Health promotion (DOH) could be invited into law enforcement staff meetings to find opportunities for collaborations	2.87
(35) Increase collaborations between early childhood providers and CYFD	2.94
(51) DOH could communicate with law enforcement about upstream interventions	2.56
(56) DOH could communicate with law enforcement about data	2.75
(102) Is ACEs data always grouped together?	2.07
(114) Data sharing agreements with school districts and other providers and state	3.29
(123) We would be better connected to other community agencies serving young children and families	3.31

Engagement and Equitable Access (M3.10, VAR 0.04, SD 0.19)	3.10
(23) COMPLETELY decriminalize addiction	3.29
(36) Follow the lead of other communities and close the youth detention center and invest in youth programming and resources	3.06
(44) Develop systems for integrating all interested successful 'graduates' of programs to serve as paid mentors/ peer supporters/community health workers	3.18
(48) Support micro-level community collaborative leadership teams that can identify issues and create solutions tailored to specific neighborhoods	3.00
(80) Language and cultural access across the community for non-English speakers	3.19
(83) Allow the clients to participate in and motivate the changes that will happen in their lives	3.19
(93) Learn where these people reside and then tailor our outreach efforts to their specific needs	3.06
(98) Reduce barriers to accessing services that will help serve their needs	3.12
(107) Develop a standard screening tool and train providers to administer	2.88
(112) Have hubs throughout ABQ area to help identify needs of this population and serve them at same location with case work, counseling, housing, food, bus passes, and more	3.41
(113) Bring young people to the table of decision making at all levels	3.18
(118) Focus on poverty and racism as root problems instead of symptoms	3.18
(120) Survey parents in early childhood programs	2.59

Table 8

Level of significance for feasibility and potential impact by cluster

Cluster	T-Value	P-Value (two-tailed)	Degrees of Freedom	Level of Significance
Increasing Awareness through Training	1.2686	0.2167	24	p >0.05
Wraparound Services	6.9318	0.0000	20	p <0.001
Support for Youth Transition to Adulthood	5.4142	0.0000	42	p <0.001
Health Equity	6.1288	0.0000	18	p <0.001
Systems Funding	4.7518	0.0001	24	p <0.001
K-12 Family Support	6.4729	0.0000	30	p <0.001
Built Environment	4.7376	0.0000	30	p <0.001
Collaborations	1.0039	0.3287	18	p >0.05
Engagement and Equitable Access	2.5856	0.0162	24	p <0.02

Pattern Matching Displays. Pattern matching (Figure 11) was performed to compare the data equivalency from two cluster rating maps. It was used to compare clusters on the rating variables of relative feasibility and potential for impact. The pattern match demonstrates how much agreement exists between the two scales by showing the average rating for each cluster (CS Global MAX™, 2017). Pattern matches are ladder graphs. Each statement/s average value rating was aggregated to plot the cluster on a scale. The scale is determined by the highest and lowest average cluster ratings for that particular value rating. Pattern matches allow for comparison of differences at the cluster level (CS Global MAX™, 2017).

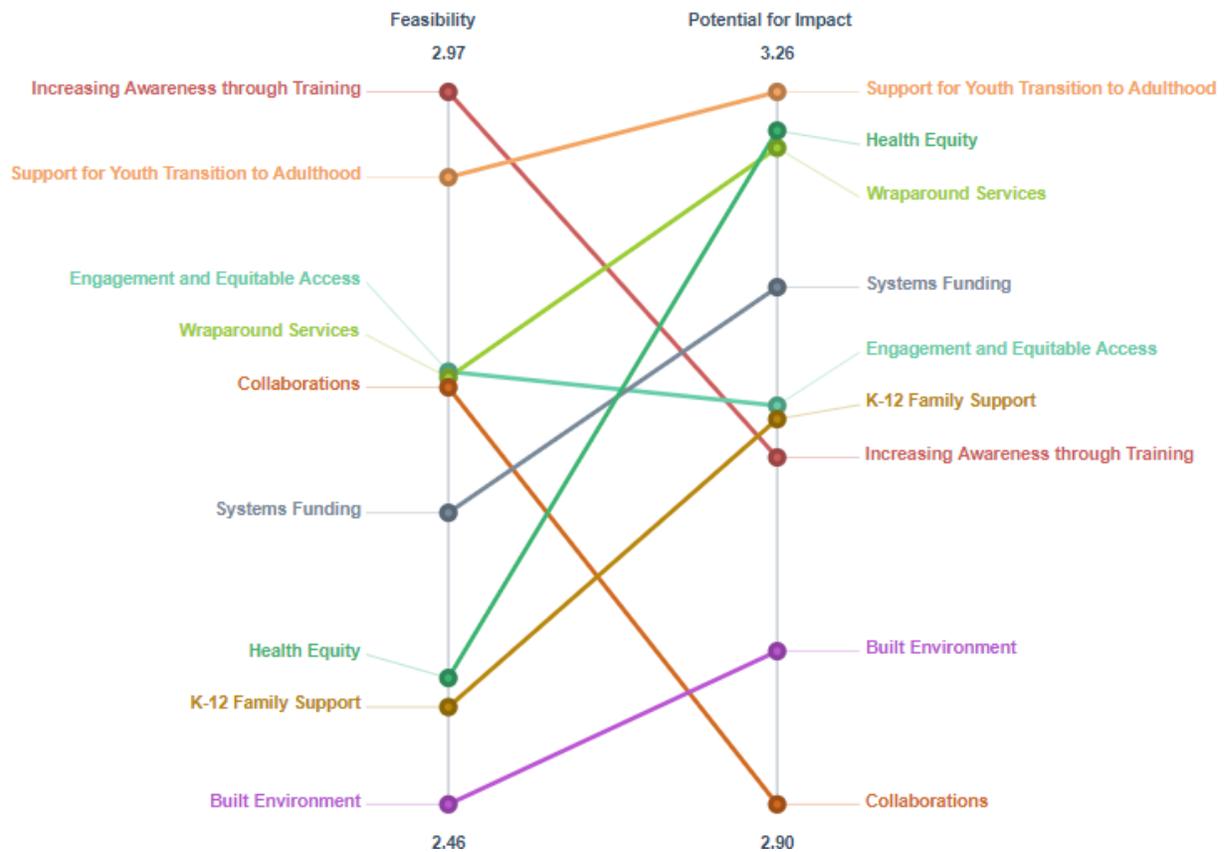


Figure 11. Pattern matching display for feasibility and potential for impact

Go-zones. Go-zones are bivariate X-Y graphs of ratings, shown within quadrants that are made by dividing above or below the mean for each variable, and they aid in further comprehension of the relative ratings of statements within each cluster (Kane & Trochim, 2007). The right upper quadrant is typically referred to as the “go-zone” and statements in this quadrant represent the most actionable ideas within each cluster (Kane & Trochim, 2007). Subsequently, statements located in the left lower quadrant may be considered the least feasible with little potential for impact (Figure 12). Figure 13 depicts each cluster’s go-zone plot and Table 9 depicts all statements that are both highly feasible with great potential for impact and all statements that were rated as low feasibility and not much potential for impact for comparison.

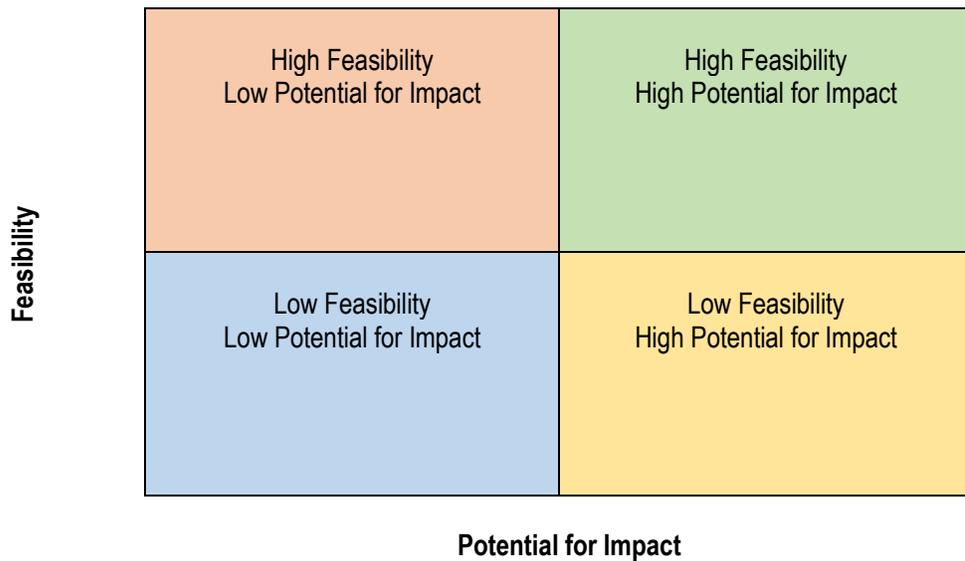
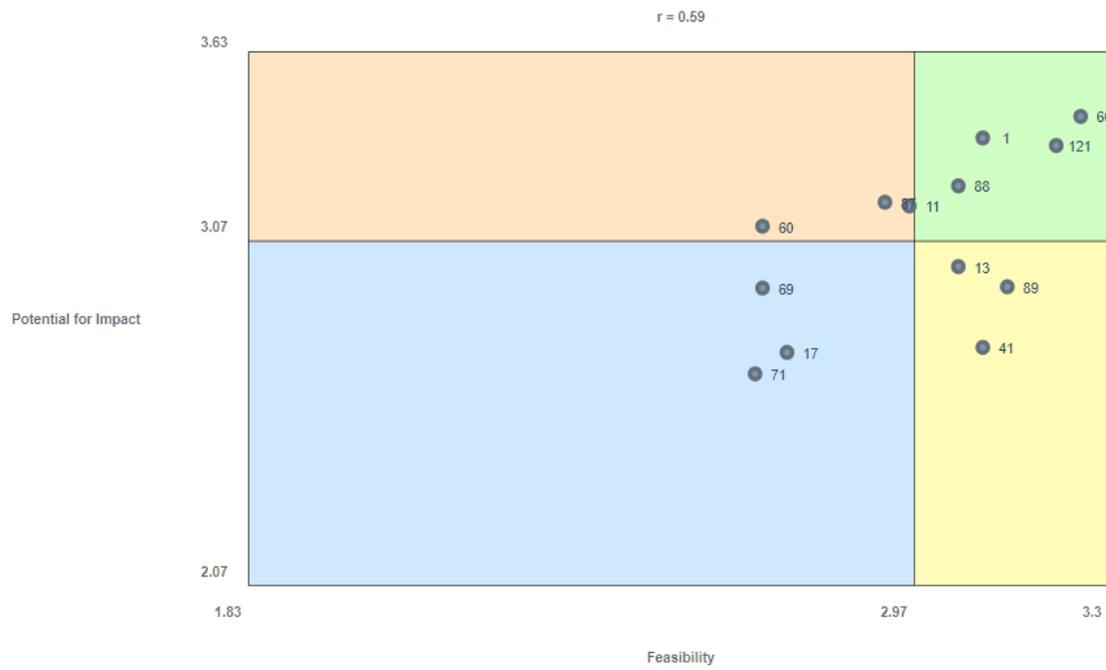
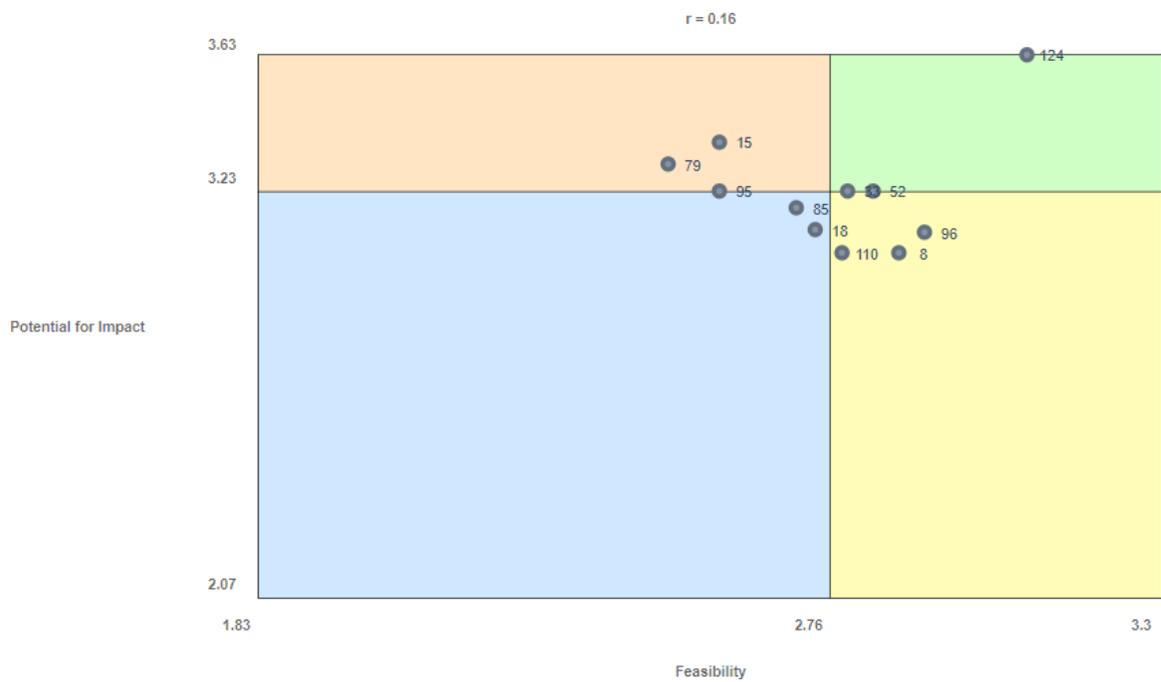


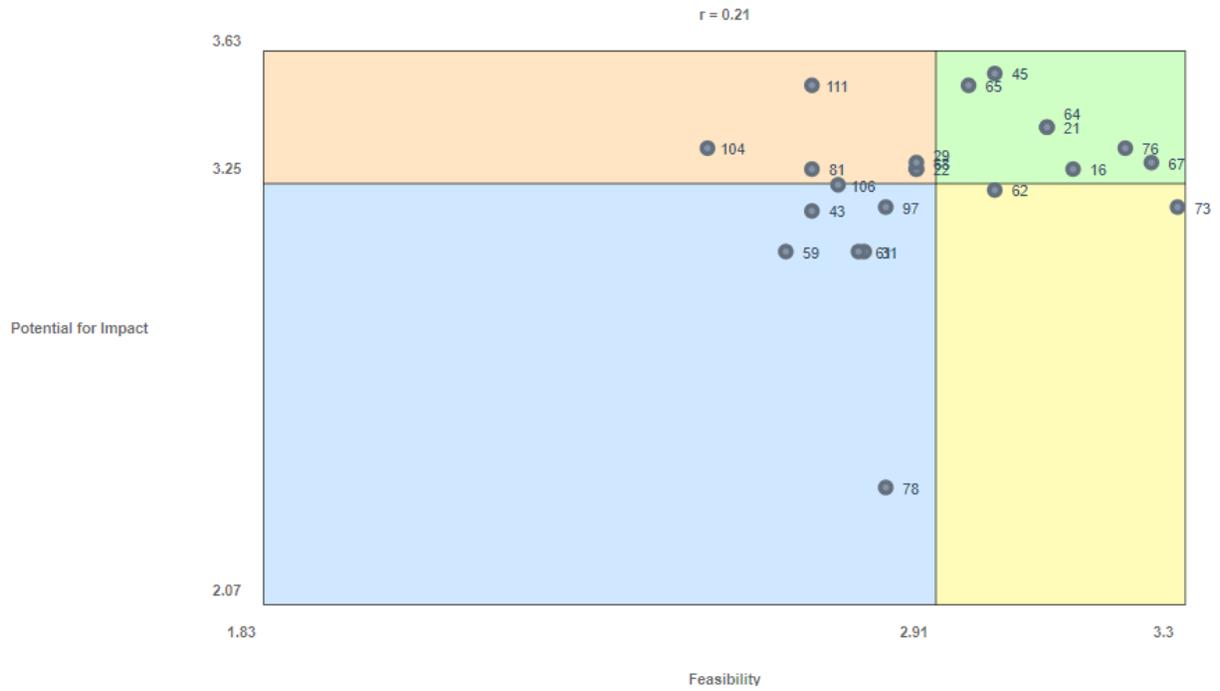
Figure 12. Go-zone model for feasibility and potential for impact



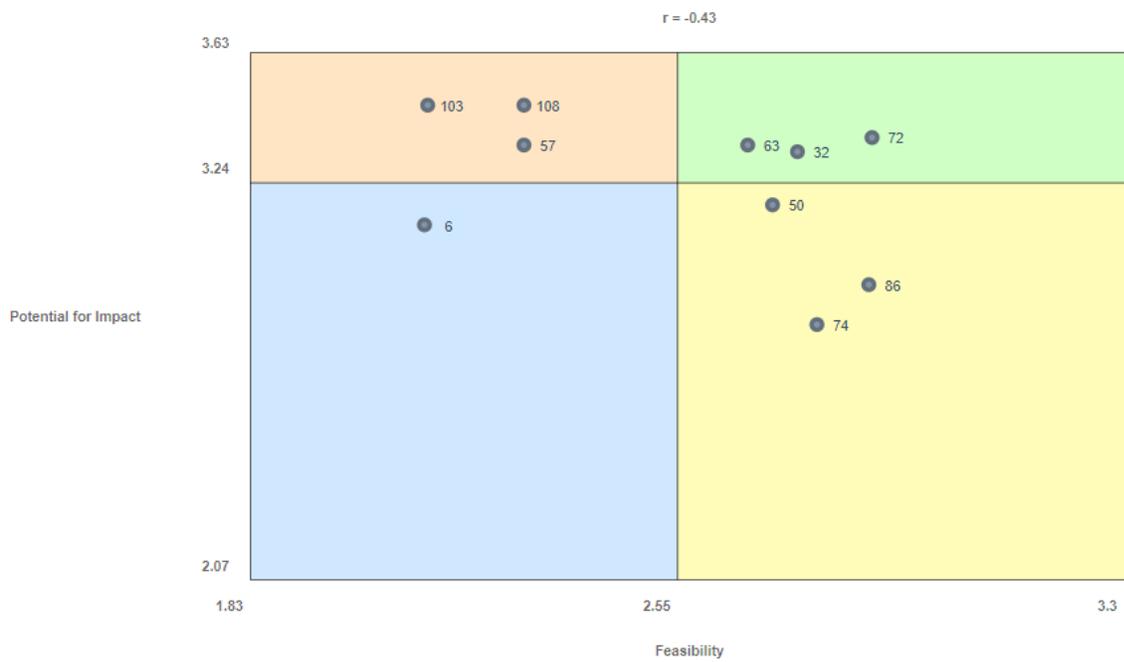
Cluster 1. Increasing awareness through training



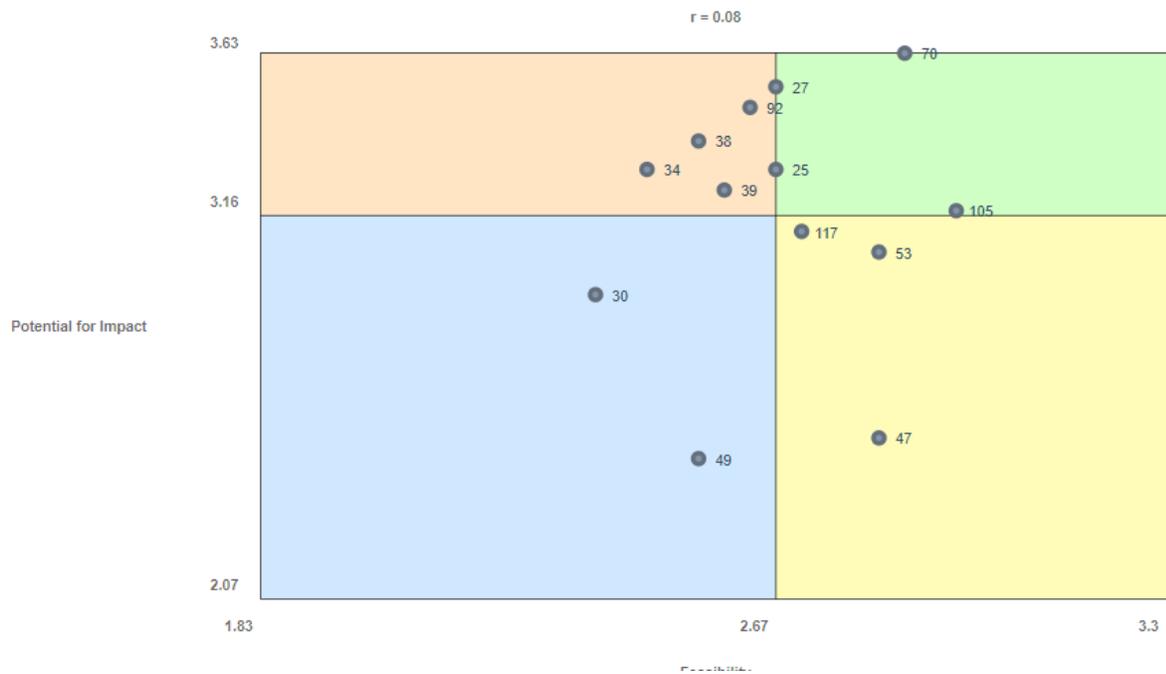
Cluster 2. Wraparound services



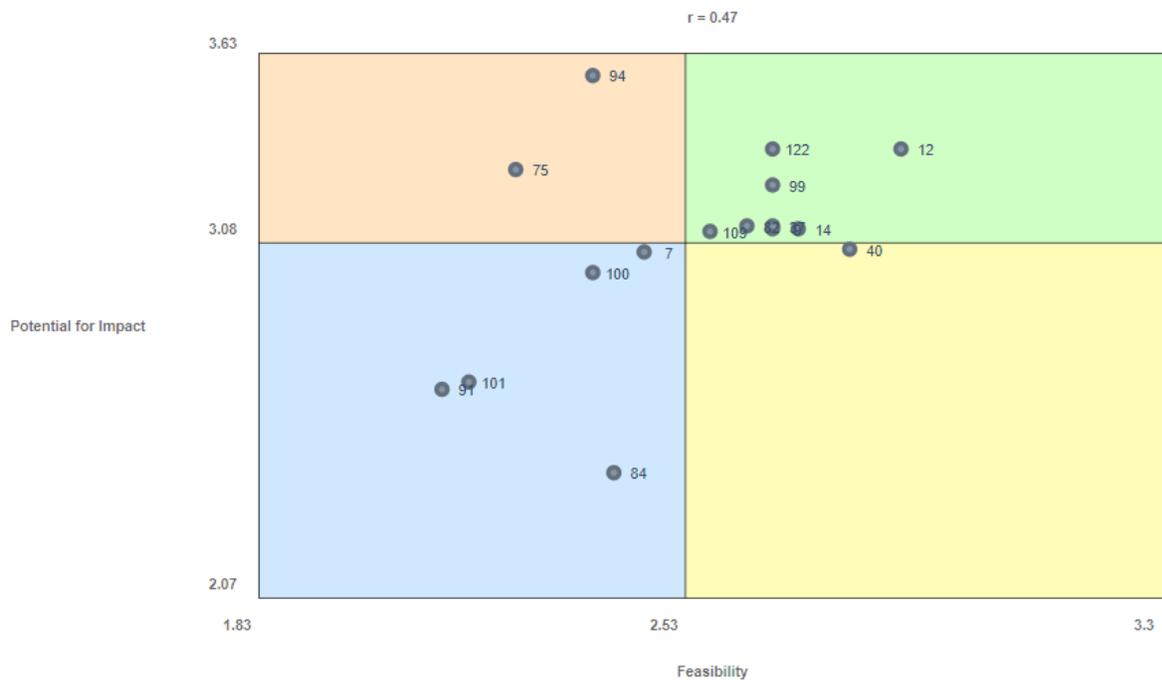
Cluster 3. Support for youth transition through childhood



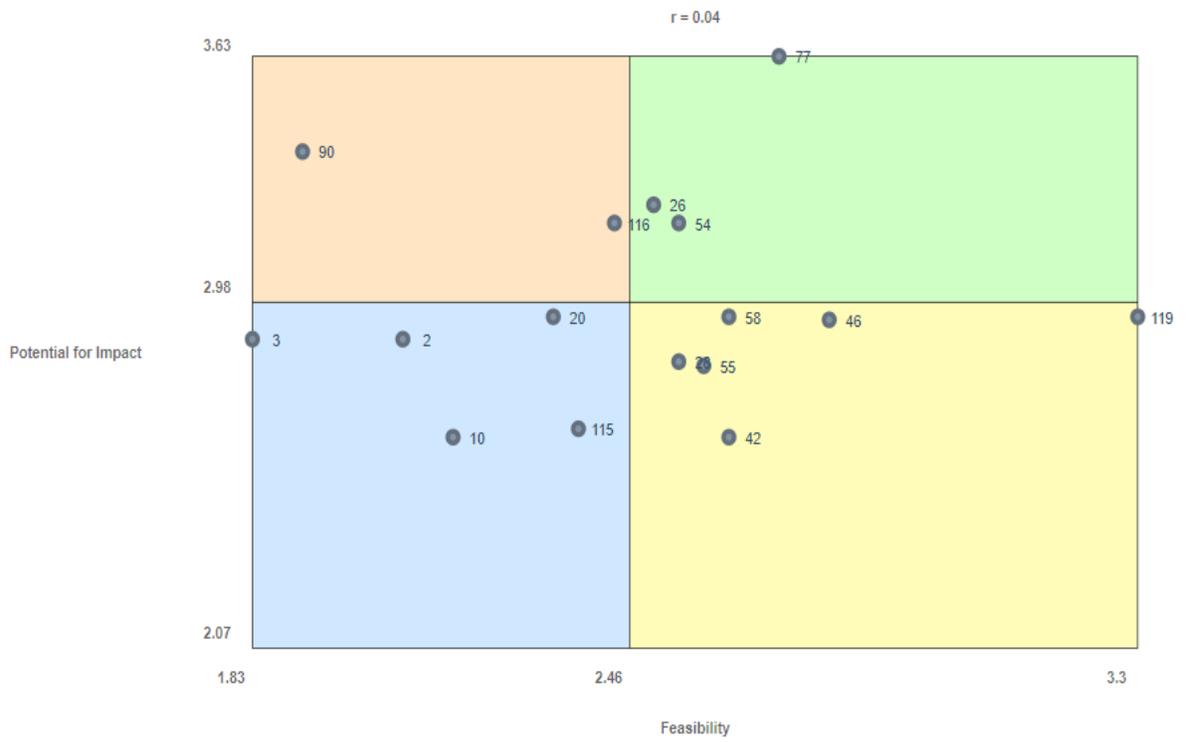
Cluster 4. Health Equity



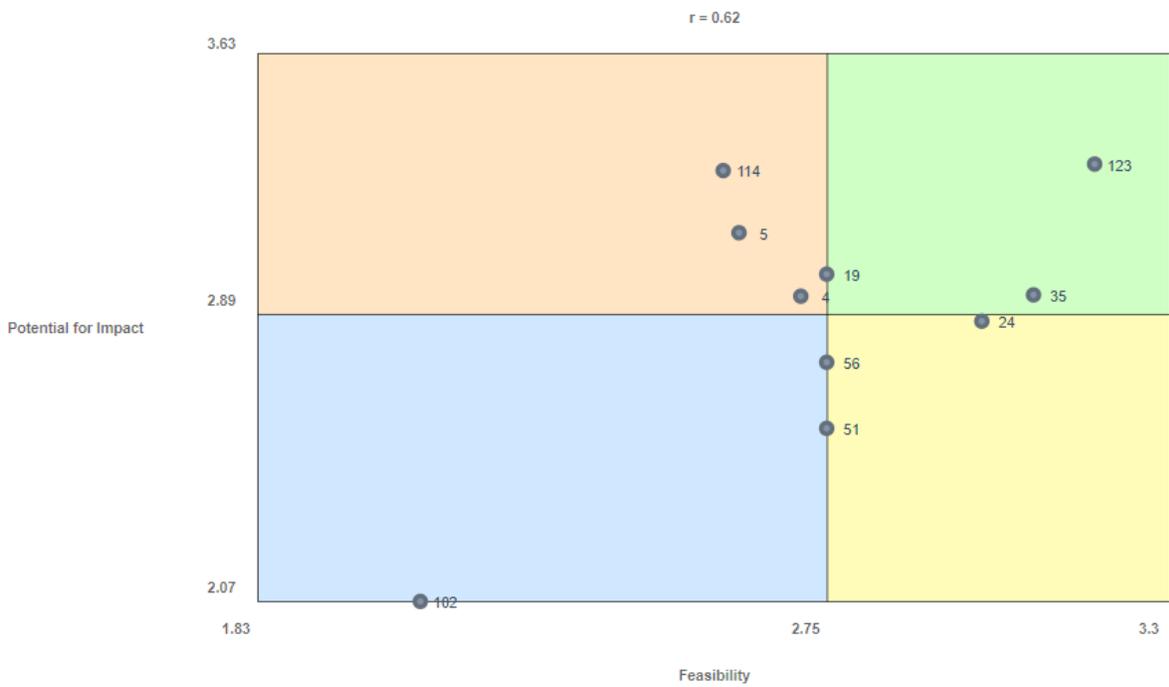
Cluster 5. Systems Funding



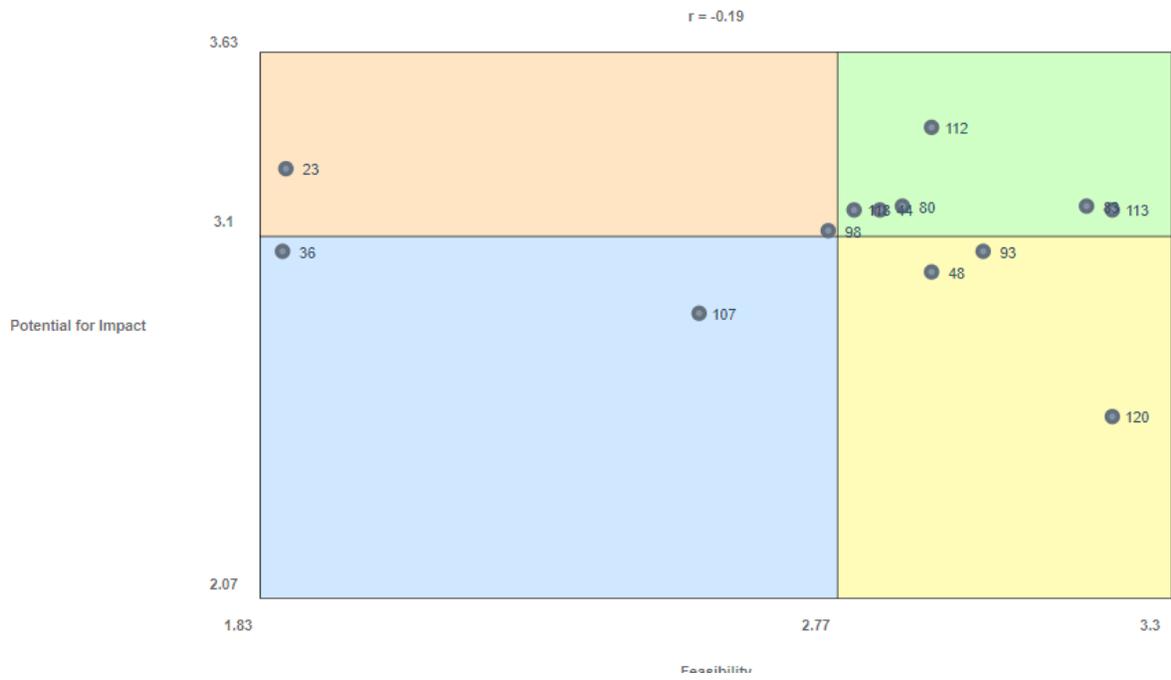
Cluster 6. K-12 family support



Cluster 7. Built environment



Cluster 8. Collaborations



Cluster 9. Engagement and equitable access

Figure 13. Go-zone plots per cluster

Table 9

Individual statements rated most feasible and high potential for impact versus most infeasible and low potential for impact by cluster

Cluster	Feasible and High Potential for Impact	Infeasible and Low Potential for Impact
Increasing Awareness through Training	<p>1. Increase training and process expectations and interventions that are trauma informed.</p> <p>66. Trauma-informed care training for schools so they are aware of children/families with ACEs and can refer them to services.</p> <p>88. Increase trauma-informed service provision for teachers/school administration.</p> <p>121. Have more trainings in the community on ACEs.</p>	<p>17. Training all probation /parole officers-state, county, federal, and juvenile about Search Institute's 40 Assets.</p> <p>69. Move from trauma informed training to healing informed training and service providing</p> <p>71. Provide CRAFT training to family, friends, and other supports of those in the criminal justice system, both adults and juveniles.</p>
Wraparound Services	<p>33. Intervene with youth while in juvenile justice system so that they can see an alternate way of life, as most are following in generational involvement with law enforcement</p> <p>52. More peer support and navigator employment opportunities</p> <p>124. Need to start prenatally and begin prevention interventions early on rather than trying to "fix" the issues in adulthood</p>	<p>18. Restorative justice practice helps young people address impacts of actions and learn skills around how others or communities are impacted by actions. Support agencies and/or school systems that promote these programs.</p> <p>85. Free or low-cost interpretation and translation services for agencies to use in order to be able to communicate effectively with families. Specifically, languages other than Spanish.</p>
Support for Youth Transition to Adulthood	<p>16. Increased job training for young people</p> <p>21. Case management support for grandparents raising grandchildren</p> <p>45. Transitional support for youth specifically 18-26 that often do not see themselves as adults but require support coming out of foster care and or juvenile detention centers (job training, mental health services, medical services, insurance)</p> <p>64. Provide free diploma and GED programs when needed (reduce waiting lists)</p> <p>65. Behavioral health support to youth and families needing that support</p> <p>67. Provide free parenting classes/workshops in low income areas to raise the awareness of ACEs.</p> <p>76. Support groups for fathers</p>	<p>31. Mentoring opportunities for young people, preferably mentors who are closer in age to the mentee.</p> <p>43. Increase school-based counselors to better identify and refer clients to community providers.</p> <p>59. Arts-based programming in schools and community centers in the poorest neighborhoods.</p> <p>61. Programming by "opportunity youth" (not working and not in school) at community centers and community schools that is planned, implemented, and evaluated by those young people.</p> <p>78. WFL works with all family members to teach the whole family together</p> <p>97. Affirmative consent and healthy relationships being taught, along with age appropriate, medically accurate sexual education</p> <p>106. Workforce development support to all young people that leave the school system</p>
Health Equity	<p>32. Mobile resources that can go to remote rural areas to bring them services.</p> <p>63. Universal screening of depression and anxiety with quick connections to services.</p> <p>72. Prioritize funding toward organizations that provide community and relationships when possible in addition to direct services.</p>	<p>6. Free medical and nursing school tuition to increase health workforce.</p>
Systems Funding	<p>25. Increase funding for school-based health centers</p> <p>27. More funding for programs such as the Keeping Families Together model to provide quality housing and intensive services for families currently involved with CYFD.</p> <p>70. Funding for wrap-around services to accompany affordable, permanent, and supportive housing to individuals and families</p> <p>105. There would be increased funding for Family Infant Toddler program services for children birth to three years</p>	<p>30. Increase funding for school nurses.</p> <p>49. Increase funding for community gardens.</p>

	at risk for or with developmental delays, disabilities, and chronic health conditions.	
K-12 Family Support	<p>9. Allowing school-based health centers to see adult family members of students.</p> <p>12. Invest in programming that serves youth up to 26 identified as "homeless", as they often do not access services targeted for adults and require unique programming.</p> <p>14. Provide opportunities to low-income families to put the children in team sports or arts at no cost</p> <p>37. Increase funding for peer mentorship programs for families.</p> <p>82. More systemic support for current community schools</p> <p>99. Increase funding for the family engagement and supports component of the community schools' model</p> <p>109. Include funding for the extending learning component of the community schools' model</p> <p>121. Increase school-based health services, including school nurses, counselors, social workers, who may serve the non-special ed. population and school-based health centers</p>	<p>7. Fund art-based therapy to help children mitigate the impact of ACEs.</p> <p>84. Funding for WFL to provide training and leaders to run Homework Diner Grows Wings in public schools.</p> <p>91. WFL needs funding to hire staff to lead programs in all NM communities to work with juvenile offenders & returning citizens-the most likely to have ACEs.</p> <p>100. Fund arts programming as a way to build positive relationships between adults and children</p> <p>101. I'd like funding for Wings for L.I.F.E. program which will be an alternative program for all juvenile offenders in Bernalillo County & Valencia County; if youth attend 5 meetings their case will be closed.</p>
Built Environment	<p>26. More bus routes and frequency in neighborhoods with transit dependent households</p> <p>54. Make sure that resources are within transportation service routes for families.</p> <p>77. Affordable and supportive housing for vulnerable families and individuals.</p>	<p>2. Support policy efforts to implement a universal income that can ensure housing stability for all individuals.</p> <p>3. Support policy efforts to implement a universal income that can ensure food stability for all individuals.</p> <p>10. Cumulative impact approach to zoning permit decisions</p> <p>20. Require health impact assessment for any legislation</p> <p>115. Create and maintain community green spaces and environmental wellness.</p>
Collaborations	<p>35. Increase collaborations between early childhood providers and CYFD</p> <p>123. We would be better connected to other community agencies serving young children and families.</p>	<p>51. DOH could communicate with law enforcement about upstream interventions</p> <p>56. DOH could communicate with law enforcement about data</p> <p>102. Is ACEs data always grouped together?</p>
Engagement and Equitable Access	<p>44. Develop systems for integrating all interested successful 'graduates' of programs to serve as paid mentors /peer supporters/community health workers.</p> <p>80. Language and cultural access across the community for non-English speakers</p> <p>83. Allow the clients to participate in and motivate the changes that will happen in their lives.</p> <p>112. Have hubs throughout ABQ area to help identify needs of this population and serve them at same location with case work, counseling, housing, food, bus passes, and more.</p> <p>113. Bring young people to the table of decision making at all levels.</p> <p>118. Focus on poverty and racism as root problems instead of symptoms.</p>	<p>36. Follow the lead of other communities and close the youth detention center and invest in youth programming and resources</p> <p>107. Develop a standard screening tool and train providers to administer</p>

Recommendations

Based on the above analysis, the following overlapping recommendations that were of high importance to the youth who are parents and that service providers recognized as highly feasible and high potential for impact include:

- Increasing financial support for implementation and utilization of school-based health centers was suggested to address Systems Funding and K-12 Family Support.
- Permanent and affordable housing to keep families together was a significant theme in both the youth who are parents focus groups and the concept mapping exercise across Systems Funding, K-12 Family Support, and Built Environment.
- Accessibility to services was another key recommendation, which included mobile access for rural counties and multiple urban locations. In addition, increasing language and cultural competencies at sites was named as a way to address Health Equity, Engagement and Equitable Access, and the Built Environment in the concept mapping exercise and as a way to address operational inconsistency and social obstacles in the youth who are parents focus groups.
- Increase trauma-informed training and reduce social stigma: Trauma-informed training was identified as a way to increase community and practitioner awareness and understanding to increase sensitivity and competence when serving youth who are parents, while youth who are parents identified the social stigma and fear of judgment as a major barrier to accessing current services and supports
- Behavioral health support and services was a key area identified as a healthcare need for youth who are parents as well as identified as an area by service providers as a way to address Health Equity, Support for Youth Transition to Adulthood, and K-12 Family Support
- Parenting support during the prenatal and early childhood periods was identified as a way to address Systems Funding, Wraparound Services, and Support for Youth Transition to Adulthood. Youth who are parents also identified basic needs as a desired support during this time

In addition, the following three key themes were highlighted during the Ready Services strategy group discussion: (1) navigators; (2) case management; and (3) housing.

Recommended Immediate Action Items:

- Create a mobile resource hub to address accessibility
- Offer navigation to augment school-based health centers
- Provide community-wide trauma-informed training to increase provider competency
- Provide community-wide parenting classes (Moments Matter; B)

Recommended Long-term Policy and Infrastructure Action Items:

- Funding and advocacy for permanent and affordable housing for families
- Funding to recruit behavioral health providers
- Increase capacity for sustainable funding and supply of basic needs for families

**References available upon request*

PARTICIPATING COMMUNITY PARTNERS

Mission: Families would like to thank all the community partners who participated in this research.

ABC Community School Partnership

Abrazos Family Support Services

Bernalillo County Department of Behavioral Health Services

Catholic Charities

City of Albuquerque, Family and Community Services

East Central Ministries

Enlace Comunitario

Fathers New Mexico

Hopeworks

International District Healthy Communities Coalition

NMCAN

New Day Youth and Family Services

New Mexico Alliance for School-Based Health Care

New Mexico Department of Health, Public Health Department and Family Health Department

P B & J Family Services

Saranam

Together for Brothers

Wings for Life International

Youth Development, Inc.

*Mission: Families would also like to thank **Presbyterian Health Services** for their financial support for this research including stipends for the agencies who conducted Focus Groups and the families who participated, and the **Cradle to Career Policy Institute** for supporting the group concept mapping software.*



2019

ABQ CiQlovía 2019 Report



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Acknowledgements

First and foremost, this project would not have been possible without the incredible amount of support received from the City of Albuquerque, community members, school staff, and partner organizations. Riding on the success of years past and the desire to create a similar yet very much unique CiQlovía grounded on the strengths of the International District, this event became a reality.

A very special thank you to this year's sponsors:

City of Albuquerque
City Councilor Patrick Davis
Policy Analyst Sean Foran
Presbyterian Community Health
Office of the Second Judicial District Attorney, Community Based Crime Reduction Initiative
Mid-Region Council of Governments
Healthy Here Initiative
BikeABQ

2019 Planning Committee Organizations:

Presbyterian Community Health
International District Healthy Communities Coalition
Mid-Region Council of Governments
Bernalillo County Community Health Council
Running Medicine
BikeABQ
Office of the Second Judicial District Attorney, Community Based Crime Reduction Initiative
Van Buren Middle School
South San Pedro Neighborhood Association
Together 4 Brothers
Siembra Leadership High School
New Mexico Department of Health
Tree NM
NeighborWoods

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I. Introduction

On Sunday, October 20, 2019, Albuquerque successfully hosted its sixth annual open streets event, ABQ CiQlovía. This year's event was held in the International District in the Southeast quadrant of Albuquerque. The event successfully attracted over 1,800 people who walked, biked and played in the streets of the International District. People not only walked and biked, but also participated in a fun run, listened to poetry and live bands, built a children's playground out of cardboard and tape, ate from local food trucks, scaled the climbing wall and rubbed elbows with their neighbors. ABQ CiQlovía achieved all the goals set out by the ABQ CiQlovía Planning Committee (Committee). These goals included increased focus on health and wellness, increased awareness of cycling and walking, and attracting a wide variety of partners and community members to the event. In each of these categories, ABQ CiQlovía exceeded expectations and the participant response was overwhelmingly positive.

This report discusses how ABQ CiQlovía came to be in the International District, provides a brief overview about the event, preliminary results from our evaluation and detailed financial expenses tied to City of Albuquerque (CABQ) funding.

A. How did ABQ CiQlovía happen?

Late in Fall of 2016, ABQ CiQlovía organizers from past years approached Healthy Here's Active Living Workgroup¹ and discussed the possibility of two of the workgroup organizational members, International District Healthy Communities Coalition (IDHCC) and Presbyterian Community Health (PCH), leading the charge for ABQ CiQlovía 2017. ABQ CiQlovía had never been hosted in the southeast side of Albuquerque and IDHCC, PCH, and past organizers felt like this would be a great way to build on the work currently happening in the area that addressed public safety, community health and built environment as well as highlight a unique, vibrant community.

As one of the older communities in Albuquerque, the International District is home to 26,367 individuals in its 4.27-square-mile area. More than two-thirds of residents are among the community's underserved populations – 61% are Hispanic, 7% are Native American. The area is classified as a Primary Care Health Professional Shortage Area and Walk Scores® show it is car-dependent and only somewhat walkable. While community members say they want to be physically active, they point out that it is difficult to do so when streets, sidewalks and parks aren't safe and enjoyable to use.

Addressing safety issues related to the built environment are a priority, but modifications to roads and infrastructure are both long-term and complex activities. Poor lighting was identified as a key issue for many area residents – it is a risk factor for crashes, pedestrian fatalities and overall community safety. Lack of physical activity opportunities was identified as another key issue they would like to see addressed.

Months prior to the discussion among past organizers, IDHCC, PCH, the Healthy Here Active Living Workgroup, partners, and community members conducted an Action Lab, a 100-day participatory planning process that moves ideas to action. This "Light the District Action for a Safe Community"

¹ Healthy Here is an initiative of the Bernalillo County Community Health Council. It's funded through the Center for Disease Control and Prevention's REACH (Racial and Ethnic Approaches to Community Health) award and managed by Presbyterian Healthcare Services. For details on this initiative, please go to: <http://www.bchealthcouncil.org/Healthy-Here>.

engaged residents in defining community assets and discussing how to create a safer, more comfortable walking environment. It included mapping exercises, walking audits, field observations, and concluded with a community-wide Earth Day celebration. Participants identified the need for safe crosswalks, sidewalk repairs, improved lighting, and ADA-compliant ramps. Specific strategies selected for action included lighting and a pop-up event to encourage physical activity. The decision to host CiQlovía seemed perfectly aligned with those efforts and served as an opportunity to highlight and build on community assets.

CiQlovía 2017 in the International District yielded around 1,200 attendees and included partners such as New Mexico Department of Health. The second celebration of the event in 2018 increased participation to 1,500 and adding over 20 community partners. With the success of 2017 and 2018 events the Committee initiated planning in early February 2019. The Committee convened several stakeholders including community residents, APS school staff, members of local coalitions, state and local government agencies, bike advocacy organizations, local charter high schools, and youth and formed the 2019 CiQlovía Planning Committee. The Planning Committee met regularly and engaged the community and partners in a community-based planning process that included workshops, walk audits, webinars, and key stakeholder interviews and meetings. IDHCC was a key lead in these outreach efforts.

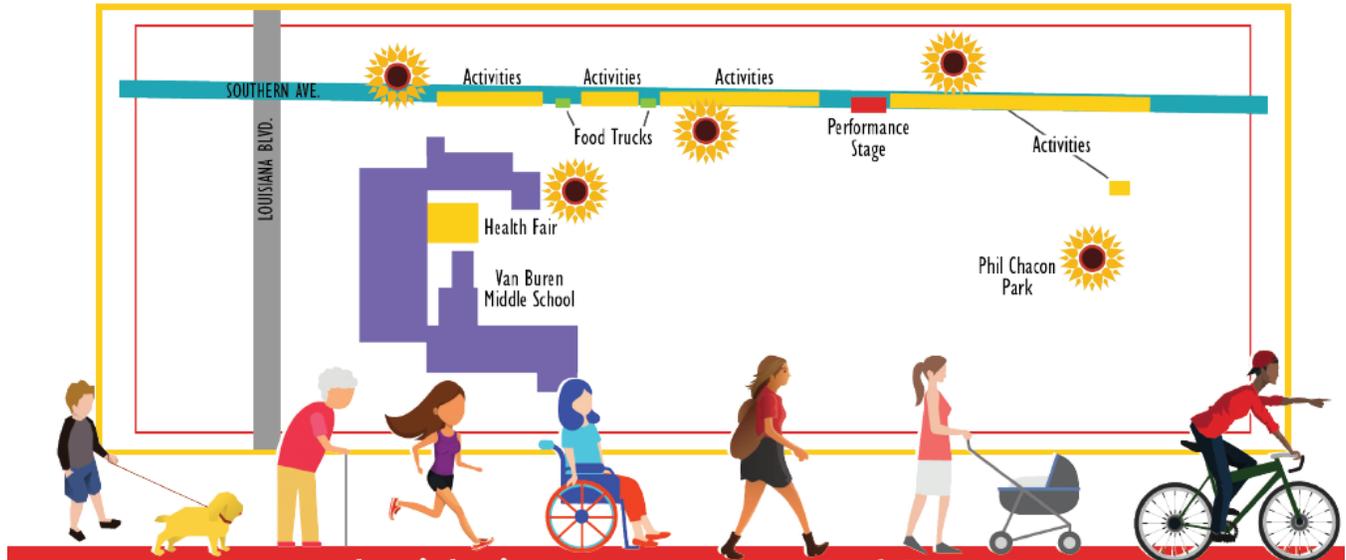
Due to the success and response to past years' events, the committee decided to keep the event along the same general route on Southern Blvd east of Louisiana Blvd to Grove Street. The Committee shifted the route to east of Louisiana due to permitting issues regarding partial closures of the street. In the future, plans include to create a demonstration project along Louisiana Boulevard to show community members an example of a road diet to increase safety among pedestrians.

This year we also partnered with the Office of the Second Judicial District Attorney, Community Based Crime Reduction Initiative. This partnership provided funding for long-term supplies, in-kind support including technical and planning assistance, and materials for different built demonstrations. In addition, we partnered with Tree NM and NeighborWoods who provided trees to neighborhood residents.

ABQ CiQlovía 2019 yielded over 1,800 people. Over 140 people received a flu shot that were provided by PHD NW Region Nursing Staff, 200 public contacts made by WIC providing education, information and referrals, the PHD NW Region Disease prevention performed 30 public contacts and 6 rapid HIV tests with education and referral information. The Office of Oral Health performed 17 dental screening and fluoride treatments, and 80 contacts with public for oral health information. Expenses for ABQ CiQlovía came out to \$9,296.21 and we focused on long-term equipment and tools. In-kind support was provided by the Healthy Here Initiative², Presbyterian Community Health, Mid-Region Council of Governments, and the Bernalillo County Community Health Council. We also received an award from the office of Councilor Patrick Davis in the amount of \$5,000 and an additional award from the 2nd Judicial District Court District Attorney's office in the amount of \$5,000. In addition, we were awarded \$600 from BikeABQ and \$200 from Ben Sherman Law Firm.

² In-kind support through Healthy Here included staff time, supplies, equipment, and communications.

Figure 1. Map of 2019 Route



II. **Methodology**

A. **Goals, Objectives, and Performance Measures**

The ABQ CiQlovía Planning Committee developed achievable, measurable goals, and objectives to assess the success of ABQ CiQlovía 2019.

Table 1: ABQ CiQlovía Planning Committee’s Goals, Objectives, and Performance Measures

Goal 1: Secure project partners and sponsors to be engaged in planning CiQlovía	
Objective	Securing at least one of the following; advocacy group, city representative, local business, and community representative (e.g. residents of 87108, schools, churches/temple)
Performance Measure	Securing at least one of each in objective
Goal 2: Provide a free public event affordable for all Burqueños	
Objective	Plan, develop and promote a free CiQlovía event for a minimum of 750 people
Performance Measure	Point-in-time tally counts throughout the day
Goal 3: Promote and increase health and activity of Albuquerque residents	
Objective	At least 750 people will walk and/or bicycle at the event
Performance Measure	Point-in-time tally counts throughout the day
Goal 4: Increase access for Albuquerque residents to health screenings	
Objective	At least 150 people will receive a flu shot, blood pressure check, or blood glucose screening

Performance Measure	Total counts of residents that participate in objective screenings
Goal 5: Increase attendance from previous year	
Objective	Increase attendance by 20% from previous year
Performance Measure	Sticker maps and point-in-time tally counts throughout the day
Goal 6: Ensure access to CiQlovía for children and youth ages 0-25	
Objective	Ensure attendance of children and youth
Performance Measure	Counts from school groups
Goal 7: Increase access to CiQlovía to residents of the International District and nearby communities	
Objective	Ensure attendance of residents of the following zip codes: 87108, 87123, 87116, and 87110
Performance Measure	Sticker maps
Goal 8: Ensure volunteer participation at CiQlovía 2019	
Objective	Ensure a minimum of 50 volunteers
Performance Measure	Volunteer check-in list

B. ABQ CiQlovía Attendance Counts

Accurately capturing the total number of participants at ABQ CiQlovía is always a difficult task because event participants are constantly moving. In addition, not all event participants arrived or departed from the same location since there were several event entry and exit points. These difficulties were not only faced by ABQ CiQlovía, but also by other ciclovías around the world. In previous years, the ABQ CiQlovía Planning Committee coordinated with the Mid-Region Council of Governments (MRCOG) in Albuquerque, NM, to use traffic cameras mounted at strategic points along the route to track the number of pedestrians and bicyclists at the event. Unfortunately, this was not an option for 2019.

In order to assess attendance at the event, staff of Presbyterian Community Health lead point-in-time tally counts at specific times during the day. These numbers were then averaged out as a close estimate of the day’s attendance. The counts were divided into three zones and occurred twice during the day. The ABQ CiQlovía Planning Committee decided to not to reduce the number of attendees by a specific percentage to account for double counting since there is no agreed upon percentage reduction commonly used in event counting methodologies. In addition, attendees “signed in” using stickers placed on a map of Albuquerque and beads to answer basic questions (see Picture 2).

Picture 2. Check-in Map with Circle Stickers

C. Activity Hubs and Community Partnerships

From June through September over 50 organizations submitted applications to host activities and/or table on event day. On the day of the event 48 organizations showed up and hosted activities that engaged the community in numerous ways with a focus on community health and wellness. Activities ranged from the City of Albuquerque’s mobile climbing wall to free flu shots from the Department of

Health and everything in-between: live music and performances, a bike rodeo, food truck and lemonade stand, colorful crosswalks, a pop-up playground, hula hoopers, parquitos, hands-on nature exploration, a fossil dig, kids cooking demonstrations, free bike helmets for kids, all kinds of games, sharing shelves and book giveaways. Several organizations used the opportunity to conduct community education and outreach on important issues related to community wellness, neighborhood history, 2020 US Census, traditional healing arts, area parks, crime prevention, pedestrian safety, Vision Zero and Running Medicine.

Our goals for this year's CiQlovía Activity Hubs Coordination was to engage previous year's hosts early and often and to seek participation from new local government agencies and non-profits. Our strategy was to embed a link to the 2019 web-based application form in all our communications, including thank you notes to previous hosts. We also made a point of inviting specific city and county departments and divisions to relevant CiQlovía planning meetings. As before, we asked all organizations to think beyond "tabling" and engage community members in an activity / activities that emphasized community wellness and cohesion. We succeeded in reaching our goals as follows:

- 22 of the 30 organizations that participated in last year's CiQlovía (2018), submitted applications and hosted activities/ tabled at the event.
- 26 new organization hosted activities/ tabled at the event including 1 new area school, 3 new City divisions, and 1 new County Agency.

Types of organizations that hosted an activity:

Government and Government Agencies

- Mid-Region Council of Governments
- City of Albuquerque:
 - Parks and Open Space,
 - Outdoor Recreation,
 - Planning Department
- NM Department of Health:
 - Public Health Flu Vaccinations
 - Public Health Disease Intervention Group (health education and referrals for screenings)
 - Public Health Family Planning – (health education and referrals for service)
 - Public Health WIC (health and nutrition education)
 - Public Health Office of Refugee Health – (referrals to local neighborhood health office and information)
- Albuquerque/Bernalillo County 2020 Census Complete Count Committee
- Bernalillo County District Attorney's Office Community Based Crime Reduction Initiative
- UNM/NMDOT Traffic Safety Partnership

Health Organizations

- Presbyterian Community Health
- Presbyterian Health Plan
- Blue Cross Blue Shield
- United Healthcare

Educational Institutions

- Health Leadership High School
- Bosque School Medical Reserve Corps
- Siembra Leadership High School
- UNM School of Architecture and Planning
- Van Buren Middle School
- Albuquerque Institute of Math & Science

Community Organizations

- International District Healthy Communities Coalition
- JUNTOS
- Kids Cook!
- Fudrr
- Running Medicine
- SWOP Arriba NM
- Bike ABQ
- Vision Zero
- Sierra Club
- Silver Sneakers
- Christ United Church
- East Central Ministries
- Tree New Mexico and Neighborwoods
- Esperanza Community Bicycle Education Center
- Animal Protection of New Mexico
- Together 4 Brothers
- Esperanza Community Bike Shop and Educational Center

Vendors, Businesses and Consultants

- Abuela’s Medicina
- Tay’s Jewelry
- Paparazzi Accessories
- Snappy Chicks
- Retro gaming & Toys
- Groundwork Studios
- Solforest
- Active Life Orthotics and Prosthetics Corp.

Professional Associations

- American Planning Association UNM Chapter

III. Results

Table 2: Goal 1 Results

Goal 1: Identify project partners and sponsors to be engaged in planning CiQlovía	
Objective	Securing at least one of the following; advocacy group, city representative, and community representative (e.g. residents of 87108, schools, churches/temples)

Performance Measure	Securing one of each in objective
<p>Results: Goal achieved. Advocacy Group(s): Bike ABQ City Representative: Sean Foran, Policy Analyst at Councilor Davis’s office; Chuck Malagodi, CABQ Parks and Recreation Community Representative: IDHCC, Van Buren Middle School, UNM SAAP; Running Medicine, Siembra Leadership HS Other: regional planning organization (MRCOG), state health department (NMDOH), local health system (PHS), Together for Brothers</p>	

Table 3: Goal 2 Results

Goal 2: Provide a free public event affordable for all Burqueños	
Objective	Plan, develop and promote a free CiQlovía event for a minimum of 750 people
Performance Measure	Point-in-time tally counts throughout the day
<p>Results: Goal achieved. The Committee was able to put on this event at no cost for the participants. People of all ages and abilities were invited to attend this event. About 1,832 (our estimate) attended the event.</p>	

Table 4: Goal 3 Results

Goal 3: Promote and increase health and activity of Albuquerque residents	
Objective	At least 500 people will walk and/or bicycle at the event
Performance Measure	Point-in-time tally counts throughout the day
<p>Results: Goal achieved. Point in time “clicker” counts yielded a total of 1832 participants. Busiest timeframe of the day was 11:00AM in the most eastern portion of the event route.</p>	

Table 5: Goal 4 Results

Goal 4: Increase access for Albuquerque residents to health screenings	
Objective	At least 150 people will receive a flu shot, blood pressure check, or blood glucose screening
Performance Measure	Total counts of residents that participate in objective screenings
<p>Results: Goal achieved. 88 Adult and 49 VFC Influenza Vaccinations were provide by PHD NW Region Nursing staff. 200 public contacts made by Women’s Infants and Children’s Program providing education, information and office referrals. PHD NW Region Disease Intervention Program performed 30 Public Contacts and 6 Rapid HIV tests with health education and referral information. PHD Office of Oral Health performed 17 dental screenings and fluoride varnish treatments; 80 contacts with public for oral health information, education, and office referrals. Several organizations participated in making a “Health Hub” a reality. Those organizations included: New Mexico Department of Health/ Public Health Division NW Region: NW Region Emergency Preparedness Program, NW Region Directors of Nursing Service, NW Region Nursing Services, NW Region Disease Intervention Program, PHD Office of Oral Health, PHD Immunization Program, DOH Women’s, Infants and Children Program; Presbyterian Community Health; Health Leadership High School; Bosque</p>	

School Jr. Medical Reserve Corp; City of Albuquerque Office of Emergency Management; Blue Cross and Blue Shield of New Mexico.

Table 6: Goal 5 Results

Goal 5: Increase attendance from previous year	
Objective	Increase attendance by 20% from previous year
Performance Measure	Sticker maps, point-in-time tally counts
Results: Goal Achieved. Our final attendance count was 1832, a 30.21% increase from the 2018 event.	

Table 7: Goal 6 Results

Goal 6: Ensure access to CiQlovía for children and youth ages 0-25	
Objective	Ensure attendance of children and youth
Performance Measure	Counts from school groups
Results: Goal achieved. Several schools were represented at CiQlovía. Following is the breakdown: Van Buren Middle School, 12; Siembra Leadership High School, 87; Health Leadership High School, 10; AIMS, 7. These counts represents the school groups who participated by planning, booth-hosting or volunteering at the event.	

Table 8: Goal 7 Results

Goal 7: Increase access to CiQlovía to residents of the International District and nearby communities	
Objective	Ensure attendance of residence of the following zip codes: 87108, 87123, 87116, and 87110
Performance Measure	Sticker map
Results: Goal achieved. Based on the info from the map with stickers that was used at the table on the west end of the route: <ul style="list-style-type: none"> Majority of the count, (172 recorded on stickers- 89.12% were from the 87108 zip code which includes most of the International District and where ABQ CiQlovía 2019 was held. Second largest count, (12 recorded on stickers- 6.22%) were from 87116 zip code which is adjacent and south of the International District. Third largest count, (9 recorded on stickers- 4.66%) was from 87123 zip code which is adjacent and east of the International District. Zip codes 87122, 87120, 87048, 87047, 87043, 87028, 87015, 87110, 87004, 87124, 87117, 87001, 87015, 87016, 87022, 87059, 87061, 87061, 87068, 87105, 87109, 87144, 87113, 87105, 87008, 87111, 87121, 87112, 87107, 87106, 87104 were represented but in smaller numbers. 	

Table 9: Goal 8 Results

Goal 8: Increase volunteer participation at CiQlovía 2018	
Objective	Ensure a minimum of 50 volunteers
Performance Measure	Volunteer signup log

Results: Goal exceeded. We had 94 volunteers participating on the day of the event; a 16% increase from last year's numbers (81).

IV. Participants

The Committee set out to design a ciclovía that was welcoming, family-friendly and accessible to ALL regardless of age, gender, race, ethnicity, socioeconomic status or disabilities. Although there were certain groups whose presence was hoped for and prioritized –residents of the International District–the participation from as diverse a group as possible was desired.

The total attendance counted for the event was 1832. No demographic information was obtained on participants, but observations of the event found that there was a reasonable level of diversity in gender, race and ethnicity, and familiarity with bicycling (that is, there appeared to be both seasoned bicyclists as well as novices; gauging familiarity with other activities was not as easy to assess). From observations we notes a larger amount of young people high school age from different schools around Albuquerque. Siembra Leadership High School, for example, had 87 students at the event sharing their final exhibition projects.

V. Conclusions

The sixth annual ABQ CiQlovía held on October 20, 2019, was an overall success. The key takeaways from the event were similar to last year's: 1) it was family-friendly and people really liked being able to freely play and socialize on the streets; 2) it was bigger and offered more activities for all ages; 3) it helped bring the community together; 4) it provided a temporary “complete streets” experience for community members and visitors, and 5) it should happen again.

It is felt there is really something distinctive about open streets events that residents in the city are clamoring for and that they do a good job in providing a healthy and community-oriented event that let people see the potential our streets when they are safe, vibrant, and designed for all.

While there are existing challenges and weaknesses, most of them can be mitigated through better fundraising and communication. This will allow for increased activity offerings as well as a more expanded route. Regardless of how and when ciclovías are implemented, events like ABQ CiQlovía are enjoyable, healthy and free events that community members of all ages and abilities can enjoy. ABQ CiQlovía achieved all of its goals demonstrating that events like this do promote bicycling and walking both as alternative, active modes of transportation and as a way to incorporate exercise into daily life. Importantly, this event enabled a greater sense of community among Burqueños and especially among residents of the International District.

Appendix A. Budget and Expenses

Funding Sources	\$	Comments
City General Funding	5,000.00	Patrick Davis's Office
BernCo DA Office	5,000.00	Office of the Second Judicial District Attorney, Community Based Crime Reduction Initiative
RGCDC-ABQ CiQlovía	7,166.13	Rollover operating funds
In-Kind Personnel (staff time)	35,750.00	Donated time [volunteers 470hrs*\$25/hr =\$11,750; staff 1200hrs*\$30/hr =\$24,000]
In-Kind Other (leveraged materials)	12,200.00	Insurance (MRCOG); donated volunteer t-shirts (UNM); supplies & equipment (MRCOG, PCH, IDHCC, BCCHC)
Sponsorships (Cash)	800.00	Bike ABQ, Ben Sherman Law
	\$17,966.13*	<i>* this total does not account for in-kind staff time or materials</i>

Categories	Total Program		Comments
	Budget	Expenses	
Personnel	35,750.00	-	In-Kind staff time
Event Porta Potties	400.00	422.72	Fresh 'N Clean
Event Traffic Control Plan & Barricades	2,000.00	533.98	Advantage Barricades & RoadMarks, LLC
Event Security	500.00	313.50	CABQ Chief's Overtime
Entertainment	1,500.00	500.65	Local Bands, Youth Dance Crew, Zumba
Graphic Design	1,000.00	100.00	Flyer, program, and banner design
Event Supplies	650.00	2400.28	Paint, canopies, tables, traffic cones & tape, traffic vests, volunteer snacks, hand sanitizers
Radios	200.00	210.36	MGS Communications
Marketing	1,000.00	4204.72	Radio ads, banners, tablecloths
Consultants	300.00	310.00	Translation Services
- Translation services			
Event Photography	250.00	300.00	Alayna Bowman Photography
EMT Services	400.00	-	Provided in-kind by Albuquerque Ambulance
Total	6,300.00**	9,296.21	Expenses

*Total without personnel donated staff

Appendix B. Event Pictures















Wednesday Aug 21st

Events

What happened?

emotional abuse

Sexual abuse

students triggered by previous/ongoing trauma

not feeling safe at school

Families pay too much for Rent

highly disproportionate referral rates to JUN Det.

unlawful evictions Children experiencing homelessness

Adoption

Children witness domestic abuse

Multiple behavior referrals

New Many families are experiencing poverty

EL

what are the bad aspects?

arbitrary assistance cut off criteria

poor and unsafe sidewalks

children to substance abuse

poor and unsafe sidewalks

React

physical assault

Personal Crime Property Crime

bullied at school

Anti social school behavior

Children with incarcerated parent(s)

Missed Appointments

Where are the Summer Sites?

poor street lighting

Transportation are the worst waiting areas?

Qualifying criteria for Support

Transportation are the worst waiting areas?

Qualifying criteria for Support

Transportation are the worst waiting areas?

Qualifying criteria for Support

Transportation are the worst waiting areas?

Qualifying criteria for Support

Patterns of Behavior

What are the trends?

How Many Children are Victims of Abuse?

Transience moving frequently

At risk school How many kids are absent of school days?

Multiple Arrests

Inadequate public transportation

Systemic racism

upside apartments (broken windows)

Family On Food Stamps

Services for Elders

where are the poor landlords School board Health centers?

Multiple Schools Suspensions

Kids suspended from school in trouble w/ law

Services for Elders

where are the poor landlords School board Health centers?

Multiple Schools Suspensions

What's been happening?

Persistent low academic achievement

How many children have juvenile justice referrals?

limited outdoor play time for kids

Family are not feeling safe

poor and unsafe sidewalks

What has influenced the patterns?

Services for Elders

where are the poor landlords School board Health centers?

Family On Food Stamps

poor and unsafe sidewalks

Design

Transportation are the worst waiting areas?

Qualifying criteria for Support

Transportation are the worst waiting areas?

Qualifying criteria for Support

Transportation are the worst waiting areas?

Qualifying criteria for Support

Transportation are the worst waiting areas?

Qualifying criteria for Support

Transportation are the worst waiting areas?

Transform

poor street lighting

poor street lighting