

# Pathways to a Healthy Bernalillo County

Program Evaluation, June 2016

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## Executive Summary

**Pathways to a Healthy Bernalillo County** is a program with the **mission** to: 1) **connect** underserved county residents with health care and other support systems and help them navigate through them; 2) **coordinate** services for the underserved to achieve positive individual-level health outcomes; and 3) to **assure** collaborative planning and improvement of Bernalillo County's health care system.

The program also seeks the following **community-defined outcomes**: a) people in Bernalillo County will self-report better health; b) people in Bernalillo County will have a health care home; c) health and social service networks in Bernalillo County will be strengthened and user-friendly; and d) advocacy and collaboration will lead to improved health systems.

As the **Pathways Program** finished up its sixth year of implementation in June 2015, the program's leadership and Pathways Community Advisory Group (PCAG) felt that it would be important to hear from its participating partner organizations and learn how they perceive the program both from an organizational viewpoint, as well as its impact on the community in which they also serve. As a result, the program and PCAG coordinated an independent evaluation of Pathways that included interviewing 40 directors and navigators representing 18 different current and former partner organizations.

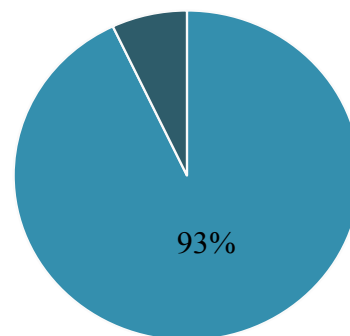
### Key Findings

- MISSION:** 100% of respondents agreed that Pathways is a program responsive to its mission and to the community from which it evolved. However, around half expressed that, due to systemic barriers and other outside factors, the program has not achieved its full potential to improve the health system in Bernalillo County.
- HEALTH IMPROVEMENT:** 93% of respondents indicated they have observed improvements in the health of clients and their families as a result of Pathways.

*"I had clients that were taking 20 medications before, and now due to their reductions in stress are taking maybe 4 medications." Navigator 7*

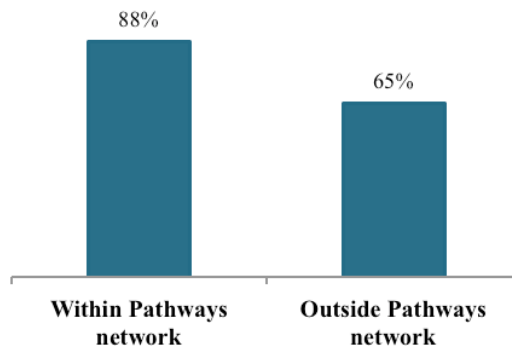
- PATHWAYS IMPACT ON ORGANIZATIONS:** Pathways has impacted organizations in three primary ways: **1.)** Increased or enhanced collaborations; **2.)** Increased capacity, and **3.)** "Other". Within the Pathways network, 88% reported increased or enhanced collaborations, while 65% reported collaborating with organizations outside of the Pathways network to meet their clients' needs. In terms of capacity, nearly 80% reported

Health improvements as a result of Pathways



■ Positive health impact

Increased or Enhanced Collaborations

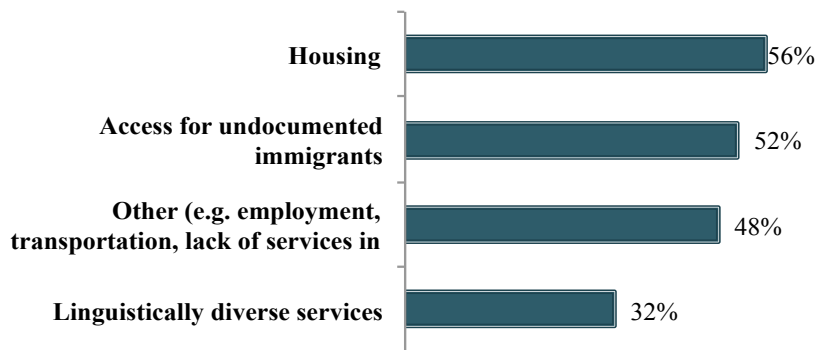


diversifying their services, 64% were able to serve more clients, 49% saw staff increases, 44% leveraged Pathways to pursue and obtain additional funding. Pathways has also impacted organizations in several additional ways. For instance, 60% report changes in their advocacy efforts and 44% were able to serve different clientele.

**4. SYSTEM LEVEL CHANGE:** 50% of partners reported having seen changes at the system level as a result of Pathways. Nonetheless, 55% acknowledge that more advocacy efforts are needed.

**5. BARRIERS AT THE SYSTEM LEVEL:** The majority of partners reflected on the many barriers that they face when trying to meet their clients’ needs. These challenges generally related to the lack of services at the county level. Coupled with the seemingly infinite need in the community, these barriers reduce the potential impact Pathways could have on communities.

**Broad system level challenges**



“Housing - emergency, transitional and permanent. We need all. If we get them in transitional for instance, it’s horrible if you cannot get them a place long term. That is the biggest stabilizer. Housing is a huge need in the community.” *Supervisor 1*

## Introduction

### Brief Program Overview

Bernalillo County, New Mexico's most populous county, has grown rapidly in the past few decades, requiring expansion and adjustments to health systems and other social services infrastructures. Regrettably, the inability of these systems to keep pace with the increased demand for services has contributed to the marginalization of a significant portion of the county's residents.

The Pathways to a Healthy Bernalillo County Program resulted from a nearly two-year planning effort during 2007 and 2008 that involved numerous community partners, including advocates, the Bernalillo County Commission, the UNM Health Sciences Center and hospital staff, local health and social service organizations. The Program derived from a care coordination model developed by two Ohio physicians, Drs. Mark and Sarah Redding that has been adopted by more than sixteen different partners across the United States. The primary purpose of the Bernalillo County Pathways program is to find the county's most difficult-to-reach (mostly uninsured) individuals and connect them to a variety of health and social services, thereby improving their health and wellbeing and ultimately, the health and wellbeing of the county as a whole. This is accomplished by leveraging the skills and resourcefulness of community health workers (navigators), who first build trust with these marginalized populations and then guide them through the complex health and social services systems, resulting in positive health outcomes. In addition, the program aims to identify, document, and address many of the systemic barriers that surface throughout this Pathways process.

The Pathways Program is administered through the University of New Mexico Health Sciences Center (UNMHSC), office of Community Health Worker Initiatives (CHWI), under an agreement signed between the University of New Mexico Hospital (UNMH) and the UNM HSC. Under this agreement, UNMH transfers no less than \$800,000 per year to the CHWI. These funds are generated by a voter-approved Bernalillo County property tax levy, the revenue from which is dedicated to UNMH. The tax, levied in "mills," (dollars per thousand of net taxable property value), is frequently referred to as the "mill levy." Pathways, a program within the CHWI, contracts over 80 percent of the funding it receives to thirteen (13) community-based organizations in Bernalillo County through a competitive process.

The local organizations currently receiving funding include:

- NM Asian Family Center
- East Central Ministries
- Enlace Comunitario
- Native American Community Academy
- Crossroads for Women
- PB&J Family Services
- Albuquerque Health Care for the Homeless
- Samaritan Counseling Center

- Rio Grande Community Development Corporation (EleValle Collaborative)
  - Casa de Salud
  - Encuentro
  - Centro Sávila
  - South Valley Economic Development Center
  - La Plazita Institute

To date over 3,400 individuals have participated in the program and 1,900 individuals have completed it. Pathways serves a diverse population: over 72% of clients identify as Hispanic/Latino, 10% are American Indian, 7% are White Non-Hispanic, 4% African American, and 2% are Asian or Pacific Islander descent.

**Existing Pathways**

Currently, Pathways addresses twenty-one areas of need (each a specific pathway) among clients. Navigators link clients to resources in these areas and help them navigate each of these systems with the overall goal of health improvement. Greater emphasis is now placed on certain Pathways that are strong indicators of health such as education, employment, housing, and having a health care home.

- |   |   |   |
|---|---|---|
| <ul style="list-style-type: none"> <li>• Behavioral Health</li> <li>• Child Care</li> <li>• Child Support</li> <li>• Dental Care</li> <li>• Disability</li> <li>• Income/Appeal</li> <li>• Domestic Violence</li> <li>• Driver’s License/I.D.</li> <li>• Education/GED</li> </ul> | <ul style="list-style-type: none"> <li>• Employment</li> <li>• Food Security</li> <li>• Heat &amp; Utilities</li> <li>• Health Care Home</li> <li>• Homelessness Prevention</li> <li>• Housing</li> <li>• Income Support</li> <li>• Legal Services</li> </ul> | <ul style="list-style-type: none"> <li>• Medical Debt</li> <li>• Pharmacy / Medications</li> <li>• Substance Use/Abuse</li> <li>• Transportation</li> <li>• Vision &amp; Hearing</li> </ul> |
|---|---|---|

**Pathways Mission**

The program’s mission includes the following components:

- **Connecting** underserved county residents with health care and other support systems and assisting them as they navigate through it;
- **Coordinating** services for the underserved residents to achieve positive individual-level health outcomes;
- **Assuring** collaborative planning and improvement of our health care system in Bernalillo County

In developing the program, community members defined the following key outcomes:

1. People in Bernalillo County will self-report better health
2. People in Bernalillo County will have a health care home

3. Health and social service networks in Bernalillo County will be strengthened and user friendly
4. Advocacy and collaboration will lead to improved health systems

## Goals of Evaluation

As Pathways entered its 7<sup>th</sup> year of operation in 2015, the program's leadership determined that it was an appropriate time to meet in person with representatives of each current and former organization to assess progress toward community-defined outcomes and mission-related goals and obtain feedback and recommendations from partners that could be used for program improvement. Potential changes in the program suggested by the results of this analysis can then be implemented in the next funding cycle.

## Methods

In September 2015, the Pathways Community Advisory Group (PCAG) and Pathways leadership met to start brainstorming questions to ask Pathways partner organizations. After one additional meeting and many email discussions, an initial list of questions was developed and refined. Pathways leadership and the study's author met on additional occasions to further refine the interview protocol. After a final version was developed the first author met individually with three members of the PCAG in order to pilot-test the interview questionnaire. Minor edits were made to the questions based on the PCAG feedback and the interview protocol was finalized.

Beginning in October 2015 members of current and former partner organizations started receiving invitations for individual interviews. From November 2015 to February of 2016, a total of forty individuals, representing 18 different organizations, were interviewed. Twenty-three (23) were executive directors or supervisors, and 17 were navigators. Interviews lasted on average approximately 60 minutes. After all interviews were conducted, audio recordings were transcribed and coded using an open coding (i.e. bottom up) approach. Responses were then incorporated and organized into themes and subthemes. Frequency counts were also obtained in order to assess the frequency of a certain response.

## Results

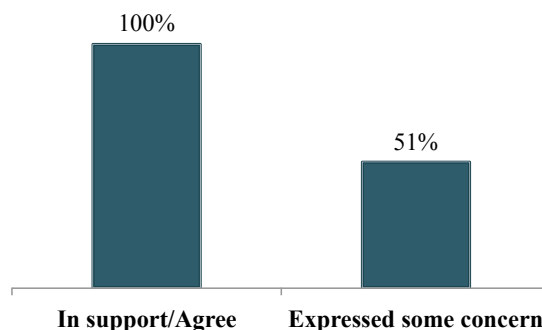
This report organizes the results into four main categories. First, information related to the mission and community defined outcomes is presented (page 8). Next, information related to the impact that Pathways has had on organizations including increased collaborations and increased advocacy efforts is presented (page 13). Third, program-specific information is presented and recommendations related to training, the number of pathways, and other key areas (page 19). The results conclude with recommendations around broader or systemic issues (page 39).

### Mission Related

When asked if Pathways was a program responsive to its mission (see Introduction for full mission statement) of connecting, coordinating and assuring collaborative planning, **100% of the partners** (directors/supervisors and navigators) **agreed**. However, slightly over half of them (51%) expressed some concerns regarding the mission (see Figure 1).

Overall, partners agree that Pathways was a program coordinating and connecting individuals to services and helping them navigate the different systems. The concerns were primarily related to their mission statement related to changes in the overall health system in the county. The following quotes exemplify some of the concerns:

**Figure 1. Is Pathways a program responsive to its mission?**



- “It might be a little bit bold to say we have assured collaborative planning and improvement of the system. We don’t sense the county is interested in that collaboration or has put forward the resources and the interest [...]. I think it is the mission of Pathways; it’s just a system level issue in the middle. There is still more work to do.” **Supervisor 17**
- “Yes with the limitations inherent in the system itself. It is responsive to the need but the systems are so bureaucratic and so restrictive. So, yes and no. But it does not suggest a flaw in the design of Pathways, but a flaw of the system itself around Bernalillo County.” **Supervisor 20**

Thus, concerns related mostly to overarching issues in the county such as lack of investment in population health including too few resources devoted to addressing the social determinants of



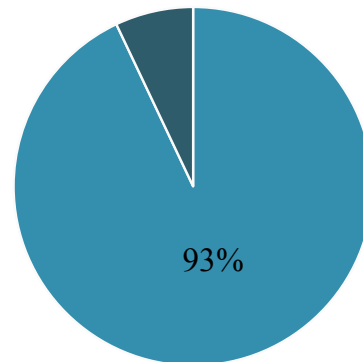
health such as housing, transportation, and poverty. While respondents see assuring collaborative planning and improvement of the health system as a mission of Pathways, they expressed concerns about the program's current ability to change the system due to outside factors and constraints.

### Health Outcome-Related

Improving health outcomes for clients and their families is central to Pathways mission as well as a key community defined outcome. **When asked whether Pathways has led to significant improvements in the health of clients, 93% of respondents agreed.** Seven percent reported no change in health outcomes or reported not feeling comfortable reporting that change due to having anecdotal evidence only. See Figure 2. The following quotes illustrate the impact that Pathways has had on the lives of county residents:

- “We had this woman who came in through Pathways, had no idea that we existed. She was homeless, no access to resources and she’s been here for over a year now. She’s getting to spend more time with her granddaughter, has a little beautiful apartment that she loves. For her, that is what it’s about.” **Supervisor 13**

**Figure 2. Health outcomes for clients and their families as a result of Pathways**



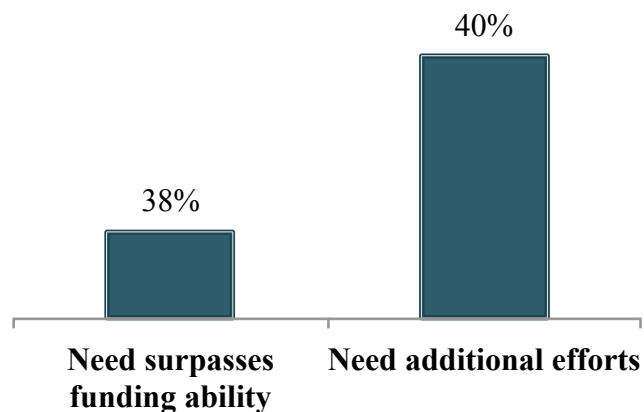
- “Yes, a lot. For instance there was a 17 year old client, homeless, pregnant and did not know where to go due to the bureaucracy. We connected her to everything we could. People get connected to housing; get associates degrees, employment, etc. They now have regular doctors and are insured. When it works, it works. People quit drinking, get into housing and get better. Some start seeing traditional healers and then transition to more mainstream behavioral health services. I had clients that were taking 20 medications before, and now due to their reductions in stress are taking maybe 4 medications.” **Navigator 7**
- “But to see that satisfaction in the clients when they leave and then call you. Very important. Also to see that the client has learn how to manage things on their own. You have to teach them not to have fear when going places. This is part of the education. That also gives me great happiness when I see that they get housing and are happy. I had a client once with psychiatric issues. We were fighting for her benefits. When she got housing, she cried with all of the emotion when they where explaining her benefits

to her. She looked at me and hugged me and I cried too of the emotion.” *Navigator 9*<sup>1</sup>  
(quote was translated from Spanish to English)

Despite overwhelming positive response in this area of health, **38% mentioned that the needs in the community surpass the funding ability.** These individuals spoke about having little funding to be able to scale up the program and serve all of the individuals who could benefit from it. Given the community and demographics of Pathways clients, as well as the populations served by each of the partnering organizations, the majority of each organization’s clients could potentially benefit from the program in some manner. However, due to limited resources and funding, many potential clients are not being served. See Figure 3.

- “We have far more needs than we have navigators to meet those needs, and far less resources than necessary.” *Supervisor*

**Figure 3. Other health related concerns**



Additionally, **40% of interview respondents reported the need for additional efforts around health.** Thus, while significant health improvements are reported in general, overarching systemic barriers and challenges were often blamed for the lack of additional changes or for concerns regarding the program’s ability to sustain the changes:

- “Again, it’s always a little bit a *Band-Aid* when you have a racist system, when there are systemic injustices, it’s always hard.” *Supervisor 12*
- “They are still struggling, they still have mental health needs, and they are still stressed out. For example, having SNAP, those don’t really allow you to buy healthy foods. You are getting processed foods. And if you are taking the bus, you are stressed, waking up at 5am and being out there in the cold. They are in a better situation, but we can do more.” *Navigator 12*

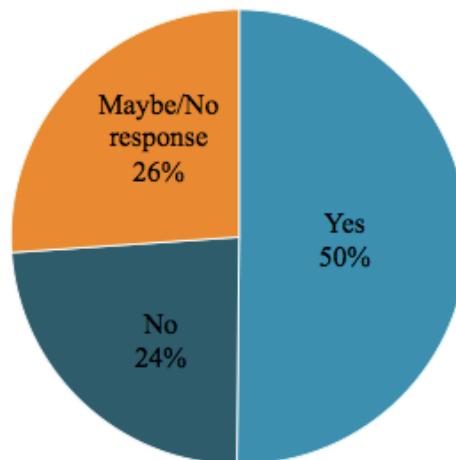
### **System-Level Change**

Partners were also asked whether they had observed system level change as a result of Pathways. **Fifty percent reported seeing systemic change as a result of program advocacy and**

<sup>1</sup> Original quote in Spanish can be seen in Appendix A

**other efforts.** Navigators’ reported changes at four organizations: the New Mexico Motor Vehicle Division, the Mexican Consulate, UNMH’s Financial Assistance office, and the Income Support Division of the state Human Services Department. Navigators reported shorter lines, more friendly and courteous staff (who previously had been hostile and condescending with clients), streamlining of paperwork, acceptance of different forms or documentation, and, in some cases, the addition of forms in Spanish. As shown in Figure 4, another 24% of respondents had not observed systemic changes and another 26% reported being unsure or did not respond.

**Figure 4. Systemic change as a result of Pathways**

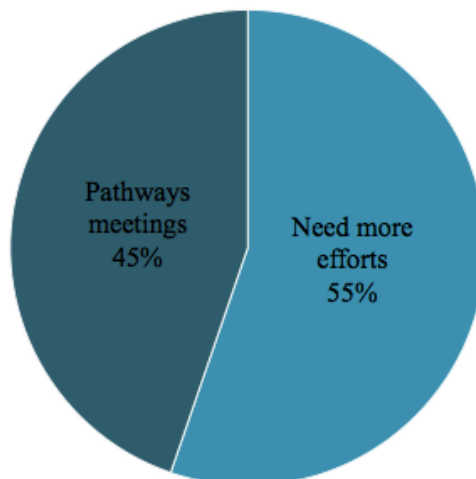


It is worth noting that 45% of those interviewed agreed that positive changes could be credited to Pathways leadership. Pathways leadership invited representatives of the organizations responsible for barriers to the monthly navigator meetings where they could hear directly from the navigators about the barriers they face when trying to meet the needs of their clients. This open communication and empowerment of navigators to talk about systemic barriers catalyzed positive change in the system.

Despite progress, **55% reported that more efforts are needed around systemic change**, as shown in Figure 5. The following quotes highlight some of the struggles and concerns regarding whether the program is achieving true systemic change or if changes are specific to relationships established by individual navigators or otherwise temporary.

- “I’m fighting the same battles from yesterday. The only change that I’ve seen is that I’ve gotten good in getting to know individuals; it’s made my job easier. Especially when I go to agencies, they already know me and who I work for. I have encountered barrier after barrier. You find something you can do and next time they say: “Now you need this other document.” **Navigator 3**
- “When you raise your voice and complain to administrators about problems in the

**Figure 5. Other responses and concerns**



system to administrators, they say, “give me the names of the people and we’ll call them and fix it.” But it’s not a policy change. We complained at one point about the long waits of the ISD office. I drive by it every morning. We complained about people out there in the winter from 7am until they open at 9am. They did something about it. But it was at that one office and not necessarily helping people move their cases any faster. [...] We have much further to go.” **Supervisor 17**

- “For missing resources, that leads us to the next advocacy and system issues. We are stuck on the bias, racisms, lingualisms, and judgment of people without ID in this country. That is challenging and I think Pathways has such a unique opportunity and helping us in building the capacity. But we still have a fight in our hands on how we do this. Pathways pushed the limits on people who are not being served, and that is such a struggle. And when you serve this population, you really have to talk about the isms (racism, etc.) and the disparity and why they’re not in housing, or education or employment. Those are those things that we will never impact if we do not get into social justice.” **Supervisor 6**

### Potential explanations

Interviewees offered possible explanations for the lack of significant systemic change. These include, first, the idea that systems change is challenging to all who attempt it. Respondents observed that this is an issue for all programs, not just Pathways. In addition, they noted that, in particular, a program as young as Pathways and with such scant resources would naturally encounter barriers in advocating for larger changes.

- “It is too ambitious to pretend that with less than 1 million dollars for so many organizations, that we can do anything. It is not realistic; it’s too limited. It is not even sufficient to finish a year of work. We need a higher budget, not just for the program but more people to develop strategies and campaigns at the system level.” **Navigator 6**<sup>2</sup> (*quote was translated from Spanish to English*)

Second, many reported the need for constant rather than sporadic advocacy. Interviewees reported that once a change was made in an organization (e.g. ISD) the group would naturally turn its attention to other pressing advocacy issues. In a matter of months, the initial organization would revert to its old ways due to the lack of constant contact and pressure.

- “Because we are not after that day after day. When they know that we are present they do it. When we withdraw because we think that we fixed it then they regress. We have to keep at it constantly.” **Navigator 1**<sup>3</sup> (*quote was translated from Spanish to English*)

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<sup>2</sup> Original quote in Spanish can be seen in Appendix A (quote number 2).

<sup>3</sup> Original quote in Spanish can be seen in Appendix A (quote number 3).

Third, partners spoke about the amount of time required to effectively address the higher priority system changes. In particular, respondents expressed concerns about the program’s current structure and the time navigators must invest in individual clients versus the time available for advocacy or in efforts related to systemic change. Finally, the lack of program funds dedicated to advocacy and systemic change was noted as a barrier:

- “If you want to take on system issues you need to compensate the navigators for doing that work as well. The compensation structure is for client service and there is no financial incentive for organizations to do that work. This program already needs to leverage other funds by organizations to succeed. That is a heavy lift and many organizations are not going to do it. [...] If we want navigators to do advocacy, there has to be some money attached to it. Now the funding is all about benchmarks for clients, nothing motivates people to spend time on it. It’s not compensated.” **Supervisor 19**

## Pathways Impact on Organizations

Given the different levels of of impact Pathways has on partner organizations, the following section is organized in three main areas: Increased/enhanced collaborations, Increased capacity and other impacts.

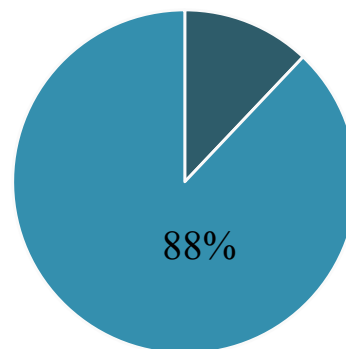
### Increased/Enhanced Collaborations

**Within the Pathways network 88% reported increased or enhanced collaborations as well as new collaborations** as a result of Pathways (see Figure 6). The following quotes provide examples:

- “Pathways was the original impetus or vehicle to allow us to work together in a very formal way. It was the initiating factor for us to work together to have a meaningful impact on the South Valley.” **Supervisor 19**

In addition, 68% of respondents expressed that collaboration is essential for non-profits that serve at-risk populations with limited resources. Interviewees reported that intra-network collaboration enhanced client outcomes by facilitating and expediting referrals and coordination of services.

**Figure 6. Collaborations within the Pathways network**

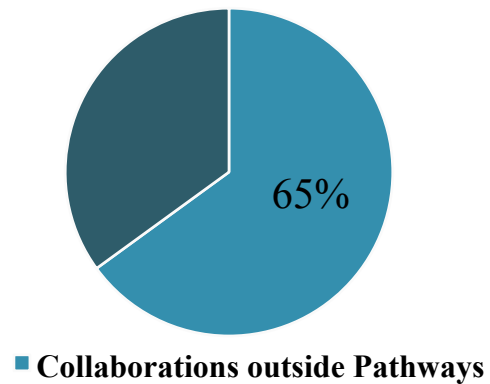


■ **Enhanced or new collaborations**

Along with collaborations within the Pathways network, **65% reported collaborating with entities outside the Pathways network.** See Figure 7. The following quote highlights the diverse range of external organizations with which Pathways navigators and organizations now have partnerships:

- “For education we do a lot with CNM and UNM. For health care home lately, UNMH. For financial literacy classes and at the end of the school they are able to get employed. For that we work with Prosperity Works.” **Navigator 13**

**Figure 7. Collaborations outside the Pathways network**



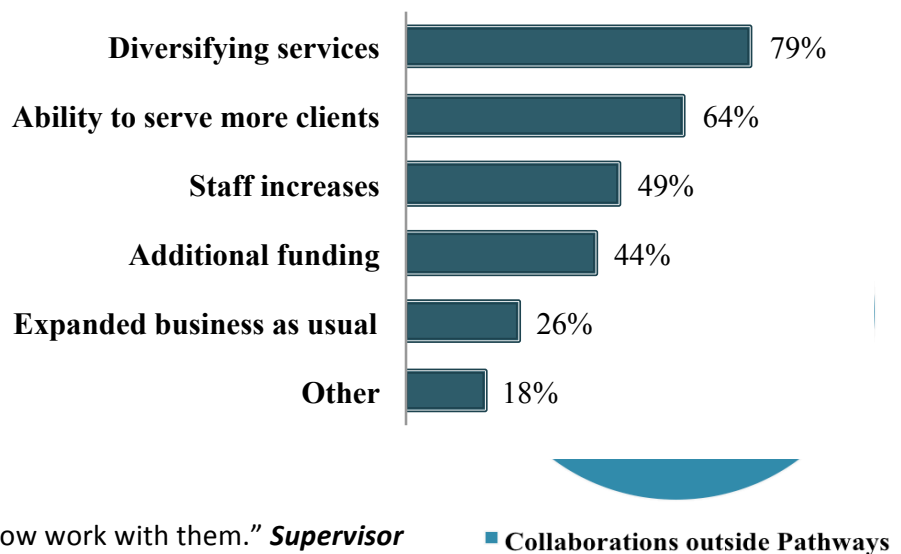
### Increased Capacity

Another major area in which Pathways has impacted partnering organizations is in capacity development (see Figure 8 for details). First, **nearly 80% reported having diversified their services as a result of participating in Pathways.** Pathways has encouraged organizations to expand the services they provide their clients, and to expand how they think about clients’ needs in context. In addition, Pathways has enabled organizations to develop expertise in areas that were initially outside of their purview.

The following quotes highlight some of these accomplishments:

- “Being able to have Pathways allows us to offer things beyond our typical services, and is another way we can be responsive. We don't have to say: *we don't do that here.* We can now work with them.” **Supervisor 12**

**Figure 8. Areas of increased capacity for partnering organizations as a result of Pathways**



- “It also increased it in the sense that we could help clients with other issues, and it created expertise in those areas like drivers license, access to housing, etcetera. It helped us understand the issues that immigrants face outside of our world and how to navigate those systems.” *Navigator 15*

In addition to diversifying services, **64% reported being able to serve more clients as a result of Pathways**. In many cases, organizations did not have the funding or a navigator at their organization that could serve all the clients that needed their services. Pathways funding has allowed some organizations to serve clients outside of their typical service delivery or mission. This has expanded their outreach and created a flow of new clients. The following quotes illustrate these points:

- “Thinking back of what people told me since the clinic started, the ability to do case work was very small. As we are growing, all of us really work together as a team and can take in more patients and clients. I do think it’s because of Pathways. We are invested in patients’ whole well being and we look at all pathways we can help with.” *Navigator 2*
- “Pathways model has helped us in that we have been able to serve more clients for different reasons. Most of our funding is for DV, crime, etc. Pathways allows us to offer support now for finding jobs, health care, etc. Before we did not have the capacity or the funding to do that.” *Supervisor 14*

Many **respondents (49%) also reported staff increases or being able to maintain staff** due to Pathways. Most often, staff increases entail hiring someone for the navigator position. In addition to actual staff hires, many organizations are able to enroll students (e.g. social work students) to shadow and assist the navigator. These students, while not technically staff members, receive valuable training and aid navigators in meeting clients’ needs. Organizations might not be able to support these students without Pathways.

- “Pathways created capacity because it has allowed us to work with students. Before it was difficult for us to provide the right kind internship for social work student or psych student. But thru Pathways we have been able to get people doing CHW type work.” *Supervisor 17*
- “We hired the navigators. And not hire but for example this year we had social work students from Highlands and they work with [navigator]. That would be hard for me to supervise without the navigator here. And the student gets good mentoring and exposure to the community.” *Supervisor 12*

As seen on Figure 8 (prior page), **44% reported leveraging Pathways to pursue additional funding**. Organizations reported using Pathways models, infrastructure, and resources to pursue additional grants and financial resources. Organizations are able to invoke Pathways and the

comprehensive services they are now able to offer to qualify for certain grants or to strengthen their credibility with funders.

- “Yes, the grant itself helped us getting more funding. From that we were funneled into the Common Good pilot, which also comes with \$2500. But the funding was not the main thing, but what it can bring to our agency. That has reshaped how we think about direct services.” **Supervisor 14**
- “EleValle has also been one of our strongest supporters. If we did not have the Pathways program and that collaboration, we would not have gotten Kellogg funding. Our future funding is going to be built on a navigator model called Pathways Plus. It's building off direct services from CHWs. That is a core part of our work.” **Supervisor 17**

Furthermore, **26% reported being able to expand “business as usual.”** Some organizations, in addition to, or instead of, diversifying their services, have been able to provide more of their original same services to clients.

- “We diversified the services in terms of being able to meet women out in the streets. That is an expansion and a diversification of the services. We are reaching women who would not have found us otherwise.” **Supervisor 13**

**Partners (18%) also reported other ways in which Pathways has increased organizational capacity** including supporting professional development for staff via trainings, increasing administrative capacity, and increasing service delivery capacity for members of the organization in addition to the navigator.

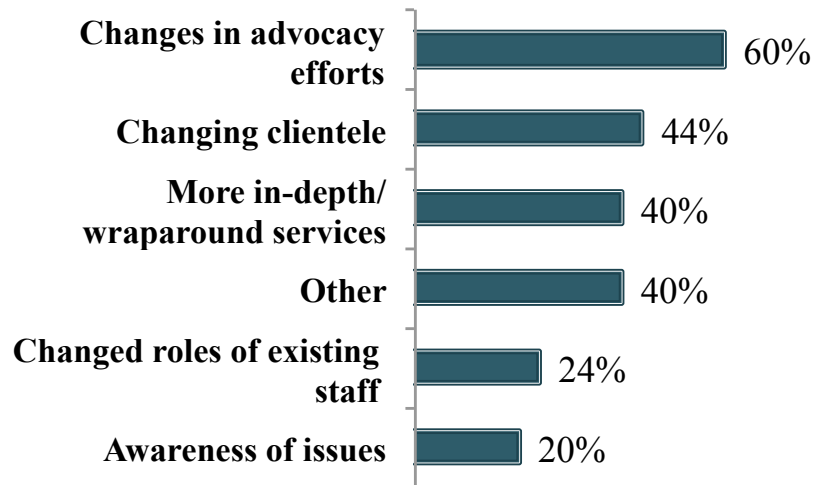
## **Other Impacts**

In addition to increased collaborations and capacity, Pathways has also impacted organizations in several other ways. Advocacy is the one most frequently mentioned with **60% reporting changes in their advocacy efforts as a result of their participation in Pathways.** Organizations were receiving first hand information on critical issues facing the community as well as connecting with one another in different efforts than their own (see Figure 9 on the following page). The following quotes highlight some changes in advocacy efforts. The first quote in particular comes from an organization not initially providing any direct services to clients or families:



- “We were getting input from the navigators about many of the needs in the community. Now we had first hand information of people without food, electricity, water, all of the many social and health issues people face. It created an urgency within the organization to be more mindful and attend to the advocacy of those issues.” **Supervisor 22**

**Figure 9. Other impacts of Pathways on partner organizations**



- “We have been involved with Community Partners for Health Equity, we’ve been involved with different advocacy groups because of Pathways.” **Supervisor 2**

**Forty four percent (44%) reported changes in their clientele as a result of Pathways.** For many organizations, having the navigator on site allows for the provision of services different from those typically offered in-house (also exemplified by diversification of services). Thus, organizations can reach out and serve different clientele. For instance, organizations serving children only are not able to serve their parents or family members. Organizations have also been able to respond directly to the need they see out in their own communities.

- “Yes. When we started, we worked with at risk families [...]. About three years ago I realized that I started to find individuals that needed other services. Then the course of Pathways changed for us. The need was among sex workers and victims of human trafficking. I thought: “what benefits do these moms have?” They have children; it’s just that they do a different kind of work. We had never worked with this group before.” **Supervisor 8<sup>4</sup>** (*quote was translated from Spanish to English*)
- “More of an older population. Pathways only lets us see 14 years old and up. And few clients between 14-18. So it’s really pushed us to see other referral resources. We mostly see the parents now.” **Supervisor 11**

<sup>4</sup> Original quote in Spanish can be seen in Appendix A (quote number 4).

Furthermore, **40% of respondents reported being able to provide more in-depth or wrap-around services** as a result of Pathways (see Figure 9 on the previous page). Organizations can offer their customary clients more services up front, even when the clients are no longer receiving the organization's traditional services. Thus, Pathways services support a continuum of care for many organizations. This is particularly true for organizations with long waiting lists. Pathways enables these organizations to begin providing services to clients even while they are on the waitlist. In addition, several organizations have specific criteria or requirements that individuals must meet before receiving services. Pathways enables these organizations to connect otherwise ineligible clients with services from other organizations.

- “It’s pretty much a perfect fit. The reason I say that is that we are a housing program primarily and we have some wrap around services. The only people that we work with are those in our program. Pathways allows us to reach out to more women who are on the streets, which is amazing and for women who want to come here but we don't have space yet. The navigator can provide them with services and support along the way. Before we had Pathways we had to count on telephone calls, not a good way to stay in touch. The navigator has been helpful in creating one more layer of a continuum of care.” **Supervisor 13**
- “One good one is immigration. I’ve been getting more clients using Pathways for immigration like getting resident authorization, residency cards, citizenship cards, all of those things. In a regular day they would have had to hire an attorney, and now we are able to do it.” **Navigator 3**

Moreover, **40% of partners reported other ways in which Pathways has impacted organizations**. For example, the addition of a navigator enables other staff members to concentrate on their primary areas of work, such as providing medical or psychotherapy services. Several organizations also mentioned that their navigator helped them maintain a stable presence in the community and have an impact beyond the doors of their organization.

- “It has helped take the burden of the staff. Now we have a referral role for a person doing the intensive case management work, and they can concentrate on the mental health work.” **Supervisor 18**
- “Pathways has given us that opportunity to be in the community and expand beyond our [organization’s name] family and partner [...] to bring in clients. They allow our navigator to sit at the homeless program outreach on Tuesday and we have gotten a lot of referrals that way. The second is making us think how we can do outreach outside [organization’s name].” **Supervisor 11**

Of those interviewed, **24% reported changing roles for the existing staff** due to their participation in Pathways. For many organizations, case management, including the navigator’s

tasks and use of a database to record client progress were novel concepts. Since then, many organizations reported seeing the value of the navigator position, and some have even transitioned to having multiple staff members do case management. Others have expanded their use of documentation with all of their clients. Often these organizations train existing (non-Pathways) staff members in case management and the use of the database. Some organizations have also trained all of their staff using community health worker curricula and support their staff members' efforts to obtain the certification.

- “As a result of Pathways, I’m seeing a great need for that kind of position. In the future, we might move to fewer case managers and more of the navigator-type position.” **Supervisor 3**
- “Our CEO also liked the progress and the process. It was standardized and we could track outcomes, so we actually implemented that for all [organization’s name]. I could also introduce the new case managers to this other form so they could track progress too. Now we are adapting the Pathways model for our own patients.” **Navigator 7**

Finally, **20% of respondents said they had learned about new issues or become more aware of issues in the community** due to their participation in Pathways. Connections and collaboration within the Pathways network enabled these organizations to learn about issues affecting other populations or other organizations that also had implications for Pathways populations. This new awareness of concerns in the community has also fueled the new advocacy efforts described above. The following quotes highlight some of these points.

- “The biggest influence has been that we [name of organization] had not been working on community health. It has brought greater awareness of social determinants of health (SDOH) and making connections in the community to support a larger vision. It has expanded our organizational consciousness around community health.” **Supervisor 2**
- “We have learned about other issues thru Pathways that would not come to our attention perhaps. I’m thinking recently the food stamps issues and the employment requirements for food stamps. I would not know about that normally.” **Supervisor 12**

## Program Specific

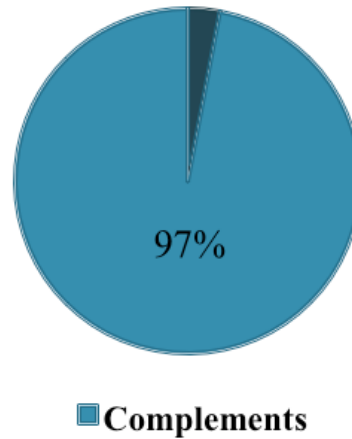
### General Findings

First, **97% of partners reported that Pathways has complemented the work of their organization** rather than creating difficulties. The mission of many organizations is aligned with that of Pathways. In addition, the emphasis on the Social Determinants of Health (SDOH) is in line with organizations' values and with the needs of their populations. Moreover, as detailed above, many

organizations are now able to provide more in-depth and wrap-around services that complement their existing work and infrastructure (see Figure 10). The following quotes highlight examples of this finding:

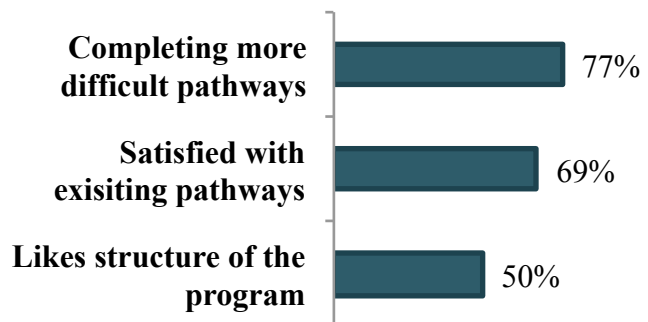
- “It has complemented what we do. Like providing services for those people in the middle who did not need long term management but need more than advocacy.” **Supervisor 3**
- “We have long done linkage services but we now have much better structure and process to do that, a model. That is great and a good complement. Our whole organization is learning from that.” **Supervisor 6**

**Figure 10. Does Pathways complement the work of organizations?**



Second, **77% of partners spoke of difficulties engaging and completing more difficult pathways such as housing, education and employment** (see Figure 11). Many partners spoke about the challenges they must overcome to complete the more difficult pathways. First, these pathways require a substantial investment of time due to the lack of resources in the general community and the county. Oftentimes, navigators spoke about feeling hopeless that their client was going to find permanent housing. They hesitated to enroll clients in these pathways due to low chances of success and in an attempt to prevent the client from becoming disheartened. Thus, the lack of resources in the community often deterred navigators and organizations from making these pathways a high priority. Second, many navigators said their clients had other priorities that precluded the pursuit of higher-order pathways. For instance, parents facing food insecurity are likely to prioritize feeding their children over enrolling in GED classes. Hence, clients’ immediate needs take precedence over longer-term goals.

**Figure 11. Other Pathways specific findings**



- “One that I remember is that some pathways take a long time and there is a time restriction. If we start with an ID (tiny pathway), it stills takes time. By the time you get to the big one, you are done with the three. Without the drivers license they cannot apply for

anything. The women just got out and are in a vulnerable situation. She cannot get benefits without ID. So you already spent a pathway to make a tiny dent. Employment, education, etc. takes time. We start at the floor, working with sex workers and those being released now. What we are doing is making a dent. Those pathways should be considered later. We cannot engage them there yet. GED is different. They need to be high functioning for that, e.g. thinking of school. But those who we serve take more work. I just referred a client who is already in housing. She wants help with education; she also needed to get help with medical to navigate the system of Medicare. She just needs some support. There the 3 pathways work, maybe even 2. But someone out of MDC without an I.D. is more work. They need ID and food stamps right away. Then we only have a third one. We need more work before getting to a GED. Or they might need a doctor too. We need more time and more upfront services. By then, we are done with the 3 pathways. It should be where the person is at. What they want at that time. The pathways are really a band aid and maybe not enough to break the cycle.” **Supervisor 1**

- “I think is how to encourage the clients to choose them. Some of the clients, those are not priorities for them. They are not thinking about the long run. They do not think about feeding their children later or going to school. They are thinking about feeding the children today. They cannot do school because they have domestic violence issues or depression. They cannot deal with those until they meet other needs. Even if we know that those needs cannot be met without education. Like the saying of the chicken or the egg coming first. How do we as navigators help them or encourage them to make a little bit of time for education or those more important things. There is also a lack of places and things where people can go for GEDs or Basic English classes, which is part of building education. And the prices for the GED are expensive which scares people. And people do not see it as important because the GED does not promise getting a better job or more pay. They do not see it that way. We have to educate them on what it means in the long run. A lot of our clients are undocumented and that piece of paper does not guarantee much.” **Navigator 2**

In addition, **69% of respondents said they were satisfied with the current 21 pathways** (for a complete list of the pathways see page 6). Many reported that the program’s leadership has been responsive to previous feedback and over the years the list of pathways has changed. Many believe that they are currently at a good point. The quotes below highlight the statements made by partners:

- “The 21 are good. We have not had a challenge in placing people in there. But I don't think you ever will have the perfect set for all organizations, that is just hard working with so many organizations.” **Supervisor 6**
- “They seem super good to me. But hopefully they would not exist because then it would mean there is no necessity. But we know we are limited in that ambition. The 21 cover the

range of the need that people have such as health-related services (physical and mental) and others.” **Navigator 6**<sup>5</sup> (quote was translated from Spanish to English)

Finally, **50% of those interviewed said they liked the structure of the program**. See Figure 11 on page 20. In particular, several partners felt that the different pathways and the benchmarks within each provided guidance for working with clients and monitoring progress. Some also reported that there was enough flexibility within the pathways to meet most of their clients’ needs. At the same time, the structure provides guidance for individual navigators, preventing them from going “rogue” with clients, as stated by one supervisor.

- “It’s a great model to be able to, or be a catalyst for figuring out what is best for individuals and what we have available to them.” **Supervisor 4**
- “I know it helped me and my staff in terms of directions. If you are all over the place, it’s not helpful for the client. They pull you in different directions so you have to prioritize. The risk assessment we still use the same format and areas. We tell them which areas they reported needed most help in and ask them to rank them in order of importance. That helps our case managers pinpoint the areas of key importance.” **Navigator 7**
- “It helps me. If I were just taking cases I would be all over the place. It helps me and the client with the structure. We also do not dance around the issue and we call it what it is like DV. And we are clear we are working on that. It helps knowing what we are working on.” **Navigator 2**

## Navigators

Navigators are the pillars of the Pathways program. Their hard work and dedication enables clients to be served under difficult circumstances and with very few resources. However, less might be known about exactly what navigators do behind the scenes. Both navigators and supervisors spoke about this during the interviews; **45% spontaneously spoke about navigators going above and beyond their stated duties** on a daily basis. The following quotes reflect some of the comments in this area:

- “We might do everything the clients need, but we might not get paid for it. We do the work anyways. I think we all navigators do well beyond the scope of what we are supposed to do.” **Navigator 4**
- “We have far more needs than we have navigators to meet those needs, and far less resources than necessary. So it has forced us to take a hard look at what navigators are doing. We found that they would go beyond their budgets in meeting the need. They would

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<sup>5</sup> Original quote in Spanish can be seen in Appendix A (quote number 5).

do fund raising, go into their own pockets, and do whatever. It's been a tension with leadership because we want them to do less and they want to do more. It's who they are and it reflects on their commitment." **Supervisor 20**

Moreover, **navigators, unprompted, spoke about their personal commitment to the work and to the community.** Many of the navigators shared demographic and other characteristics with the clients they serve and the community at large. This may enhance their commitment and the call to go above and beyond when working with individuals. As stated by a supervisor, "They are the community they serve." This is potentially a key area to consider when hiring new navigators or expanding CHW programs to other locations and organizations. While it is not necessary that navigators represent the community in every way, identifying with community members seems to enhance commitment, dedication, and potentially the quality of the navigators' work.

- "I do it for the community, not really for the money. This is why I chose to work with the guys I do. When I got in this position, I said: *These are the people I really want to help.*"

**Navigator 8**

- "That also makes a difference. In addition, there is the positive attitude I have in life, the passion I have for my job and my commitment to the work and to the organization. A commitment with the organization and with the clients. And the important thing is the change you see in clients when they come for the first time and when they leave. It is wonderful for me." **Navigator 9<sup>6</sup>** (quote was translated from Spanish to English)

**Fifty five percent (55%) of navigators said their personal knowledge and connections enabled them to navigate around the barriers they encounter on a day-to-day basis.** These unique assets, coupled with intense commitment, make it possible for navigators to do miracles with scant funding and resources, stretching county dollars and leveraging them in ways that other organizations cannot.

- "Like for housing I go to different people for that. If they have a check and can pay rent I can get them into several places I have. The same for employment. I know a lot of people in Albuquerque that would put them to work, just on my behalf. I go around asking everywhere if they are hiring. There is one car wash I go to, and they would put the girls to work there. A lot of the Burger Kings and I got some down here at a Mexican restaurant."

**Navigator 4**

- "Also my personality and my involvement help. I have my connections to look for jobs. I spent years in the underworld and I also have connections here in the city and throughout the state. I know restaurant owners and owners of different kinds of businesses, workers of different places, etc. [...] But it is because of me. If someone else comes, no. I have

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<sup>6</sup> Original quote in Spanish can be seen in Appendix A (quote number 6).

developed the strategy and my personal abilities that allow me to access other opportunities that are not necessarily established.” **Navigator 6**<sup>7</sup> (quote was translated from Spanish to English)

It was also evident during the interviews that **there are varying levels of support for, and integration of, navigators within organizations.** In some organizations, navigators are fully integrated and considered leaders. They have a voice in organizational decisions and their input is valued throughout the organization. In other organizations, navigators were relegated to their work and did not tend to interact with others. They also tended to have little support or guidance for leadership, and oftentimes other members of the organizations were unfamiliar with the nature of their work. A potential area of overlap with this finding is related to the way an organization’s leadership regards the navigator (see Organizations’ Leadership section under Program specific recommendations page 35-36). In this sense, organizations that regard the navigator as a valuable and highly skilled position are more likely to integrate the navigator and to support the position in all ways possible. Additionally, organizational capacity in terms of staff available to assist, supervise, and guide the navigator, especially at the beginning of the job, appears to be important for achieving integration and encouraging other members of the organization to value the navigator’s role. Organizations with high turnover among staff and leadership are more likely than other organizations to face challenges in this area. The following quotes highlight the diversity of organizational attitudes toward navigators:

- “They are highly valued. They are incorporated into our staff meetings and are the basis of our work. They are valued by everyone. We’ve always had strong CHWs that are asked to train others here or other CHWs. They are a vital resource for the students that come in and for most of our clientele. We have also trained our outreach and enrollment people in CHW work although they are not Pathways navigators.” **Supervisor 17**
- “Really varies by the organization to a huge degree. There were some navigators who were leaders in their organizations and others that were just worker bees, they were navigators and cooks, and bathroom cleaners, and doing many different things.” **Supervisor 19**

### **UNMH Related Findings**

During the interviews, partners had an opportunity to express their thoughts on Pathways collaborations with UNMH as well as on the location of the HUB or leadership office at the Health Sciences Center. When asked for their thoughts regarding the location of the HUB and the main office, **77% of partners reported no issues or concerns** (see Figure 12). This is largely attributed to the leadership provided by Daryl Smith. Most organizations and individuals perceive that leadership

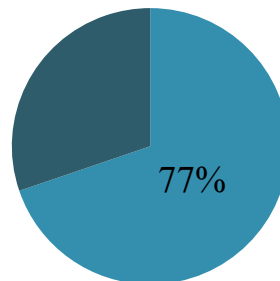
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<sup>7</sup> Original quote in Spanish can be seen in Appendix A (quote number 7).



has their best interest in mind and is responsive to their needs, thus the location of the office at UNM, rather than within one of the communities served, does not matter to them. In addition, many partners described the program, and Daryl in particular, as very accommodating and flexible, and appreciated that Daryl conducted most meetings and trainings at locations in the community. In fact, many respondents didn't even know where the office was or that the office had moved in the past few years. Furthermore, several partners indicated that other issues (e.g. increasing the funding and increasing the number of pathways) were far more critical. The following quotes highlight some of these points:

**Figure 12. Potential concerns regarding the location of the HUB**



■ **No issues/concerns regarding location of HUB**

- “I don't even know where the office is [laughing]. So, no thoughts. It does not matter to me.” **Supervisor 3**
- “No, because Daryl and them [referring to Pathways leadership] always come out to see us. And they always have the door open. It helps that they have worked in the community before. They are not just stuck in the office waiting for us to go see them.” **Supervisor 8<sup>8</sup>** (quote was translated from Spanish to English)
- “As long as there is parking, which is bad at UNM. But I rarely go there; he tends to visit us. I don't think the navigator goes there either.” **Supervisor 11**
- “It's nice, very pretty. I like it. We have had some meetings there. I have not been there in a while, so I don't know about the parking anymore. But at the start when they moved they did not need parking passes so it was nice. I think now they do need them. I manage even with the parking. It's fine. He's got a nice office with a view.” **Navigator 14**

One third (33%) of those interviewed expressed some concerns regarding the location of the office at UNM (see Figure 12). The large majority of these respondents were concerned about a potential conflict of interest when advocating for change within UNMH. However, many of these respondents also believed that, with the guidance of the PCAG, the current leadership had successfully navigated potential conflicts. In this case there was a preference for HUB residing in the

<sup>8</sup> Original quote in Spanish can be seen in Appendix A (quote number 8).

community. Logistics for how exactly that would look like were more unclear. The following quotes offer some of these concerns:

- “It would be cool if he was housed in the community. I would prefer it a little bit. Where you are stationed is a huge perception of where your alliances are. It would be nice if he was not in a big system place but somewhere in the community. I’m not sure how they would do that or the logistics.” **Supervisor 14**
- “I would like the office to be outside of the University. I would like the program to be part of a Health Department. That was one of the recommendations from the Task Force, to create this department [referring to a Health Department managed and created by the County]. Pathways could be part of that. If they are part of the University, they still have a say about how to do the work and I worry that UNM can decide one day that they are going to change it.” **Supervisor 23**

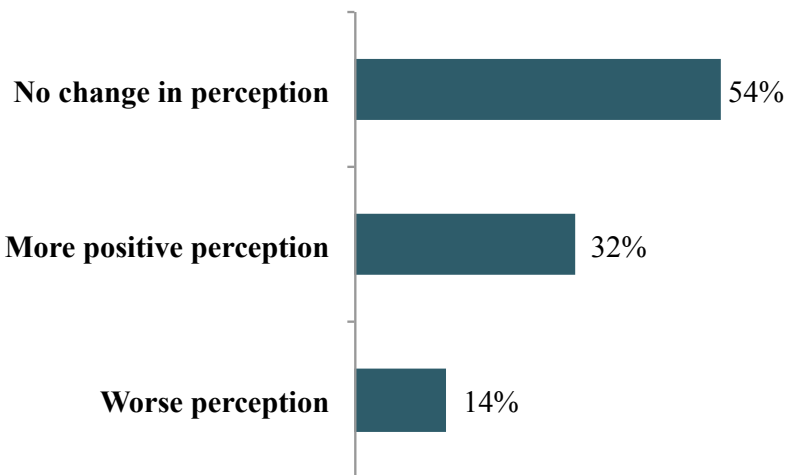
In addition (as seen on Figure 13), partners expressed opinions as to whether working with Pathways has changed their perception and/or their ability to work with UNMH. **The majority of partners (54%) reported no change in how they perceived UNMH.** It is worth noting that while many partners are neutral about UNMH, others initially had negative perceptions and experiences with the hospital. Those views have not necessarily changed and are recorded here as “no change in perception.” This category can

be best interpreted as partners having the same perspective on UNMH as they did before working with Pathways (whether neutral, positive or negative) rather than having a neutral view of the University hospital.

**Another 32% reported improved perceptions** of the University and the hospital. In this area, several partners mentioned some positive changes in initial barriers at the hospital, such as the

attention of the front line staff and increased communication. **Another 14% perceived the hospital in a more negative light after participating in Pathways.** Partners who felt worse about the hospital reported that doing advocacy within Pathways and/or navigating their clients through the UNMH system had made them more aware of barriers, which diminished their perception of UNMH. The following quotes highlight each of these points:

*Figure 13. Perceptions of UNMH as a result of working with Pathways*



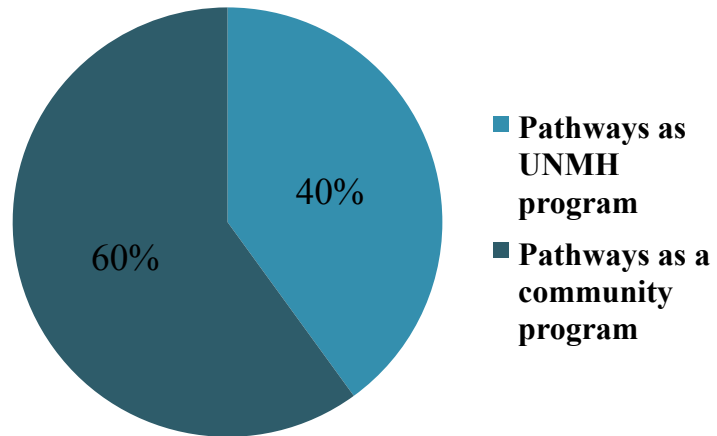
- **No change in perception:**
  - “I don’t ever interface that much with UNM to be honest. We work with project ECHO of course and then with Daryl. So, neither way, no movement good or bad.” **Supervisor 3**
  - “No! It’s still as hard as ever. We are still having problems. Even when I call and mention that I work for Pathways. The other day I sent a client there; they sent her back asking for a case manager. They did not take anything that she said or have into account. We almost work for the same agency. It is a huge waste of my time.” **Navigator 3**
  
- **More positive perception:**
  - “I think it has improved across the system. I work with them at a strategic level but anecdotally I’ve heard the navigators mentioning solving barriers when working with them, especially more communication channels.” **Supervisor 2**
  - “I think so. About two years ago we worked around mental health issues. It was a problem all around Albuquerque. I coordinated some focus groups in the International District and UNM came. They were engaging around the importance of creating more community services. With ObamaCare too. My clients do not qualify but it has led to UNM meeting with organizations to see how to offer health insurance. They also started to get to know the navigators, including us. Before if you mentioned Pathways no one knew who we were and now they do. That is a change for the better and for them to get involved.” **Navigator 9**<sup>9</sup> *(quote was translated from Spanish to English)*
  
- **Worse perception:**
  - “It did. It educated me. I had not interacted with them before. I learned about how my clients have 5 different bills for one visit. So I got educated on that. It makes me not want to go there now. So it changed the perception for the worse. And people there at the desk were not educated and would give me different answers different times.” **Navigator 15**
  - “It’s made me more aware of the experience of my clients going thru that system and the barriers they face. I think my focus is not on just saying UNMH is not doing its job, it just needs to be a little more responsive. The priorities necessary within public health are not always understood or seen by administration there.” **Supervisor 17**

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<sup>9</sup> Original quote in Spanish can be seen in Appendix A (quote number 9).

Finally, **Pathways is perceived as a community owned and led program by 60% of partners. The other 40% perceive Pathways as a UNMH-led program** (see Figure 14). There appears to be some confusion among partners regarding where the funding for Pathways comes from (e.g. UNMH vs. the county) and how the source of funding impacts management of the program. It is recommended that clarification about funding and management be provided to partners.

**Figure 14. Perceptions of Pathways as a program**



- **Pathways as a community program:** “I think this is a community program. It’s definitely community driven. Even though we are funded by UNM, they don’t have a sense of what is going on or how it really works. They are not in the field. This program is for the community, and by the community.” *Navigator 2*

- **Pathways as a UNMH program:** “Oh yeah, a UNM program. It’s a UNM funded program. I’m clear Pathways pushed the boundaries, even for UNM, but it’s a UNM funded program, even if the money comes from the Mill Levy. I understand probably more than most. But it’s perceived as a UNM program.” *Supervisor 6*

### **Program Specific Recommendations**

The following section discusses specific challenges with day-to-day operations and structures endorsed by partners as well as potential recommendations. First, 60% of partners spoke about issues such as the emphasis on individuals rather than families, even though poverty and other conditions impact all family members; exhausting the grant money before the cycle due to the high levels of need in the community; navigators excelling at recruitment and retention; the need for better outcome data to support claims of program benefits; and the need for more direct benefit for navigators rather than for organizations. In addition, some partners reflected on the tension between doing tasks for clients versus teaching clients how to do things for themselves. From the perspective of client empowerment and self-sufficiency in the future, teaching would be preferred. However, the reality is that oftentimes clients would have to learn multiple and potentially complex tasks before being able to learn the actual steps of navigating a system. For

instance, some clients might need to learn computer skills before being able to search for jobs or use online systems for health insurance. The following quotes highlight some of these issues.

- **Individuals vs. family emphasis:** “And the fact that the way the program was set up is very individualistic because when you sign up a person you don’t sign up the family too. Guess what? The husband also has issues. Now you might have them both as individuals, but they share issues as a family. And they also have issues with the children. That uses up resources, money and time. If the issue involves the children of the person, that still has negative impacts on the person, but you cannot bill for solving issues for the kid. I have no idea how that was missed when the program was put together.” **Supervisor 23**
- **Teaching vs. doing:** “So Pathways took a lot of time. And the number system they rely on, it was hard to get to them to get paid. Sometimes we would have to stop other work that was needed to focus on benchmarks. The focus there made it a tension between focusing on benchmarks to get paid versus client empowerment and how we are interacting with them. Or teaching clients how to do things on their own like figuring out the bus system. Like I had an illiterate client that needed me to take her everywhere. Instead of teaching her the bus system, because I needed to do the benchmarks I had to step in.” **Navigator 15**
- **Need for better outcome data:** “I don’t know if I can prove they are getting healthier. We don't have the longitudinal data. I don’t think they have just 3 pathways that need to be met. The majority has 5 to 10. I kind of hesitate to say we are saving the world and everyone is getting better when I can’t track people. [...] How do we begin to track longitudinally the clients of Pathways? I think we have to tell that story better than we can right now. And to have better data about the lack of access, better epidemiological data in communities.” **Supervisor 17**
- **Need for direct benefits for navigators:** “As navigators we have not seen a direct benefit but the leaders of the organizations have. They [leaders] have applied and have seen a benefit for their organizations and for their leadership positions. But us, we are in the position. They take advantage of Pathways to write the grants and they benefit from the work we do to project for the grants, but we are still in the same.” **Navigator 6**<sup>10</sup> *(quote was translated from Spanish to English)*

Furthermore, **54% of partners offered recommendations specific to the 21 pathways** (see Figure 15 below). The following are the most common recommendations in order of frequency from highest to lowest:

- Addition of a pathway involving cultural, spiritual, and indigenous or non-traditional healing. Some interviewees reported that medical related pathways are oriented toward a Western model of medicine. An indigenous/cultural/spiritual healing

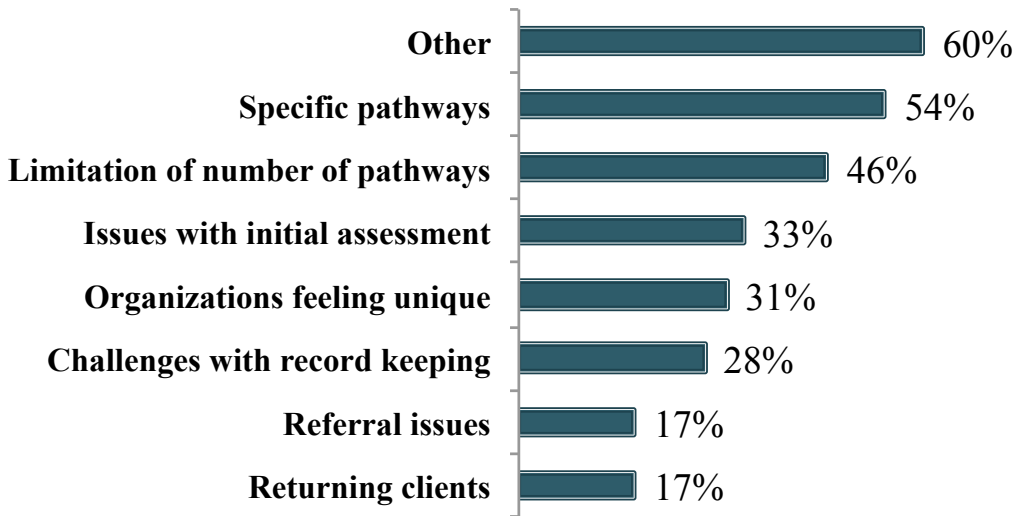
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<sup>10</sup> Original quote in Spanish can be seen in Appendix A (quote number 10).

pathway can serve not only to connect individuals to a community of healing, but were also described as potential ways to establish trust and rapport with clients. It was cited that some clients started getting involved in indigenous healing practices and after building relationships with the navigator and the organization then felt more comfortable to try more Western oriented medical pathways (e.g. Health Care Home, substance use, psychotherapy, etc.).

- Combining housing and homelessness prevention pathways. Several individuals expressed being confused about the difference and indicated that working on housing equals working on homelessness prevention.
- Return of diabetes as a pathways, especially for Native American clients.
- Addition of an “other” pathway. Navigators indicated this would include things such as obtaining clothing or furniture for clients or doing similar work that might not qualify under other pathways.
- Addition of a financial literacy pathway in conjunction with individual development accounts. This pathway could prevent individuals from incurring an unnecessary debt or resorting to predatory lending for loans or other financial needs.
- Addition of a pathway that allows navigators to teach clients basic living skills. This is particularly important for chronically homeless clients. Navigators and supervisors noted that some clients need help with basic skills such as paying bills, saying “no” to friends that want to party at their new home, fire prevention strategies inside the home, and other skills that will prevent clients from losing their housing or getting evicted.
- Combining several pathways such as Food Security and Disability Income/Appeal into a single pathway dealing with obtaining benefits.
- Addition of a Harm Reduction pathway. This is particularly important for clients actively using substances and those who are homeless.

**Figure 15. Pathways specific challenges**



*Note.* “Other” encompasses areas such as emphasizing individual vs. family needs, teaching vs. doing, finishing the money before the cycle ends, and need for better outcome data.

**Reconsidering the three-pathways-per-client limit** was another major recommendation. As seen on Figure 15 above, **46% of respondents stated that the three pathway limit was a major impediment in their day-to-day work with clients.** For most organizations, clients who meet criteria for the program in the risk score assessment have far more need than can be met with three pathways. In addition, as discussed above, achieving some of the higher order pathways such as housing, education, or employment oftentimes requires preliminary steps such as obtaining an ID or other forms of documentation. In addition, many clients prefer to start working on immediate needs such as paying their utility bills or obtaining food for the day or week before they can think of engaging in more difficult pathways. Thus, three pathways can limit the potential for long-term progress for the most at-risk clients. Navigators reported working on more than three pathways without receiving compensation, and most do not record the uncompensated, additional work in the database. Hence, the program might actually be underestimating the amount of work being conducted. However, Pathways also has to consider funding limits and the real possibility that allowing clients to pursue more than three pathways will decrease the number of clients who can be served. Given the pros and cons, this might be a good issue to discuss in more depth at a meeting with all navigators and directors/supervisors of organizations.

The following quotes highlight some comments around the issue of being reimbursed for three pathways per client only:

- “I like to give a complete service. I ask about food, medical assistance, I give them food boxes, discounts in UNM, also a physician, and we see their children. At the end you do 4-5 pathways but you only enter 3. But I will help them well.” **Navigator 17**<sup>11</sup> *(quote was translated from Spanish to English)*
- “We’ve always done at least the bare minimum or more. At first we were doing more than we were able to bill for. 150% of our allotted. It was necessary. Most of our clients qualify [...] I don’t think they have just 3 pathways that need to be met. The majority have 5 to 10.” **Supervisor 17**
- “The challenges that I heard from our navigators were that we were not funded to do as many pathways they needed to pursue, more than the 3. We had some navigators who recorded that extra work on the database, but most did not. This was quite an issue.” **Supervisor 19**

Also (as seen on Figure 15), **33% reported issues with the initial assessment.** Most often, partners reported that some clients do not qualify, especially clients that have significant needs and barriers accessing services but who report being in good health. A recommendation for the program is to reconsider how the risk score assessment is weighted. Partners expressed that weighting health so heavily is contrary to the mission of addressing larger social determinants. In addition, impoverished, isolated clients are rarely able to maintain good health and are likely to become ill or injured if they remain unconnected to services. Partners were concerned about reaching clients too late. By the time they qualify for Pathways, there is simply too much to overcome. Additionally, some respondents were concerned that risk score assessment reflected only negative experiences or circumstances. Adding some items that reflect resiliency and strengths might balance the assessment and offer opportunities for navigators to engage with clients, create trust, and diminish the potential for stigmatization and shame.

- “You have to score too high on health; that it makes it difficult. Even though they score high on everything else, if their health is not bad, then they don't qualify. I’m not sure why they weigh health so high when the other indicators are high. There are more scores for health. And with our community, and we are not outside the norm, when they come for services they come for specific things and when you ask about other issues like health, if they did not come for that they won't tell you about it. They want to save face or are ashamed perhaps. Those are difficult questions for them the first time they are coming in. I think that is happening here. And it’s hard to tell if the client is hiding it or whether it is really not a problem. [...] But I wished they weighted English is your second language. That has to be high. If you don’t speak English you won't be able to navigate or access any system. If you don’t speak English and if you are fragmented

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<sup>11</sup> Original quote in Spanish can be seen in Appendix A (quote number 11).



and don't have community support you would have worse health outcomes. Those should weight more than health outcomes. Eventually those other things will affect health and at that point it might be too late. I think they do try to have a public health lens but when your intake is weighted toward health, that does not make sense from the system level or public health piece. Why can't we catch people before they get to that point of worse health?" **Supervisor 14**

An issue of concern is that **31% of partners reported feeling unique burden or challenges**. For instance, some navigators indicated that the population they serve has unique challenges not faced by other organizations or navigators. This appears to impede collaboration. Some navigators expressed that their unique challenges prevent them from contacting other navigators. This can also be an obstacle to actively participating or engaging in trainings, especially if those trainings are perceived as not relevant to their unique challenges. This sense of unique burdens can also affect collective efforts toward systemic change. The next quotes highlight this concern:

- "Other agencies are more tailored toward Spanish speaking clients. Our clients are not really able to get those services. We are not really able to work together with them. The language is a barrier. We are kind on our own. We have talked to them about how they do their assessments and other resources they know. But we don't really refer our clients to them. I think is difficult. Most are Spanish speaking and the services are different. [...] Client should go on their own to get services. But with our clients we have to go to appointments because of the language barrier. We have to put more work into helping our clients. It might sound like we are holding their hand, but the first few times we have to go or they won't be able to access those services in the community."

**Navigator 11**

- "Because of the location where we are, undocumented clients. I feel that my job with Pathways is more difficult than for other navigators. They have clients who are Americans and are eligible for many services. My clients are more difficult as they do not qualify for food unless their children are citizens. Then I have to go to different places to pick up food from different organizations. I feel that my work is more difficult."

**Navigator 16**<sup>12</sup> (quote was translated from Spanish to English)

Another **28% of partners reported challenges with record keeping**. Some of these challenges related to how organizations divide the work. In some organizations a single person performs all of the Pathways duties, including record keeping, full-time. This appears to work well for most organizations. The dedicated staff member can devote all of their time to navigation-related duties, grow as a navigator or community health worker, and embrace that professional identity. When multiple individuals within an organization share the role, challenges seem to arise.

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<sup>12</sup> Original quote in Spanish can be seen in Appendix A (quote number 12).

While Pathways has no strict guidelines regarding the navigator position and how to conduct the work, future conversations among all partners should address this issue. In particular, it is recommended that organizations with an effective system for doing the work and record keeping share their ideas and processes to develop organization-wide best practices moving forward. Furthermore, it is recommended that the program spend more time on specific trainings related to note taking (i.e. technical trainings on succinct but essential clinical note writing) and the value of recording observations as reflective practice. Rather than approaching record keeping as another layer of work or bureaucracy, ideally organizations and navigators would regard record keeping as a vital component of continuity of care as well as key for the sustainability of the program and future efforts in pursuing funding. Additionally, several navigators expressed doing much more work than is recorded in the database.

- “The record keeping portion of it is a bit of a challenge. What we have done is to pick a lead person. The work is done by all case managers and the lead person takes care of all the data to help with admin burden and we could not have everyone go to all the meetings either. We identified that person for that role.” *Supervisor 16*
- “But at the same times the steps and the design does not show all of the work you do. It just briefly shows that you are working on some pathways but it does not capture all we do for families. That is not even half of what navigators do in the field. Daryl says to write the note but it gets hard to do that and put a big story. We do not move them on a pathway because we are working on other issues. On the database it looks like we ditch them but in reality you are working, just not on the pathway that is on the system.” *Navigator 2*

Moreover, **17% of those interviewed expressed experiencing referral issues or challenges.** The majority of the concerns in this area related to only one organization receiving compensation for client benchmarks. However, when referrals occur, another organization might be providing services to that client or helping them navigate a particular pathway. In particular, for the organizations assisting Pathways clients outside of their own, the lack of direct perceived benefit might lead to subtle or more direct barriers for clients and for collaboration. In addition, some navigators expressed frustration when referring their clients to another organization only to find out the client was placed on a waitlist just like anyone else. Navigators indicated that Pathways organizations should give preferential treatment to within-network referrals.

- “There is the concept of billable hours and that is how the system works, even though that was not how Pathways worked. It was about clients’ strengths, but you could still not share the client. One organization has the money at the end of the day. Financially, there was not the same incentive. And that creates that culture of scarcity that keeps collaboration at bay.” *Supervisor 9*
- “Also if you refer the client to another organization, they don’t get paid either. Even though they might be doing the work and moving them from point A to B. That might be part of

their mission to help so they do it. But someone else gets the benefit. There are pros and cons to that. Some people talk about being specialized in things so they should get all the clients in that area and someone else moves them in another area. For us, we might work with the client, but we might put them at the end of a line because we have so much going on. It's hard to advocate one way or another here." **Supervisor 23**

Finally (as seen on Figure 15), **17% of partners expressed concerns regarding returning clients**. Two primary concerns were expressed: First, failing to teach clients how to navigate systems and obtain resources on their own increased their likelihood of needing additional help. Second, some navigators reported difficulty serving returning clients who were previously served by another navigator due to inadequate documentation of the initial Pathways.

- "The other issue would be returning clients. Especially if you are homeless, you are at a higher risk of being homeless again. One thing we are working on now is that after they are housed, we do more around responsibilities attached to that. If they do well those first months they are more likely to stay housed. For some, they don't know how to pay bills, or manage money and lose their home. But if it happens after we closed their case in Pathways that makes it hard. They come back 6 months later and they see you as a point of contact. They might have the same issues or new issues. We were able to put them on new pathways, for returning clients, but a lot of times they still needed support for things they did before. We actually have to teach them how to do things, instead of doing it for them or simply going with them. But that takes more time. In order for them to learn how to use the computer to apply for jobs, or look up food banks, then you have to go back to the principles of how to use the computer. And that is not a pathway. It takes a lot to teach them how to do it. And that is something we try to do now. That is the biggest challenge in getting people services." **Navigator 7**
- "It seems like the clients come to us with the same issues, like applying for health care. When the six months or year comes up and they have to reapply, they still don't know how to do it and come back to us. Then Pathways can't help with that. We then transition them to other funding in the agency to help with that. That health issues comes up every year. The language barrier is the same. They keep coming back to us. And we cannot turn them away because we know it is important. So I guess duplicate services or services that they need often, that limits us when trying to help them again. We see the same with childcare or legal issues. They keep coming back." **Navigator 11**

## **Organization Leadership**

Another area for future consideration is how the leadership of partner organizations impacts organizational attitudes towards navigators and delivery of the Pathways model. Leaders of

organizations are powerful role models, and their ideas, values, and efforts oftentimes permeate their organizations. The impact that leaders have on the attitudes and work habits of organization staff was highly evident during interviews. Exemplary organizations tended to have leaders that embraced the Pathways model, were deeply connected and familiar with the work being done by the navigator, and were very knowledgeable about the social determinants of health. Effective Pathways partner organizations tend to have directors or supervisors that deeply value navigators and regard the position as one that can only be fulfilled by individuals rooted in the community who embrace navigation or community health work as their professional identity. Potentially as a result of this last point, these organizations tended to have only one person performing all Pathways-related work rather than sharing the work among multiple members of the organization who might also have roles providing other services. This division of labor might interfere with the development of a strong professional identity by the navigator. Performing multiple roles within the organization might also impair navigator effectiveness.

With this in mind, **it is recommended that Pathways offer more opportunities for executive directors and/or supervisors to interact with one another.** Directors oftentimes expressed wanting to know other directors' opinions on issues such as systemic changes and advocacy challenges and wanting more face-to-face meetings with each other. One director proposed that 3-4 times per year would suffice. It might also be beneficial for new directors at existing Pathways programs to receive more extensive orientation to the program, the model, and the shared vision for accomplishing the work. More extensive orientation and increased engagement could help disseminate and standardize some of the best practices implemented at the moment by certain organizations. This effort can also strengthen partnerships and decrease the sense of unique burdens or challenges discussed above.

### **Training Related**

Pathways is a program that invests a significant amount of time training navigators and other members of organizations. As seen on Figure 16, **61% of partners reported that Pathways training complements the work of their organizations and their mission** rather than creating conflicts with an organization's values or mission. The following quotes highlight this point:

- "It supports our value to connect people and other staff can see that. We as an organization support it." **Supervisor 6**
- "No, I've never seen as a problem, on the contrary. I thank Daryl for all the trainings, as they will help our customers. There has never been a problem. She [navigator] gets organized and we know this is part of Pathways." **Supervisor 10**<sup>13</sup> (quote was translated from Spanish to English)

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<sup>13</sup> Original quote in Spanish can be seen in Appendix A (quote number 13).

Additionally, **48% of the supervisors reported providing additional trainings for navigators** that are complimentary to the mission of Pathways in-house. Likewise, **39% of directors or supervisors spoke about quality assurance for the work being conducted under Pathways in-house.** The latter point includes supervision of the cases, reviewing notes, reports, and other tasks. Hence, the majority of partner organizations rely on Pathways for training, as well as for quality assurance. This might be an issue of particular concern for new navigators in the organizations not providing additional support. It is recommended that Pathways, if possible, identify those navigators and offer them additional guidance and support as they become more familiar with all facets of the work.

*Figure 16. Training related findings*



This variability might be a result of organizations being underfunded and understaffed in comparison to the needs in the community. However, it remains an important point for the program to consider moving forward. The following quotes highlight some of the variability in organizations regarding training and quality assurance in house:

- “For quality assurance I can honestly tell you that we did not implement anything into roughly the last year. We learned then that we needed to review more of the files. Each file had a Pathways section. But we did not really review it. Allí fallamos.” **Supervisor 5**
- “Case managers meet with the social services director biweekly and do supervision. They also close out every other Monday and catch up on notes, connect with each other, etc.” **Supervisor 14**

Also as seen on Figure 16, **20% of those interviewed spontaneously discussed and reflected on the value of training for their work and their growth as professionals.** This highlights the importance of training and the need to assure that all navigators have equal access to different trainings regarding of the organization they work for. The next quotes highlight this sentiment (portions of the first quote were removed in order to protect the navigator’s confidentiality):

- “The help Daryl gives us and the trainings help me to expand my knowledge. For instance the new housing laws or changes to food stamp benefits. They also explain the financial part. Whenever I can find a course I can take to improve my work, I take it. I am also certified for Medicaid and health insurance enrollment. That also expands our services. And it makes a difference. I have also sought out education in the part of mental health and case manager training, motivational interviewing, etc. That helps me manage the mental health piece, such as handling situations when customers come in with panic and say they are going to kill themselves. And to control my emotions with clients.” **Navigator 9**<sup>14</sup> *(quote was translated from Spanish to English)*
- “I see the navigation role as an entry way into a health career. It might not be the final position. But it can also be a basic training for all health providers. They are a critical player in reforming the system. We have been able to have all of our navigators graduate. Wait, the one now is still a navigator, but the past two graduated from Social Work school and became licensed clinicians. That is significant. Now we have bilingual/bicultural clinicians who started their work as navigators.” **Supervisor 17**

### **Recommendations for Training**

This section discusses several of the recommendations for that training emerged during the interviews.

- a. Additional trainings dealing with navigator self-care and dealing with trauma or difficult stories shared by clients. Navigators expressed a desire and need for clinical trainings to deal with these issues. This is particularly important for navigators in organizations without this internal background. In those organizations navigators might not have anyone to turn to for guidance or supervision in managing difficult situations and dealing with residual emotions after seeing emotionally challenging clients.
  - i. Another suggestion was an annual retreat for Navigators. This retreat can perform two different functions. First, it would serve as a self-care and nourishment opportunity. Second, navigators expressed wanting more time to get to know and interact with one another. Oftentimes the meetings, due to the busy agendas, only allow limited time for interactions and conversations.
- b. Funds for certifications and continuing education. Considering the value that navigators and organizations place on training, having funds to pay for specific trainings, certifications, or further education for those who want to pursue it seems critical. This can also become an incentive for engaging and completing higher order or more difficult pathways, as well as incentive for other leadership or advocacy roles on the part of navigators. Moreover, some navigators expressed that in order to work with certain agencies (e.g. housing agencies) and

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<sup>14</sup> Original quote in Spanish can be seen in Appendix A (quote number 14).

assist clients in navigating some systems, certain certifications such as case manager are often needed. Without those certifications or titles, navigators need to involve someone else in order to move their clients on.

- c. Less repetition in meetings, in particular for more experienced or senior navigators. Given the need to train new navigators, it is understandable that certain trainings are repeated. However, this can become tedious for those who have already received the training. Alternatives can be to either 1) move those trainings to an orientation session for new or junior navigators only, or 2) if the training involved the entire group, create different roles for more senior navigators. Experienced navigators could administer portions of the training, lead exercises, role-play with others, etc., making the trainings more engaging and productive for those that have already participated in them.
  - i. A suggestion to make meetings more active and engaging was to provide more experiential trainings or involve more hands-on experiences. For instance, vignettes can be developed that exemplify different populations of clients or different barriers faced by clients. Navigators can then work in teams on how they would approach that case and which resources might be available.
  
- d. More in-depth trainings are needed for new navigators. Several navigators expressed the need for additional training and support when starting on the position. This was especially the case for navigators in organizations not providing trainings beyond those provided by Pathways. Those individuals reported feeling like they were “fending for themselves” at the start and not having many people or anyone within their organizations to turn to for guidance or support. Additionally, several navigators expressed that initial trainings, while very valuable, could be spread out over time. Navigators stated that in particular for the database, they were unsure what to ask for clarification for during training until they actually started using the system. Thus, while an initial training or orientation is crucial, it appears to be important to provide a follow up training and Q&A session after navigators have some hands-on experience on the job.
  - i. One suggestion on this topic was to develop a formal shadowing or “buddy” system in which new navigators can partner one-on-one with more experienced navigators for a period of time. This can be a mentoring opportunity and serve as a support system as new navigators gain more experience and feel more comfortable with the job. This system will include shadowing as well as peer support as the new navigators start seeing their own clients.

## Broader System-Level Recommendations

The Pathways program operates within a larger system, serving clients living in extreme poverty in one of the poorest states in the nation. Overall, **85% of the partners spoke about the**

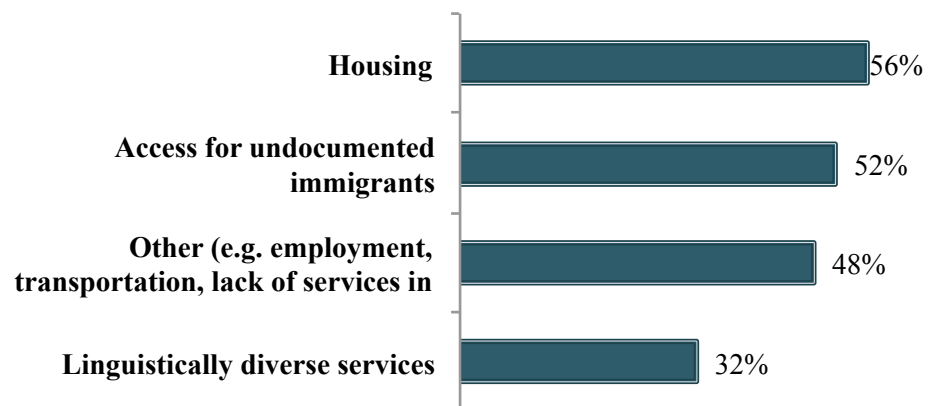
**barriers and challenges that they face related to the larger system when trying to meet their clients' needs.** As seen on Figure 17, **56% of partners regard lack of housing as the main challenge.** This includes the full spectrum of housing from emergency to permanent housing. The next quotes highlight this point:

- “Not enough housing. That is hard for everyone I think. The few programs that have it are not easily accessible. If other people have a way into programs like Supportive Housing Coalition, they are not quick to give those connections out and help us, and most places are full too. Sometimes you call 30 people and nothing is available. It’s frustrating.” *Navigator 12*
- “Housing, emergency, transitional and permanent. We need all. If we get them in transitional for instance, it’s horrible if you cannot get them a place long term. That is the biggest stabilizer. Right now there are 11 people on a one-bedroom apartment. Housing is a huge need in the community.” *Supervisor 16*

**The second most common challenge at the system level was lack of access for undocumented immigrants (52%).** Pathways organizations face almost insurmountable challenges in attempting to obtain services and navigate systems for immigrant clients, especially when those clients are undocumented. Undocumented clients are excluded from virtually all systems including housing, health insurance, employment, and even food banks. In addition, several navigators spoke about exploitation of

immigrant clients by landlords (e.g. living in substandard housing conditions), employers (e.g. not given the proper benefits, working overtime for no pay, wage theft, discrimination, etc.) and others. The next two quotes highlight this issue:

**Figure 17. Broad system level challenges**



- “As I said just now, one is the lack of legal documents. Another is the lack of knowledge about the laws. Another thing is that we have found racist individuals. Racism is a big barrier for our families. A client said she was applying for child support and the person told her that if she did not have insurance they could not help her and that's not true. There are places like that with specific people. Another thing is that as they have no papers, people take advantage of them at work; there is exploitation. They do not pay



them what is appropriate and make them work long hours. In housing [referring to landlords] or when clients seek homes for rent, they also exploit them. They end up in bad circumstances. And partly because they do not know their rights. Pathways helps educate them about those things.” **Supervisor 10**<sup>15</sup> (quote was translated from Spanish to English)

- “Being undocumented. That is different from me than other places I worked, different population. Very hard to help and even to receive food from food pantries you need a NM ID and they don't have it. Some are in the process and some don't want to go deal with it because they are afraid. Same with healthcare. There is housing for undocumented individuals provided the children are citizens, but that is not always the case. I have one client, 35 years old, who's developmentally disabled, has cancer and is a Spanish speaker. We tried to link her with UNMH, they get our hopes high and then she does not have the paperwork for federally funded services. She does not qualify for the DDWaiver.” **Navigator 13**

Next, **48% reported other challenges such as lack of transportation, lack of employment opportunity, and general insufficiency of resources and infrastructure in Bernalillo County** (see Figure 17 on page 40). Partners expressed that Albuquerque and Bernalillo County, despite being the most populous jurisdictions in New Mexico, are similar to rural areas in terms of their lack of resources. Navigators and organizations often struggle to refer clients to services due to lack of infrastructure for most services. The next quotes highlight some of these areas:

- “Mental health was a big one. We had a hard time getting appointments. It was taking up to six months for one appointment. So, low availability of those resources. Employment was one too. We had quite a few African clients that were illiterate in their own language, so it was hard to get them employed and keep them employed. Childcare also. We had a family, a single mom with several kids. We worked so hard to get her childcare. She encountered a lot of discrimination with the agency. We kept finding a lot of barriers there. We had to use some of our emergency funding. That was very cool. We also had to use it to buy bus passes for some of our clients. Because transportation was another issue.” **Supervisor 5**
- “Long waiting lists for housing and transportation. The lack of transportation to go to interviews to go for employment and medical appointments. They miss appointments because of transportation. I think those are the main ones. **Supervisor 11**

Finally, **over a third of those interviewed expressed concerns regarding the lack of linguistically diverse services countywide**. This is particularly relevant to organizations serving Spanish speaking, Native American, Asian, and refugee clients. Similar to undocumented clients,

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<sup>15</sup> Original quote in Spanish can be seen in Appendix A (quote number 15).

non-English speaking clients often face additional barriers and have few, if any, places at which to receive services. The next quotes highlight this barrier.

- “We serve a lot of people who are Spanish speakers only, or Navajo or a language other than English. There is little basic job coaching or skill building in ESL. Many of those clients also have multiple needs. The job training I see is mainstream. We need more diversity and targeting different languages and cultural backgrounds.”  
**Supervisor 3**
- “There is just not a lot of resources for the Asian community. We know a lot of them already. Of course the language with our clients is very difficult. [...] Clients should go on their own to get services. But with our clients we have to go to appointments because of the language barrier. We have to put more work into helping our clients.” **Navigator 11**
- “Spanish resources. And really good Spanish speaking staff in mental health or other areas, those that understand the cultural dynamics and are able to articulate it and articulate it, and have culturally competent services.” **Supervisor 18**

## Conclusion

After interviewing 40 different partners representing 18 different organizations, this report has laid out the findings and recommendations for Pathways as the program moves forward with new cycles of funding. Pathways has profoundly impacted partner organizations and the health of their clients. Pathways has increased and enhanced collaborations inside and outside of the Pathways network, increased organizational capacity, enhanced advocacy efforts, enabled partners to serve new clientele and offer more in-depth or wraparound services. Furthermore, Pathways is seen, by all partners interviewed, as a program responsive to its mission and to the community from which it evolved. The majority of the partners also see the Pathways as a community led program.

Pathways has several areas of strength, including committed and driven leadership that is respected and valued by organizations and navigators alike. The leadership is invested in the program's improvement and willing to evolve and change as needs and demands change. Finally, the leadership has been able to successfully manage potential conflicts of interest that could arise given the intricacies of Pathways funding and the location of the hub. In addition, the program has a team of well-trained, committed, and driven navigators who frequently go above and beyond to meet their clients' needs. Navigators' personal connections and knowledge also allow them to stretch the limited funding and circumvent many of the barriers their clients face.

Nonetheless, despite great progress made by the program and overall positive impacts and perception by partners, more work needs to be done. While some program specific recommendations and areas for future consideration emerged, a large portion of the challenges discussed by partners entail system level changes, such as increasing the availability of affordable housing, increased access to services for undocumented immigrants, and more employment and transportation opportunities. Systemic barriers also limit the degree to which Pathways can make a lasting impact on the lives of Bernalillo County residents. Thus, future efforts should entail deep conversations regarding strategic plans for systemic level change. The county should also consider how to further invest in and develop the service infrastructure for all.

## Appendix A

### Original Featured Spanish Quotes

1. “Pero ver esa satisfacción en los clientes cuando se van y luego te llaman. Muy importante. También ver que el cliente ha aprendido a manejarse solo. Tienes que enseñar a que no tengan miedo ir a las cosas. Es parte de la educación. Eso también me da gran felicidad cuando veo q les dan su casa y están feliz, o por q tuve una cliente con cosas psiquiátricas. Estamos luchando por los beneficios. Cuando se los dieron tenia housing, ella lloraba de la emoción cuando le explicaban los beneficios. Me miraba y me abrazaba y yo también lloraba de la emoción.” **Navigator 9**
2. “Es muy ambicioso pretender que con menos de 1 millón de dólares para tantas organizaciones vamos a hacer algo. No es realístico, es muy limitado. No es ni suficiente para terminar ni un año de trabajo. Necesitamos mas presupuesto no mas para el programa, pero mucho mas y mas personas para desarrollar estrategias y campañas al nivel del sistema.” **Navigator 6**
3. “Porque no estamos detrás de eso día tras día. Cuando saben que estamos presentes lo hacen. Cuando nos retiramos porque pensamos que lo solucionamos regresan. Hay que mantenerse constantemente.” **Navigator 1**
4. “Si. Cuando empezamos, era trabajar con familias de alto riesgo. Con adultos, no niños. [...] Hace 3 años me di cuenta que empecé a encontrar gente q necesitaba otros servicios. Entonces el rumbo de Pathways para nosotros cambió. La necesidad era son sex workers o victimas de tráfico humano. Pensé, cual servicios tienen estas mamás, tienen hijos, solo que hacen un trabajo diferente. Nunca habíamos trabajado con este grupo.” **Supervisor 8**
5. “Me parecen super bien. Pero ojala no existieran, porque seria que no hubiera la necesidad. Pero sabemos que estamos limitados en esa ambición. Los 21 cubren la amalgama de las necesidades que las personas tienen como servicios de salud (mental y física), y otros.” **Navigator 6**
6. “Eso también marca la diferencia. Además de la actitud positiva que tengo ante la vida, la pasión que tengo por mi trabajo y mi compromiso de trabajo y con la organización. Un compromiso con la organización y con los clientes. Y lo importante es el cambio q vez cuando las personas llegan por primera vez y cuando salen. Es maravilloso para mi.” **Navigator 9**
7. “También mi personalidad e involucramiento ayuda. Para buscar trabajos, pues tengo conexiones, llevo años en el bajo mundo y tengo conexiones aquí en la ciudad y por todo el estado. Conozco dueños de restaurants y de diferentes tipos de negocios, empleados de

lugares, etc. [...] Pero soy yo. Si viene alguien mas no. He desarrollado la estrategia de mis habilidades personales que me permiten acceder esas otras oportunidades que no están establecidas.” **Navigator 6**

8. “No, porque Daryl y ellos siempre salen a vernos. Y siempre tiene la puerta abierta. Ayuda q ellos han trabajado con la comunidad antes. No están no mas metidos en la oficina esperando que uno vaya a verlos a ellos.” **Supervisor 8**

9. “Yo creo que si. Estuvimos trabajando hace como 2 años sobre los círculos de salud mental. Era un problema en todo ABQ. Yo coordine los círculos del distrito internacional y allí venia la UNM. Estaba participando mas en la importancia de crear mas servicios a la comunidad. Con el programa de Obama también. Mis clientes no califican pero ha hecho que UNM reúna a las organizaciones para ver como hacer un seguro de salud. También empezaron a conocer a los navegadores, incluyendo a nosotros. Antes tu hablabas de Pathways y nadie sabia quien éramos y ahora si. Eso es un cambio para mejorar y de involucrarse ellos.”

**Navigator 9**

10. “Nosotros como navegadores no hemos tenido un beneficio pero los lideres de las organizaciones han visto el impacto. Ellos [leaders] han aplicado y han visto un beneficio para sus organizaciones y para las posiciones del liderazgo. Los navegadores estamos en las mismas. Pero ellos toman ventajas de Pathways para escribir de los grants, aunque ellos se benefician del trabajo que nosotros hacemos para proyectar pero nosotros seguimos en lo mismo.” **Navigator 6**

11. “A mi me gusta dar un servicio completo. Les pregunto por la comida, asistencia en la clínica, les doy caja de comida, un descuento con UNM, también al medico, vemos a los niños. Al final haces 4-5 pathways pero no mas pones 3. Pero yo les voy a ayudar bien.”

**Navigator 17**

12. “Por la locación donde estamos aquí, clientes sin documentos. Yo siento que mi trabajo de Pathways es mas difícil q para otras navegadoras. Ellas tienen clientes que son Americanos y califican para muchos servicios. Los clientes es la forma mas difícil. Como no califican para comida a no ser que sus hijos sean ciudadanos. Entonces tengo que ir a diferentes lugares a recoger comida a diferentes organizaciones. Siento que para mi es mas difícil el trabajo.”

**Navigator 16**

13. “No, nunca lo he visto como un problema, al contrario. Le agradezco a Daryl de los entrenamientos. Van a ayudar a nuestros clientes. Nunca ha habido un problema. Ella se organiza y sabemos q esto es parte de Pathways.” **Supervisor 10**

14. “La ayuda q nos da Darío y los trainings también me ayudan a ampliar mi conocimiento. Como las nuevas leyes de housing o los cambios a los food stamps. Nos explican también la parte financiera. Donde sea que halla un curso q yo pueda tomar para mejorar mi trabajo,

yo lo tomo. [...]También estoy certificada para Medicaid y seguros de salud. Eso amplia también nuestros servicios. Eso también marca la diferencia. También me he formado mucho en la parte de la salud mental y entrenamientos de case manager, entrevista motivacional, etc. Eso me ayuda a manejar la parte de la salud mental, como manejar cuando los clientes vienen con pánico y dicen q se van a suicidar. Y controlar las emociones de uno con los clientes.” **Navigator 9**

15. “Como dije ahorita, una es la falta de documentos legales. Otra es la falta de conocimiento de las leyes. Otra cosa es q nos hemos encontrado con personas racistas. El racismo es una barrera grande para nuestras familias. Una clienta dice que estaba aplicando para child support y la persona le dijo que si no tenia seguro no podían ayudarla y eso es no es verdad. Si hay lugares con personas especificas. Otra cosa es q como no tienen papeles, se aprovechan de ellos en el trabajo, la explotación. No les pagan lo apropiado, los hacen trabajar muchas horas. En housing [referring to landlords] o cuando buscan casas para rentar también los explotan. Terminan en circunstancias malas. Y parte porque no saben sus derechos. Pathways ayuda en educarlos sobre esas cosas.” **Supervisor 10**

## Appendix B

### Battery of Questions Administered to Supervisors and Navigators

- 1) [*Executive Director-specific*] How has the Pathways model influenced the way your organization operates? Could you elaborate on each of them?
- 2) Please speak about whether your participation in Pathways has strengthened your organization's relationships with other Pathways partner organizations? If so, please describe a few examples of new collaborations.  
Have there been collaborations with non-Pathways organizations as a result of your engagement with Pathways? Do you feel that this is important to your organization? Please explain?
- 3) Has your participation in Pathways expanded capacity within your organization? In other words, has it increased your abilities to expand "business as usual", or has it helped your organization diversify the level of services offered?
- 4) [*Director specific question*] Has your participation in Pathways provided the necessary resources to make a true or meaningful difference for your clients, their families or the community at large? Please provide some examples and what resources are you missing?  
[*Navigator specific question*] How supportive is your employer organization in helping you secure the resources necessary to make a true and meaningful difference for your Pathways clients, their families and the community at large? What resources are you missing?
- 5) [*Navigator-specific*] What kinds of challenges have you encountered in meeting clients' needs? How have you navigated around those barriers or done anything to eliminate them?  
[*Director specific question*] What kinds of challenges have you encountered in meeting clients' needs?
- 6) Have you seen any systems change – i.e. reduction in barriers- as a result of the Pathways Program? If so, could you please describe some of the key ones? If not, please explain your thoughts on possible reasons why? Is there anything else you'd like to tell us about system's change?
- 7) Please describe how the Pathways Program has complemented the work of your organization, or created difficulties within your organizational structure or internal processes? Please elaborate.  
What changes would you recommend about the way Pathways work?

- 8) *This question is now specific to the actual pathways ...* How satisfied are you with the 21 currently existing pathways? We understand that certain pathways are easier to complete than others. How can the program support higher use of the more difficult pathways? Based on your experiences, should any of the current pathways be changed or new ones added?
- 9) Do the individual pathways options help you do your work better, or do they limit what you are able to do? Please elaborate.
- 10) Do you feel that the Pathways program is truly responsive to its mission and the community from which it evolved? Why or why not?

Pathways mission entails the following components:

- **Connecting** underserved county residents with health care and other support systems and assisting them as they navigate through it;
  - **Coordinating** services for the underserved residents to achieve positive individual-level health outcomes;
  - **Assuring** collaborative planning and improvement of our health care system in Bernalillo County.
- 11) Has the Pathways program changed your perceptions on or ability to work better with UNMH? What are your thoughts about the location of the Hub being housed at UNM Health Sciences Center?
  - 12) Pathways has a core mission of connecting underserved county residents with health care and other support systems and assisting them as they navigate through it. Do you feel that your clients are becoming healthier as a result of Pathways? If yes, please provide us with an example or two? If no, why?
  - 13) [*Navigator-specific*] Now thinking about Pathways, CARE NM, and all of our offices' clinic-based CHWs, do you have any comments regarding the pros and cons of this expanded network of Navigators/CHWs?
  - 14) [*Director/supervisor specific*] How are Navigators/CHWs valued and integrated into your organization? How do you feel they are valued by co-workers, families, and community members?
  - 15) [*Director/supervisor specific*] Pathways invest a significant amount of time on training to enhance Navigator skills related to our mission. Please describe how your organization trains Navigators and monitors their quality of work that is complementary to Pathways mission?  
Do you think Pathways training interferes with or complements your work?



16) *[Navigator-specific]* What are your thoughts on the level of training provided by the Pathways Program? Do you have any recommendations?  
Follow-up question: Do you think that other members of your organization could also benefit from these trainings (i.e. the model, role of navigators, Pathways mission)?

*Before we end, do you have any other comments or suggestions (perhaps on areas I did not ask about)? Do you have questions for the HUB or PCAG (Pathways Community Advisory Group)?*