



*League of Women Voters of Greater Las Cruces*

**Study of  
Mental Health Services  
in Doña Ana County**

**Unit Meeting Presentation  
At Lunch with a Leader  
Good Samaritan Social Center  
Creative Arts Room  
November 9, 2009  
11:30 a.m. – 1 p.m.**

**Study Period (2007-2009)**

**Committee Members: Becky Beckett and Mickey Curtis, Co-Chairs, Ruth Brown, Sharon Burbano, Bonnie Burn, Fran Clark, Christina Little, Marilyn Lowe, and Vicki Simons**

# **Study Group on Needed Resources and Services for the Mentally Ill in Doña Ana County**

## **HISTORY OF ACTIVITIES**

Mission:	“To identify existing and needed resources and services for the mentally ill in Doña Ana County, and develop consensus statement for presentation to the Board and membership.” (rev 7/09)
March 6, 2007	2006-2007 Proposal to adopt a study of behavioral health services
May 15, 2007	Meeting to establish study group
July 19, 2007	First meeting – established working mission:
September 18, 2007	Revised working mission and brainstormed next steps
October 16, 2007	Reviewed list of known providers and services
April 17, 2008	Site visit: Southwest Counseling Center
May 1, 2008	Site visit: Mesilla Valley Hospital
June 5, 2008	Site visits: Memorial Medical Center and Families & Youth, Inc.
February 2, 2009	LWVGLC Board accepted Mickey Curtis as co-chair of study group
April 18, 2009	Annual meeting of LWVGLC: League voted to continue the Behavioral Health Study Group
June, 2009	LWVGLC Board approved change of study group name to “Study on Needed Resources and Services for the Mentally Ill in Doña Ana County.”
June 23, 2009	Site visit: Milagro Community Health Care
June 30, 2009	Site visits: Health and Human Services Department, Doña Ana County Crisis Intervention Training/Jail Diversion/Crisis Triage Center
July 21, 2009	Site visit: Tresco, Inc.
July 28, 2009	Site visits: The ARC Southern New Mexico Human Development  Site visits: The Peak and The Ability Center, requested but received no response
August 4, 2009	Focus group for Family Members and Consumers
Study Group:	Becky Beckett and Mickey Curtis, co-chairs. Sharon Burbano, Christina Little, Marilyn Lowe, and Bonnie Burn

League of Women Voters of Greater Las Cruces  
Behavioral Mental Health Study Group

Definitions

CCSS – Comprehensive Community Support Services that includes assessment, linkages, management, and services to clients.

DVR – Division of Vocational Rehabilitation.

BHSD – Behavioral Health Services Division

SWCC – Southwest Counseling Center

NM Organizations:

1. **Behavioral Health Planning Council (BHPC)** – established by NM HB 271 that replaced the Governor’s Behavioral Health Council, a council that all states that receive federal funding must have. (See Meeting Minutes, 7/19/2007)
2. **New Mexico Behavioral Health Purchasing Collaborative** – established by NM HB 271 and is made up of 17 state agencies that are involved in behavioral health programs, co-chaired by the secretaries of Human Services and Children Your and Families departments. The agencies are working collaboratively to build a statewide system that will provide streamlined and no wrong-door operations. (See Meeting Minutes, 7/19/2007).

The State Collaborative set up six regions in the state, of which Dona Ana County is one of 10 counties in Region 5. In addition, local behavioral health collaboratives were organized in the 13 judicial districts. Dona Ana County is the only county in Judicial District 3. (See Proposal to Adopt Studies of Behavioral Health Service, 2006-2007)

3. **Value Options** – administers funds and manages behavioral health funds through a contract with the State of New Mexico.
4. **Recovery definition** –a set of concepts and skills that when applied by an individual improves their quality of life ([www.valueoptions.com](http://www.valueoptions.com))



**CONSUMERS AND FAMILY MEMBERS  
of Services for the Mentally Ill**

**PLEASE JOIN OUR FOCUS GROUP**

**TUESDAY, AUGUST 4**

**10:00 a.m. – 12 noon**

**OptumHealth Conference Room (Next to The Las Cruces Bulletin)  
840 N. Telshor, Suite A  
Las Cruces, NM**

A study group of The League of Women's Voters of Greater Las Cruces is facilitating a focus group to assist us in identifying needed resources and services for the mentally ill in Doña Ana County. Our goal is to have members of the League of Women Voters reach an informed position about needed services so appropriate advocacy action may be taken.

Our study group has visited several of the providers, and would now like to meet with people having a mental illness and their families to hear from them about their needs.

Size is limited to 15 people. Please **RSVP** by **Monday, August 3** to:

Becky Beckett

644-3626

[Beckybeckett07@comcast.net](mailto:Beckybeckett07@comcast.net)

or

Mickey Curtis

556-1630

[mcurtis@fyinm.org](mailto:mcurtis@fyinm.org)

**Light refreshments will be served**

## Agency Visits and Expressed Needs

Agency, Mission, and Services	Needs
<p><b><u>SOUTHWEST COUNSELING INC.</u></b>  <b>Is dedicated to providing the highest quality behavioral health services delivered with compassion and respect, and in a manner that enhances recovery and resiliency.</b></p> <ul style="list-style-type: none"> <li>➤ Member of the Rio Grande Behavioral Health care provider services</li> <li>➤ Safety net provider providing comprehensive services</li> <li>➤ Five service locations in Doña Ana County</li> <li>➤ Comprehensive Community Support Services Agency</li> <li>➤ Adult outpatient services</li> <li>➤ Child and Adolescent outpatient and home-based services</li> <li>➤ Mobile Crisis Service Program</li> <li>➤ Assertive Community Treatment Team (ACT)</li> <li>➤ Psychosocial Rehabilitation Programs (PSR groups and Individual)</li> <li>➤ Transitional Living Center</li> <li>➤ Patient Assistance and Medication Sample Program</li> <li>➤ Crisis Line 24/7</li> <li>➤ Consumer-Run Warm Line</li> <li>➤ Telemedicine Site</li> </ul>	<ul style="list-style-type: none"> <li>• Getting paid for services provided</li> <li>• Funding for uninsured adults and children</li> <li>• Mobile crises expansion</li> <li>• Residential detoxification</li> <li>• Broader range of housing options</li> <li>• Better funding mechanism for vocational services</li> <li>• Pretrial Services</li> <li>• Mental Health Court</li> <li>• Travel reimbursements</li> </ul>
<p><b><u>MESILLA VALLEY HOSPITAL</u></b> –  A Psychiatric Solutions Inc. (PSI) facility.  <b>The quality provider of behavioral health services in New Mexico.</b></p> <ul style="list-style-type: none"> <li>➤ Fully accredited by JACHO and New Mexico Children Youth and Families Department</li> <li>➤ Serves the whole state of NM</li> <li>➤ Adults – 21 beds for acute patients with severe mental illness disorders – some with no insurance coverage for adults</li> <li>➤ Adults – 11 beds for rehabilitation for chemical dependency and addiction (28 days)</li> <li>➤ Adult length of stay 3-30 days</li> <li>➤ Discharge planning</li> <li>➤ Adolescent 11-18 year olds. Can accommodate up to 100 adolescents. Length of stay is 3-12 months.</li> </ul>	<ul style="list-style-type: none"> <li>• More therapists – current ratio is 10 patients to 1 therapist. (Degree requirement is masters of social work or counseling.)</li> <li>• More support groups for cutting, eating disorders, and gangs diagnoses.</li> <li>• More dollars for the adult uninsured</li> </ul>

<ul style="list-style-type: none"> <li>➤ Adolescent – 30 beds for acute (highest danger to themselves) patients.</li> <li>➤ Adolescent – 32 beds for residential treatment program – five units: 3 for boys and 2 for girls. Length of stay is 3-6 months</li> <li>➤ Group therapy</li> <li>➤ Referrals are made from all over New Mexico</li> </ul>	
<p><b><u>MEMORIAL MEDICAL CENTER</u></b>  <b>Delivering High Quality Patient Care and Ensuring Fiscal Responsibility.</b></p> <ul style="list-style-type: none"> <li>➤ 12 adult psychiatric acute beds</li> <li>➤ 90% dual diagnosis (mental illness and substance abuse)</li> <li>➤ Medical detox critical care unit</li> <li>➤ Psychiatric emergency services contracted with Dr. Flores</li> <li>➤ Heritage program for adults 50 and over</li> <li>➤ Average stay 2-3 days</li> <li>➤ Discharge Planning and follow up</li> <li>➤ 75% with mental illness enter through emergency room</li> <li>➤ One RN/4 patients; one RN/12 patients after 11 pm</li> <li>➤ Two safe rooms, but philosophy is to ensure the least restrictive environment for the patient</li> <li>➤ Co-ed units but separate rooms</li> <li>➤ Patients discharged to family or friends</li> </ul>	<ul style="list-style-type: none"> <li>• Adequate reimbursement for services provided</li> <li>• Increasing the available local community mental health services. When state deinstitutionalized mental health, community based services were not put into place.</li> <li>• Long wait times for outpatient appointments.</li> <li>• Continuing Treatment Order is needed so outpatients may continue their discharge programs without interruption (continuum of care)</li> <li>• More dual licensed staff (substance abuse and psychiatric credentialing)</li> <li>• Outpatient agency accountability – receive credentialing from the Commission on Accreditation of Rehabilitation Facilities (CARF)</li> <li>• Increase use of the Community Pharmacy Registry that tracks prescriptions filled throughout the state. NM has system, but attorneys have to ask for this service.</li> <li>• More ACT (Assertive Community Treatment)</li> <li>• More community services (i.e. Oregon models)</li> <li>• Pet therapy</li> <li>• More discharge appointments available</li> </ul>
<p><b><u>FAMILIES AND YOUTH, INC.</u></b>  <b>To promote a safer, healthier community by assisting children and families in strengthening their relationships, preserving the family unit, establishing community partnerships, and enhancing the availability of human resources.</b></p> <ul style="list-style-type: none"> <li>➤ Only child/adolescent shelter in southern NM</li> <li>➤ Home-based services</li> <li>➤ Disorders treated include depression, ADHD, PTSD</li> <li>➤ Transitional living facility 3- 24 months</li> <li>➤ Behavioral management and respite care</li> <li>➤ AmeriCorps Program—community service for education awards for</li> </ul>	<ul style="list-style-type: none"> <li>• Rates – the CYFD has not increased rates in 10 years</li> <li>• Maintain the current programs we have. Shelter and residential programs help keep children and youth off the streets and families together.</li> <li>• Transitional Housing and Programs for adolescents who age out (18 years) from foster care</li> <li>• Find assistance for undocumented children to receive citizenship status.</li> <li>• Travel reimbursements</li> </ul>

<p>college education</p> <ul style="list-style-type: none"> <li>➤ Child and adult care food program</li> <li>➤ Family focus program</li> <li>➤ Juvenile drug court program</li> <li>➤ Parenting classes</li> <li>➤ Treatment foster care</li> </ul>	
<p><u>MILAGO COMMUNITY HEALTH CARE</u></p> <ul style="list-style-type: none"> <li>➤ Two locations: Missouri Ave. works with Medicaid/Medicare and indigent – uncredentialed therapists. Telshor Blvd. works with commercial and private insurances—credentialed staff.</li> <li>➤ Individual therapy</li> <li>➤ Psychiatrist available once a week</li> <li>➤ General mental health services</li> <li>➤ No case management</li> <li>➤ Working with Esperanza Guidance Services</li> </ul>	<ul style="list-style-type: none"> <li>• More outpatient case management services</li> <li>• Transportation and its reimbursement</li> <li>• Coordination with food and housing</li> <li>• More education for clinicians and case managers</li> <li>• More funding</li> </ul>
<p><u>DONA ANA COUNTY HEALTH AND HUMAN SERVICES AND ALLIANCE</u> (Silvia Sierra and John Myers) <b>to improve the quality of life in Doña Ana County by identifying and addressing unmet health and human service needs</b></p> <ul style="list-style-type: none"> <li>➤ Resident Services: Prevention, DWI Compliance, Jail Diversion Task Force, Healthcare Helpdesk</li> <li>➤ Outreach and Education: Community Resource Centers, AmeriCorps VISTA</li> <li>➤ Finance: Indigent Care Program, Contracted Providers</li> <li>➤ Colonias Initiative: Colonias in Doña Ana County, Reference</li> <li>➤ Health and Human Services Alliance (25-member volunteer advisory board) with a Behavioral Health Committee</li> <li>➤ Actively pursuing and coordinating a Behavioral Health Crisis Triage Center for the county</li> <li>➤ Works with Ben Archer, La Clinica</li> <li>➤ Working with jail diversion for pretrial services and mental health court</li> <li>➤ Health care initiative of pilot crisis intervention team (CIT)</li> <li>➤ Senate Joint Memorial 34 completed study in 2008 for feasibility of behavioral health facility in DAC</li> </ul>	<ul style="list-style-type: none"> <li>• Keeping mentally ill patients out of the jail system</li> <li>• Pre-trial services/Mental health court</li> <li>• Transportation for patients in crises</li> <li>• Transitional housing</li> <li>• Social and medical detox</li> <li>• Crisis lines: 311 and 211</li> <li>• Mobile crisis unit expansion</li> </ul>

<p><b><u>FORENSIC INTERVENTION CONSORTIUM/JAIL DIVERSION</u></b> (Ron Gurley)  <b>Seeks to contribute to orderly administration of justice and the protection of the community and its citizens by reducing recidivism and undue detention of persons with mental illness and/or developmental disabilities</b></p> <ul style="list-style-type: none"> <li>➤ Diversion from jail into treatment and recovery</li> <li>➤ Triage and case management</li> <li>➤ Temporary housing</li> <li>➤ Crisis medication</li> <li>➤ Judicial liaison</li> <li>➤ Training in mental illness anti-stigma and identity and de-escalation for first responders, corrections officers, officers of the court, probation officers, DWI compliance officers, hospital security, EMT staff</li> </ul>	<ul style="list-style-type: none"> <li>• Increasing educational opportunity about crises intervention among city, county and state police officers</li> <li>• Refresher training courses</li> <li>• More CIT trained first responders</li> <li>• Crisis Triage Center in DAC</li> <li>• Pre-trial services and mental health court</li> <li>• More mental health professionals</li> <li>• More dollars for medication</li> </ul>
<p><b><u>TRESCO, INC.</u></b>  <b>Supports people with differing abilities to each their potential and realize their dreams</b></p> <ul style="list-style-type: none"> <li>➤ Finance benefits</li> <li>➤ Vocations services – day/community support employment</li> <li>➤ 70%-80% with dual diagnosis of developmentally delayed and mental illness</li> <li>➤ Family support and respite</li> <li>➤ Grant for autism spectrum</li> <li>➤ Community living – i.e., bill paying</li> <li>➤ Psychiatric assessment, coordinate to hospital</li> <li>➤ Non-psychiatric clinical coordinators</li> <li>➤ Contract with behavioral health counselors</li> <li>➤ Strong support systems</li> </ul>	<ul style="list-style-type: none"> <li>• More training for the mentally ill</li> <li>• Reduce paperwork – need for time for client needs</li> <li>• Need more employment opportunities with employer incentives</li> <li>• More support system for the mentally ill</li> <li>• Need specialty counselor with the department of vocational rehab—MI and DD take more time and dollars</li> <li>•</li> </ul>
<p><b><u>THE ARC</u></b>  <b>Advocates for the rights and full participation of all children and adults with intellectual and developmental disabilities</b></p> <ul style="list-style-type: none"> <li>➤ Located in Anthony, NM</li> <li>➤ Referrals by word of mouth</li> <li>➤ Refer people to local services</li> <li>➤ No therapists/counselors</li> <li>➤ Active in “El Poder de los Jovenes Project” since 2004 promoting</li> </ul>	<ul style="list-style-type: none"> <li>• Better transportation services</li> <li>• More funding</li> </ul>



<p>positive outcomes in Southern DAC for youth and young adults in education, employment, transportation, and healthy lifestyles</p>	
<p><u>SOUTHERN NEW MEXICO HUMAN DEVELOPMENT</u>, Anthony, NM  <b>To seek resources to plan, develop and implement evidenced based programming to reduce alcohol, tobacco and other drug abuse among the residents of Southern New Mexico through the cooperation of agencies, institutions, law enforcement agencies and the community</b></p> <ul style="list-style-type: none"> <li>➤ Outpatient Counseling</li> <li>➤ Crisis Intervention</li> <li>➤ Family Counseling</li> <li>➤ Support Group Counseling</li> <li>➤ Alcohol and Substance Abuse Outpatient Services</li> <li>➤ 24-hour crisis intervention</li> <li>➤ Assessment and Screening</li> <li>➤ Stabilization and Counseling</li> <li>➤ Psychosocial Rehabilitation</li> <li>➤ No LADAC (Licensed Alcohol and Drug Abuse Counselor)</li> <li>➤ AA not successful in the area</li> <li>➤ Limited psychiatric service</li> <li>➤ Rural area funding stream</li> <li>➤ Minimal transportation; not reliable</li> <li>➤ Shortage of medications</li> <li>➤ Border immigration harassment/terrorized</li> <li>➤ Family depression high</li> </ul>	<ul style="list-style-type: none"> <li>• More medications</li> <li>• AA and LADAC needed</li> <li>• Reliable and affordable transportation</li> <li>• More psychiatric doctors/hours</li> <li>• Crisis management</li> <li>• Shorter wait for triage at The Peak</li> <li>• Need to be competitive with El Paso—losing therapists —dual licensed; bilingual, training, stability</li> </ul>
<p><u>CONSUMER/FAMILY FOCUS GROUP</u>  <b>To have persons with a mental illness (consumers) and family members of consumers identify needed resources and services for the mentally ill in DAC</b></p> <ul style="list-style-type: none"> <li>➤ 12 in attendance: 5 consumers, 5 family members of consumers, and 4 LWVGLC members (two of whom are family members)</li> </ul>	<p><u>CONSUMER NEEDS:</u></p> <ul style="list-style-type: none"> <li>• Education - include the community, providers, law enforcement, and family members so to better understand the needs of the consumers. Also education in side-effects of medications.</li> <li>• Coordination of treatment – providers needs to know prior regiment and ensure the proper follow-up treatment program</li> <li>• Funding – more needs to be appropriated to assure services are being provided</li> <li>• Availability of services – more funding, more services</li> <li>• Specific support groups – local groups for particular needs broken down into low-level and high-level functioning</li> <li>• Respect and credibility of advocates and consumers – providers and law enforcement officials really need to listen and not dismiss what is being told to them</li> <li>• Daily living – improvements in transportation access,</li> </ul>

	<p>more availability for permanent and transitional housing, extended hospital benefits (i.e., 180-day lifetime max for social security Medicare now), food stamps program, and job security (terminated because of mental illness).</p> <ul style="list-style-type: none"> <li>• Expansion of Crisis Intervention Training (CIT); have all police officers and providers trained and take refresher courses.</li> <li>• Implementation of Crisis Triage Center and a “step up/step down” facility</li> <li>• Long Term Care Facility for Southern New Mexico for those consumers who need more than the short-term stabilization (after which they are sent back into the community).</li> </ul> <p><u>FAMILY MEMBERS:</u></p> <ul style="list-style-type: none"> <li>• Parental/family assistance – help with management of medications (both administering and controlling dosages); help dealing when in crisis mode.</li> <li>• Case managers – to help with financial and other issues</li> <li>• Advance Directives</li> <li>• Empathy – for family members who are dealing with consumers</li> <li>• Support groups – “warm line for family members; reactivate NAMI family-to-family sessions and support groups</li> <li>• Respite – relief services for family caregivers (time-out)</li> </ul>
<p><i><u>NEW MEXICO BEHAVIORAL HEALTH INSTITUTE, Las Vegas (email – Bert Dugan, President, NAMI-NM) - NM State Hospital Facility</u></i></p>	<ul style="list-style-type: none"> <li>• <i>Getting patients committed</i></li> <li>• <i>Transporting patients long distances</i></li> <li>• <i>Refusing admission, or getting in briefly to acute intake and rapid discharge back home</i></li> <li>• <i>Denied access to chronic beds – long term care</i></li> <li>• <i>Detention Center beds (120) vs. ABQ beds (58) for population of 500,000.</i></li> </ul>
<p>The Peak – No response The Ability Center – No response</p>	

## **LEAGUE OF WOMEN VOTERS OF GREATER LAS CRUCES**

**Report on Luncheon Meeting,** Monday, 9 November 2009, 11:30 a.m., Good Samaritan Arts Room, Las Cruces

**Discussion Topic:** Proposed Concurrence Position on Mental Health Care in Doña Ana County, New Mexico

**Present:** 21 members

**Presenters:** Becky Beckett and Mickey Curtis, Co-Chairs of the Study Group on Needed Resources and Services for the Mentally Ill in Doña Ana County.

**Study Group Members:** Sharon Burbano, Fran Clark, Christina Little, Marilyn Lowe, Bonnie Burn

Beckett began this session by reviewing the mission and history of the Study Group. (See “History of Activities” page 2) Study Group member Christina Little explained that the focus of today’s discussion is “concurrence” as opposed to “consensus.” Our goal at this meeting was to arrive at concurrence with the Position Statement adopted in 1998 by the League of Women Voters of California. (See p.12, “Proposed Concurrence Position.”) The Study Group selected this position since its language and provisions were easily adaptable to the situation in Doña Ana County.

When a question arose about whether we were allowed to change the wording of the position if necessary, LWVGLC President Bonnie Burn pointed out that the committee already had made some changes and that we were indeed permitted to continue that process if the group concurred on the change(s).

Only one change was made in the existing position during the discussion process: #4 recommends that a master plan for mental health care include “Regulations that provide an adequate length of time for evaluation and treatment of involuntary holds.” “Adequate” was changed to “appropriate.”

Co-chair Curtis presented a summary of specific needs of the various agencies providing services and resources for mental health care (See attached pages, “Agency Visits and Expressed Needs.”) as prelude to and background for the concurrence discussion.

Christina Little led that discussion, asking first if any had clarification questions. After these few were answered, Little next asked if anyone had strong objections to or even reservations about the adoption of the position. None did. The Concurrence Position on Mental Health Care was accepted by the members present.

President Burn informed us of a reminder from LWVUS Liaison Carolee Mullen that we cannot use this position as the basis for advocacy at the national or state levels. Burn pointed out that having the position in place does allow us to approach our local representatives to state government about support for the county needs. Mullen agreed.

## Study Group on Needed Resources and Services for the Mentally Ill in Doña Ana County

### PROPOSED CONCURRENCE POSITION

**POSITION IN BRIEF:** *Support for an adequately funded mental health care system that provides comprehensive services to the acutely, chronically, and seriously mentally ill of all ages; maintains optimal mental health services for all clients; offers mental health services for the homeless; seeks additional funds for preventive services; implements a master plan to integrate services; raises awareness of critically unmet needs; and emphasizes case management.*

This position offers support for:

1. An adequately funded county mental health care system that:
  - provides comprehensive services to the acutely, chronically, and seriously mentally ill of all ages;
  - seeks additional funds to provide preventive services;
  - offers mental health services for the homeless; and
  - maintains optimum mental health services for all clients.
2. Implementation of a master plan that:
  - ensures that there will be a network of integrated services clearly defined and consistent with a community support model;
  - advocates an awareness of and concern about the critical unmet needs within the county; and
  - emphasizes case management that includes assistance with housing, financial entitlements, and rehabilitative and vocational programs.
3. Centers for the seriously and chronically mentally ill, apart from the county system.
4. Regulations that provide an adequate length of time for evaluation and treatment of involuntary holds.
5. Model mandatory outpatient care programs with adequate supervisory staff.

**Source:** *League of Women Voters of California - Mental Health Care, Position adopted 1998.*

